

A NEW LOOK: A SURVEY OF ARIZONA'S HOMELESS POPULATION

**E.C. Hedberg, Ph.D.
& Bill Hart**

Morrison Institute
for Public Policy



**Arizona Commission on
Homelessness and Housing**



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



June 2013



ARIZONA COMMISSION ON HOMELESSNESS AND HOUSING

July 2013

Dear Fellow Arizonans,

We are pleased to present *A New Look: A Survey of Arizona's Homeless Population*, a report that contributes to the research on homelessness by analyzing original survey data from homeless individuals themselves, in order to create a more accurate portrait of the homeless experience in Arizona.

The survey used to generate this report was organized by the Arizona Commission on Homelessness and Housing through its Studies and Surveys Committee and supervised by members of the state's three Continua of Care. Surveys of individuals and families experiencing homelessness were conducted statewide in the summer of 2012. Based on the 1,300-plus returns, this report presents notable findings from this first-time survey and discusses some statistically significant relationships found in the data. By statistically validating some long-held assumptions about homelessness, this research will provide the empirical evidence needed to advance both prevention and treatment strategies.

The Arizona Department of Economic Security commissioned this report to shine further light on a social condition that is too often hidden from public view or perceived as unsolvable. In doing so, we hope to reveal the broad spectrum of the homeless experience – an experience that differs significantly for men and women, young adults versus older adults, family versus individuals, urban versus rural individuals, etc. Better understanding these variations is critical to creating targeted interventions that can be cost effective and impactful for particular segments of the homeless population.

We hope that these research findings raise public awareness and elevate the dialogue around ending homelessness while serving as a resource for policymakers and service providers alike.

Sincerely,

A handwritten signature in black ink, reading "Clarence H. Carter".

Director Clarence H. Carter
ACHH Co-Chair
Arizona Department of Economic Security

A handwritten signature in black ink, reading "Michael Traylor".

Director Michael Traylor
ACHH Co-Chair
Arizona Department of Housing

A NEW LOOK: A SURVEY OF ARIZONA'S HOMELESS POPULATION

E.C. Hedberg, Ph.D. and Bill Hart

Morrison Institute for Public Policy
Arizona Commission on Homelessness and Housing
Arizona Department of Economic Security

June 2013

Executive Summary

This report presents the findings of a new approach by the Arizona Department of Economic Security (DES) and the Arizona Commission on Homelessness and Housing (ACHH) to learn more about the nature and needs of Arizona's homeless population. A small army of trained surveyors interviewed a sample of homeless individuals in the Phoenix and Tucson areas and across the state. The survey was organized and supervised by the state's three Continuums of Care and was conducted in the summer of 2012. Though the survey fell short of its goal of interviewing 2,030 homeless individuals – a figure based on estimates of homeless people drawn from the 2011 Street and Shelter Count – it did succeed in gathering responses in the targeted percentages from the three geographic areas.

The results portray an “average” Arizonan experiencing homelessness today as a single, childless White male in his mid-40s; he has been homeless for several months and has experienced two bouts of homelessness in the past three years. He probably spent last night in an emergency shelter; he most likely became homeless after losing a job or following conflict or violence in his family. This profile will not surprise those familiar with homelessness in Arizona; in fact, it generally matches findings from DES's annual homelessness report and other sources.

However, this new infusion of empirical data – supplied directly by homeless persons themselves – arguably lends support for policies targeting critical service needs, such as:

- Job creation and training
- Incentivizing more individuals to use shelter
- Substance abuse treatment
- Aid for victims of domestic violence
- Mental health services
- Case management
- Affordable housing

Introduction

Homelessness presents a formidable array of challenges for Arizona policymakers. This large, mobile, constantly renewing population of adults and children includes many of Arizona's most needy and troubled residents. They are difficult to locate, count and characterize, let alone assist. Secondly, there is no overwhelming public pressure to do so; this may be because, for the general public, homelessness remains a largely hidden phenomenon. Most tend to live just out of sight, in the margins and overlooked spaces of communities, urban and rural, across the state. On any given day, tens of thousands of Arizonans are homeless. But most Arizonans glimpse them only in ones or twos. Many who do notice them react with fear, or shame, or even disgust.

It is tempting – albeit easier - to approach the state's homeless population as a homogenous group with essentially the same sets of past woes and present needs. For most, however, homelessness is a temporary misfortune, not a lifestyle. Every person on the street or in a shelter today has a face, a name and a personal history. Some are middle-aged men who fell out of an increasing unforgiving job market and can't quite climb back in. Some are young mothers fleeing abuse directed against themselves or their children. Others are struggling with physical or mental disabilities. Still others are veterans haunted by battlefields they can't fully leave behind.

Faced with this needy, complex and varied population, how should policymakers respond? Some Arizonans argue for a minimal approach; they regret the suffering but ultimately view it as an inevitable consequence of the free market at work, and warn against attempts at social engineering. Others argue for a robust public policy effort, both for moral

The U.S. Department of Housing and Urban Development defines people in the following situations as officially “homeless”:

- **Literally Homeless:** “An individual or family who lacks a fixed, regular, and adequate nighttime residence.” This generally means people spending their nights in “a public or private place not meant for human habitation,” such as outside, in a car, or in shelters.
- **At imminent risk of homelessness:** “An individual or family who will imminently lose their primary nighttime residence,” usually within two weeks, and can't afford other permanent housing.
- **Homeless under other federal laws:** This includes “unaccompanied youth under 25 years of age” and families that haven't had stable housing for at least 60 days and have few prospects of getting it.
- **Domestic violence victims:** “Any individual or family who is fleeing, or attempting to flee domestic violence, and is incapable of securing other permanent housing.”

reasons and because such a large cohort of dependent, unproductive residents creates a drag on all Arizonans' economic prosperity. Recent history may bolster this argument: The national economic catastrophe laid bare the fragility of most people's economic security. Compared to a state population of 6.3 million, a relatively small number of residents fit the official definition of "homeless" in Arizona. But many more are themselves only one serious medical mishap or one layoff away from the street.

This report presents the findings of a new approach by the Arizona Department of Economic Security (DES) and the Arizona Commission on Homelessness and Housing (ACHH) to learn more about the nature and needs of Arizona's homeless population: A small army of trained surveyors interviewed a sample of homeless individuals in the Phoenix and Tucson areas and across the state. The survey was organized and supervised by the state's three Continuums of Care and was conducted in the summer of 2012. A survey pool of 2,030 was targeted, based upon estimates of homeless people drawn from the 2011 Street and Shelter Count. The survey proposed to interview 1,177 respondents in Maricopa County, 548 in Pima County and 304 in the Balance of State (BOS). Half of the surveys were to be conducted in emergency shelters and half on the streets.

While the survey fell short of its goals, ending with just more than 1,300 total responses, the responses were obtained in roughly the same percentage distribution across the three geographic areas as was originally planned. Based on the 1,300-plus returns, this report presents notable findings from this first-time survey and discusses some statistically significant relationships found in the data. It also includes a discussion of methodology and suggestions about the design of future surveys.

Indeed, it may be most useful to view this report as the beginning of a process of discovery rather than its end. Due to the design of the survey, the findings presented here cannot be considered statistically representative of all Arizona homeless people and families. Nor, in many cases, do they provide direct support for one policy option over another. However, the amount of data, and the fact that they come from homeless people themselves, should assist ACHH and others in identifying important service needs, and in prioritizing items for future surveys that will further amplify the voices of Arizona's homeless.

The report is organized as follows. We first present descriptive statistics from the survey, breaking the results down by area as well as statewide. This is followed by a discussion of the correlations found among the key variables in the data. This section is presented under several subsections, each providing information about the comparisons found to be statistically significant, then posing questions for another round of data collection. We then provide utility sections that outline the methodology employed to test the correlations, and a section outlining next steps.

A Profile of Homelessness

Each person is unique. However, the collective survey responses can help construct a useful profile of the "average" Arizonan experiencing homelessness today. Considering all survey data statewide, this composite person is a single, childless White

male in his mid-40s. He currently has been homeless for several months and has experienced two bouts of homelessness in the past three years. He probably spent last night in an emergency shelter. He became homeless after losing a job; he's not currently working, and is unlikely to have income. If he has income, it's likely to be around \$200 a month, but could range higher, especially if it comes from Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), the two most common sources. He has no military experience. He wants to be housed but is not currently on a waiting list for housing. If he could afford to pay rent, he would like to pay just over \$250 per month. Among public services, he is most likely to utilize shelter and food assistance. He does not have health insurance, but has been in the Arizona Health Care Cost Containment System (AHCCCS) or some other insurance program within the past year.

Table 1, reproduced in full at the end of this report, provides means and percentages for the characteristics noted above, both for the state as a whole and for each of the three geographic regions. The data are generally uniform across all sectors, suggesting that the characteristics, challenges and needs of Arizona's homeless population exhibit more similarities than differences. Some response sets do, of course, display wide variations. But such disparities must be viewed with caution, as apparent differences in various categories may not be statistically significant. The variations and data connections discussed in this report are limited to those that do display statistical significance; this issue will be further discussed below.

The data in Table 1, as elsewhere in this report, are of particular interest because they come from homeless individuals themselves. Some merely add telling details – such as the comparatively high percentage of BOS respondents who have pets. Others offer a sobering look at the fate of many Americans who are approaching middle age, a period ideally associated with raising families and pursuing careers. Many of these people have many more years to live, but few apparent prospects for living well. The data on race and ethnicity reflect the socio-economic and demographic realities of Arizona today: Whites (i.e., non-Hispanic Whites) are present in the survey population at roughly the same percentage as they are in the total population, while Hispanics are underrepresented; African Americans are overrepresented, while Native Americans are proportionately far more numerous on the street or in shelters than among Arizonans as a whole. Fortunately, children are also well underrepresented in the homeless population.

Table 1 shows that most respondents found some sort of refuge on the night before the survey was taken, mostly in shelters but also in someone's home or, in a few cases, in a hotel or motel. Still, well more than one-third of homeless Arizonans spent that night outside or in a vehicle. And, for many, it was far from a new experience: Asked how long they'd been homeless, responses averaged nine months; asked how many times they'd been homeless in the past three years, the average answer was more than twice. And many have had to cope with unstable lives since childhood: About 14 percent said they had been in foster care.

The most commonly cited causes – both general and specific – for homelessness in Table 1 are reviewed in some detail below. One rarely mentioned cause is having been

in prison. It's difficult to assess how candid respondents are in regard to this metric. But given Arizona's 40,000-prison population and the fact that it releases some 1,500 inmates each month into a still-struggling economy, one could easily expect prison to be cited as a cause more often than it was. One of the most striking contrasts in Table 1 is that between respondents who say they want to find housing (91% overall) and those on waiting lists (19%). Given the increasing national adoption of "housing first" as a central strategy against homelessness, this disparity seems worthy of further examination. It is likely a reflection of Arizona's relative lack of affordable housing, which not only limits shelter for the homeless but also keeps many other individuals and families teetering on the brink of homelessness.

Table 1's section on income reflects the wide variety of potential financial resources for Arizona's homeless, from children's contributions to veterans' disability payments. However, it also displays what small percentages of respondents are receiving income from most sources, whether due to ineligibility, ignorance of opportunity or other reasons. Few respondents are working; most of those receiving income are doing so because of past work – pensions, disability, veteran's status, retirement, etc. In any case, the statewide mean monthly income of \$218.20 remains well below the federal poverty level as well as the Arizona "living wage" as calculated by the Living Wage Project at MIT.

The responses in Table 1 also illustrate the general similarities in service use across the three geographic regions, with food and shelter topping the list. They also reflect the substantial utilization of services for physical and mental health – again fairly uniform across the state; these services are likely to be impacted, perhaps heavily, by the coming expansion of Medicaid in Arizona. Finally, Table 1 points out areas in which services for BOS are relatively underutilized, such as food assistance, employment programs and case management.

Correlations in the Data

The goal of any analysis of survey data is to identify "levers" and "questions." Levers refer to characteristics that can plausibly be affected by policy decisions. For example, the survey unsurprisingly identifies job loss as a key instigator of homelessness. Having this empirical evidence supports arguments for policies that reduce job loss. Of course, this is not a simple task, but it is a plausible method to reduce homelessness.

Data also help identify more useful questions. At the start of a research agenda, most questions begin with anecdotally supported brainstorming. While this is useful, it often is not focused enough to provide many levers. However, it does confirm some conjectures and identifies more specific questions. This allows for the new survey to target specific issues that are useful to policy makers.

In this section we discuss several relationships identified in the data that are statistically meaningful (see Methodology, p. 13). This begins the process of identifying levers. We then note some questions raised by the data for the next step in the research

agenda. The goal is not of course to “solve” these complex issues, but to promote the next iteration of questioning, data collection and knowledge production.

Causes of Homelessness

Asked for a general explanation of why they were homeless, most statewide respondents cited economic reasons (75 percent) followed by family issues (45 percent) and health reasons (37 percent; see Figure 1). Asked for a more specific reason, most (45 percent), as noted above, cited loss of a job – a reason that far outpaced other responses. A tie followed it at 16 percent between family conflict and alcohol use. However, looking more closely at these data illustrates some potentially useful connections.

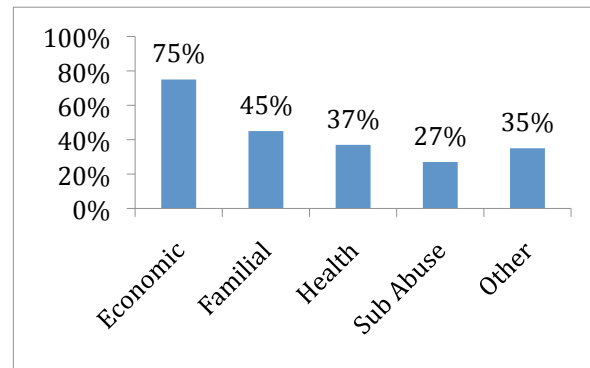


Figure 1: Reasons for Homelessness (note: not mutually exclusive)

For example, the frequency of job loss as a reason for homelessness was higher among men than women across all age groups. However, it peaked at 35 percent among women aged 25 to 34, while it peaked at 61 percent among men aged 35 to 44. This could be because many younger women may also be coping with raising young children and with family violence. Among men, it could reflect the impact of losing employment just when workers would hope to be establishing themselves at a job or trade, as well as the difficulty of learning new skills and competing in today’s tight job market while approaching middle age. Job loss was cited as a specific cause of homelessness by a much higher percentage of Pima respondents than of those from the other two regions.

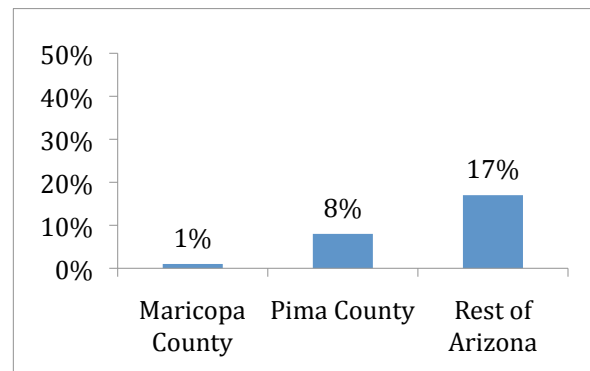


Figure 2: Moved Cities as a Reason for Homelessness by Area

In addition, BOS respondents were more likely than those in Maricopa or Pima to cite “moved cities” as a reason for homelessness (Figure 2). This may mean that the BOS homeless population is more mobile – either by choice or by necessity – than those in the state’s two

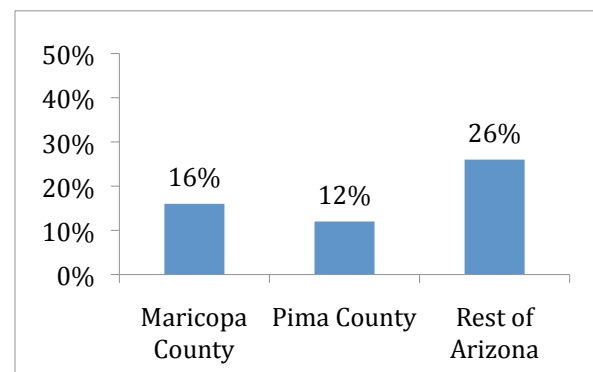


Figure 3: Alcohol Use as a Reason for Homelessness by Area

large population centers. BOS respondents were also more likely to cite alcohol use (Figure 3) and health problems (21 percent in BOS compared to 7 percent in Pima and 16 percent in Maricopa); the latter finding may be in part due to a relative lack of medical services in BOS. On the other hand, Maricopa respondents also frequently (39 percent) cited health as a cause.

Policy Questions about the Causes of Homelessness:

- Can Arizona do a better job of providing employment assistance to men in early middle age?
- What’s behind the “moved cities” response among BOS respondents?
- Why do Pima respondents cite “job loss” at a significantly higher rate than other respondents?

Family Violence

According to the survey respondents, family conflicts and family violence loom large as causes of homelessness in Arizona. As noted in Figure 1, “familial” reasons were second only to economic issues as general causes cited for homelessness. Further, Figure 4 notes that there were substantial differences by geographic region in the percentage of respondents citing familial reasons as a cause for homelessness. BOS respondents cited it much more often than the others, with Maricopa in second place.

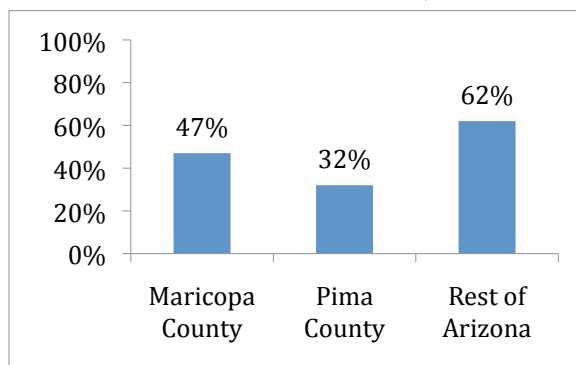


Figure 4: Family as a Reason for Homelessness by Area

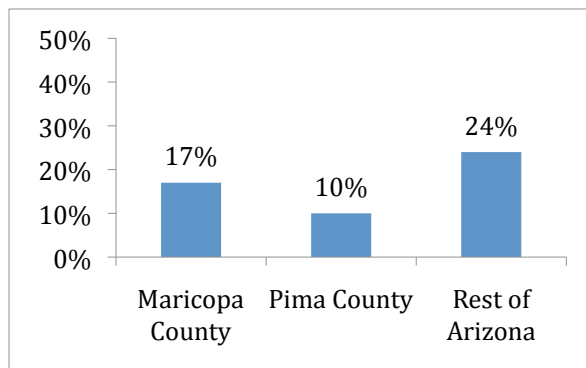


Figure 5: Family Conflict as a Reason for Homelessness by Area

Looking next at specific causes of homelessness, adding together the statewide percentages of respondents citing “family violence” and “family conflict” indicates that more than one-quarter of Arizona’s homeless individuals may have become so at least in part due to family problems. In citing specific causes, BOS respondents mentioned family conflict significantly more often (Figure 5) than respondents from other areas. Family violence, on the other hand, is a more often cited as a cause of homelessness by respondents in Maricopa County and BOS (12 and 11 percent, respectively), and less so for those in Pima County (3 percent). The data offer no reason why this should be the case.

More importantly, the survey highlights the connection between family violence and homelessness, especially for women. Women respondents cited family violence as a cause of homelessness nearly four times more often than men

(Figure 6). Single women with children were especially at risk (Figure 7). Female respondents who described themselves as single with one or more children cited family violence as a cause fully 30 percent of the time. Victims of family violence, on average, have 3 incidences of homelessness compared to 2 times for those who are not victims.

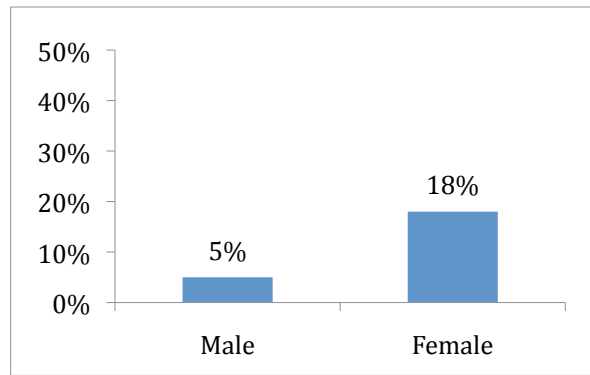


Figure 6: Family Violence as a Reason for Homelessness by Gender

Policy questions about family violence:

- How can future inquiries better distinguish between “family conflicts” and “family violence?”
- Why did BOS respondents cite family issues as a cause of homelessness more often than other respondents?
- Why did Pima respondents cite family violence less often than others?
- How can Arizona better integrate services to its populations of domestic violence victims and homeless women – populations that extensively overlap?

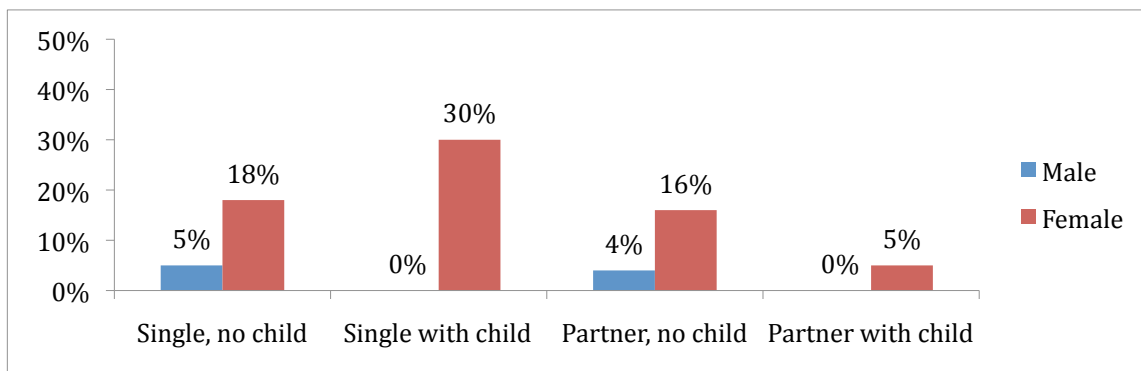


Figure 7: Family Violence as a Reason for Homelessness by Gender and Family Type

Mental Illness

Equally entangled with homelessness in Arizona is the problem of mental illness, which by itself afflicts hundreds of thousands of Arizonans, and, when untreated, is associated with higher risks for such ills as poverty, failure at school and work, criminal justice contact, early death, suicide – and, of course, homelessness. Statewide, 37 percent of the sample indicated that they received treatment for mental illness. Serious mental illness, involving such severe afflictions as schizophrenia and bipolar disorder, is known, when untreated, to be a common affliction of the chronically homeless, who typically present the most difficult and expensive cases to serve. Many resort to alcohol or drugs to “self-medicate.” Even lesser forms of mental illness are difficult topics to measure via surveys, as some proportion of mentally ill individuals lack “insight” into their illness or are reluctant to acknowledge it.

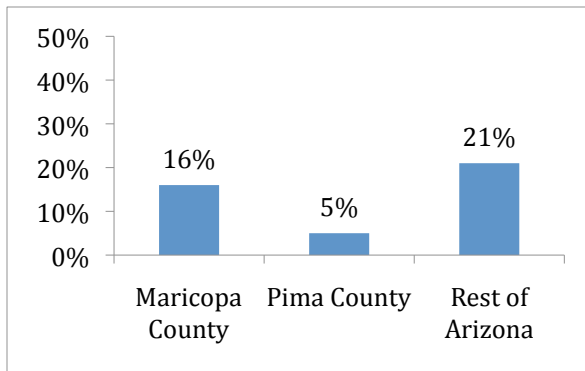


Figure 8: Mental Illness as a Reason for Homelessness by Area

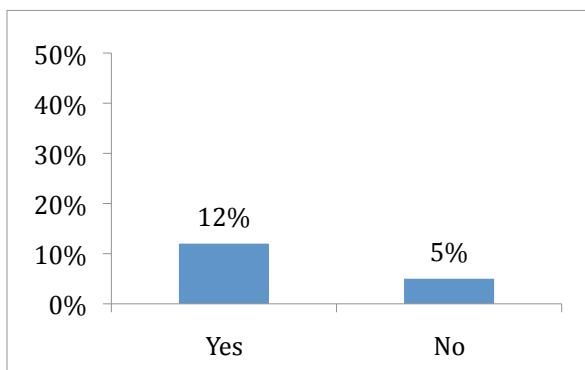


Figure 9: Prison as a Reason for Homelessness by Treatment for Mental Illness

Among all respondents statewide, Table 1 shows that 14 percent cited mental health as a specific reason for homelessness. However, Pima residents mentioned it much less often than those from Maricopa or BOS (Figure 8). Looking further into the data offers additional information. For one thing, respondents who said they had received treatment for mental illness reported 3 periods of homelessness compared to 2 periods for those who had not received treatment. For another, they were twice as likely to have cited a prison term as a reason for homelessness (Figure 9). While this points to no clear conclusions, it is worth noting that Arizona's jails collectively constitute the state's largest venue for inpatient "treatment" of the mentally ill, and that there is general agreement that a high percentage of state prison inmates are mentally ill.

Survey respondents who had been treated for mental illness were two-thirds more likely to have been hospitalized; 52 percent compared with 31 percent. They also were nearly twice as likely to cite family violence as a reason for homelessness (13 percent compared to 7 percent) to cite drug use (20 percent compared to 7 percent) and, of course, to cite mental illness itself (28 percent compared to 6 percent).

Policy questions about mental illness:

- Why did respondents from Pima County cite mental illness as a cause much less often than other respondents?
- How can institutions such as prisons do a better job of preparing mentally ill clients for release?
- Only a quarter of those treated for mental illness cited mental illness as a reason for homelessness; does mental illness lead to other factors that cause homelessness without itself necessarily being a direct cause?

Use of Services

The survey offers indications that at least some of the state's homeless mentally ill individuals are using services. Respondents who reported receiving treatment for mental illness were more likely to use shelters (Figure 10). In addition, those treated for

mental illness spend almost twice as long in shelters than those who have not been treated (8 vs. 5 months). They were also more likely to use soup kitchens, health care services and case management (Figure 12).

Survey findings also tended to reflect an overall paucity of services in BOS. Health care services (Figure 11) were also cited by many fewer BOS respondents (28 Percent) than those from the two urban centers (40 percent).

Employment programs (Figure 13) were used by significantly more respondents in Pima than Maricopa, and by more than twice as many as in BOS. Finally, case management services were cited by fewer than half as many BOS respondents (Figure 14) than those in Maricopa or Pima.

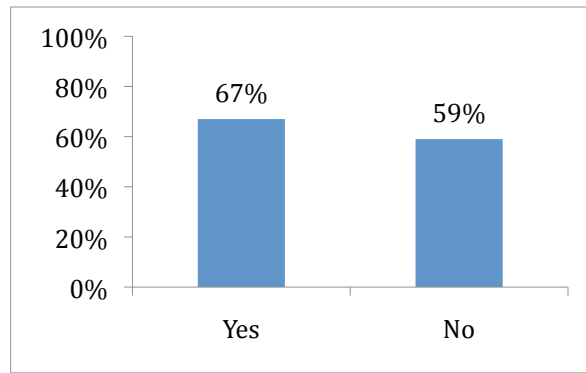


Figure 10: Use of Shelters by Mental Health Treatment

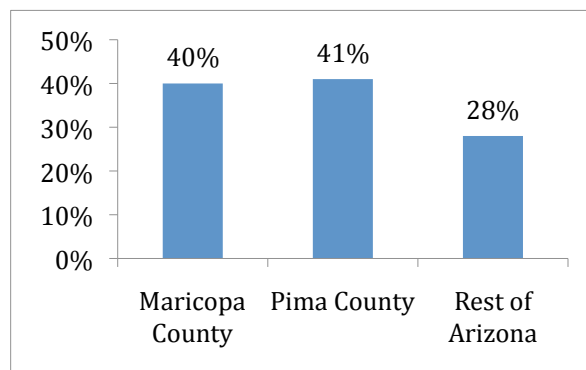


Figure 11: Health Care Service Use by Area

Policy Questions about Service Use:

- Why don't more homeless people use shelters? How can they be incentivized to do so?
- Many respondents said they had recently been on AHCCCS or some other health insurance program, and sizable segments said they used healthcare and mental

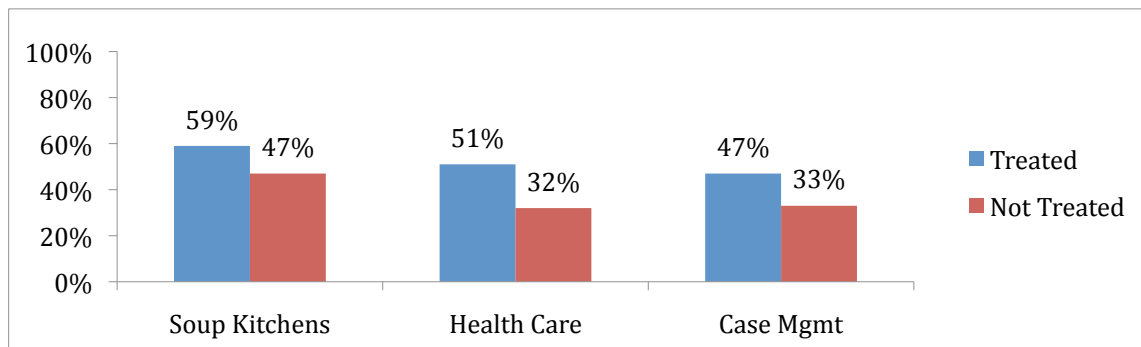


Figure 12: Use of Select Services by Mental Health Treatment

- health services. How will Medicaid restoration affect utilization of these services, and how can Arizona prepare for this?
- Does the finding that respondents who had mental health treatment tended to use some services more often constitute a policy success that could perhaps be enhanced and/or broadened?
 - How can more services be extended to BOS homeless?
 - How can Arizona act to create more affordable housing for homeless people and families and those at risk of homelessness?
 - Is service utilization a product of available services or is it a reflection of disparate needs?

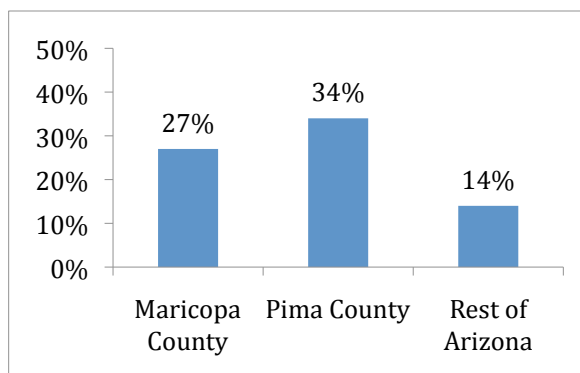


Figure 13: Use of Employment Services by Area

Veterans

In Arizona, as nationally, veterans are overrepresented in the homeless population and often present needs related to a history of serious trauma. This can include physical disability, Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI).

In this survey, veterans cited disabilities as a cause of homelessness significantly more often than the population as a whole (Figure 15). Veterans also were more likely to mention alcohol use as a reason (Figure 16).

On a more positive note, data collected through the Homeless Management Information System (HMIS) indicates that Arizona's percentage of homeless veterans decreased from 20 percent in fiscal year 2011 to 13 percent in fiscal year 2012.

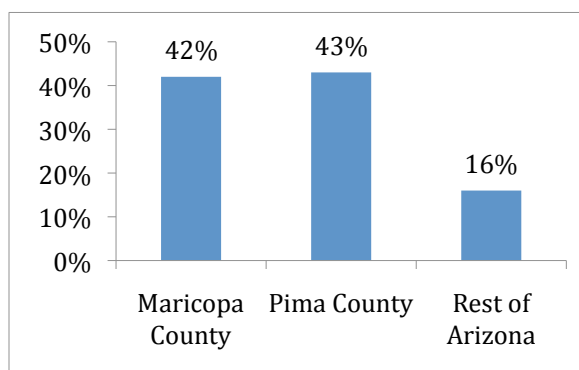


Figure 14: Case Management Service Use by Area

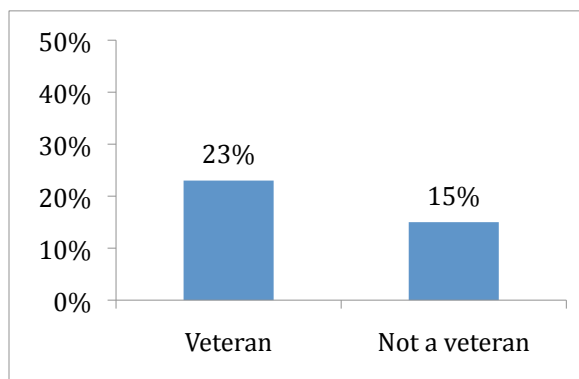


Figure 15: Disability as a Reason for Homelessness by Veteran Status

Policy Questions about Veterans:

- Arizona has received national recognition for its policies concerning homeless veterans. Is this a “success story” that can be replicated for other groups?
- How can Arizona meet the expected increase in demand for services from the influx of returning veterans from Iraq and Afghanistan, including a growing population of female veterans?

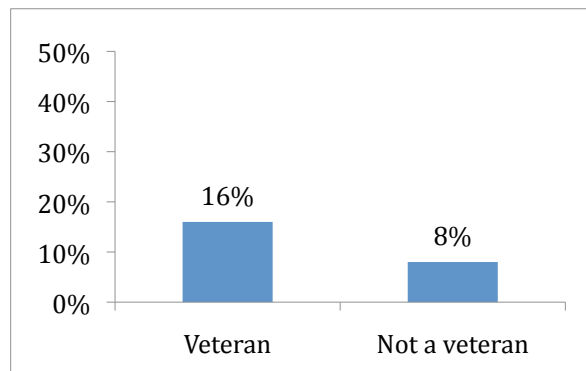


Figure 16: Alcohol Use as a Reason for Homelessness by Veteran Status

Native Americans

Alcohol use was frequently cited as a cause of homelessness by a broad range of respondents, and is clearly a core problem throughout this population. But it was most often cited, and by a large margin, by Native Americans (Figure 17). This is far from a new issue, but its importance and severity demand mention. Research has established ethnic disparities in alcohol consumption and related disorders, notably higher rates of alcoholism among Native Americans. Various studies by the Centers for Disease Control and Prevention and other organizations have also reported high incidences of heavy drinking, binge drinking and alcohol-related deaths among Native Americans than among other racial/ethnic groups.

Policy Questions about Native Americans:

- How can tribal and non-tribal policy makers better align their efforts to reduce alcoholism among Native American homeless?
- What greater attempts can be made to intervene earlier in the lives of Arizona’s Native Americans to prevent alcoholism from reaching such extreme and destructive levels?

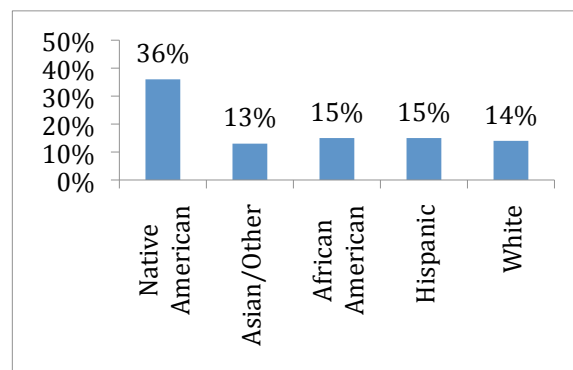


Figure 17: Alcohol Use as a Reason for Homelessness by Race/Ethnicity

METHODOLOGY

The comparisons of statistics by different groups that are noted in this report were screened to meet a rigorous statistical standard. The differences in the report are directly from the data, but the test was based on statistical estimations. To do this, we needed to estimate the differences across groups in such a way as to avoid falsely positive results due to spurious relationships. For example, if we find an effect for gender (X) on some statistic Y, but women are more likely to be affected by domestic violence (Z), the effect we observe for gender may be caused by the domestic violence instead of gender. This is because the underlying pattern may be $X \rightarrow Z \rightarrow Y$, but without considering Z, we would think $X \rightarrow Y$.

To guard against this possibility, we employ statistical models that consider the effects of each covariate while holding others constant. In other words, we are able to isolate the effect of X on Y, given any value of Z, and likewise the effect of Z on Y, given any value of X. We fit linear equations that predict various outcomes as a function of all covariates. In doing this, we isolate the individual, or unique, effect of each covariate. Since the model includes the other factors as well, we are able to consider the effect of any predictor while holding others constant.

Once the models were fit using computer software, we estimated marginal predictions for specific groups and tested whether these predictions differed. We employed simple *t*-test statistics where we calculated the difference between the estimates and divided this difference by an uncertainty parameter. If this ratio exceeded 2, that was an indication that the likelihood of such a difference was small if the data were collected from a population without such an effect. This logic, known as “rejecting the null hypothesis,” implies that if what we observe is not likely given a null assumption, then we can reject that null assumption in favor of an alternative narrative where there is a difference. This logic, combined with the inclusion of other covariates, allowed us to distinguish robust differences from plausible random artifacts of data.

We fit several different types of models to estimate these differences, specific to the distribution of the particular outcome. Where respondents slept the night before the survey employed a multinomial logistic regression that predicted the probability of spending the night outside, in a shelter, or some other arrangement. Reasons for homelessness and use of services used employed logistic regressions predicting the probability of the respondent checking each individual item as a function of the covariates. The number of times homeless and the months in various situations were estimated using negative binomial models to account for the non-normal distribution of the outcome.

The results of the models and marginal predictions, and the computer code used to estimate them, are available on request.

NEXT STEPS

This report has outlined core relationships among the variables collected in the survey. However, it is likely that many more relationships exist, some of which could answer the key policy questions posed by the report. While this survey was well designed and collected rich data, it is always possible to refine instruments; we here propose some improvements to survey design, sampling, and data management.

Survey Design

Surveys must strike a balance between collecting highly detailed information and minimizing the burden on respondents and interviewers. We suggest the following refinements to the survey:

- Use life history tables to establish a brief history for each respondent. This technique enables the ordering of an individual's life events – such as high school graduation, job history, justice-system contacts, etc. – enabling analysts to better determine causal events for homelessness. The tables will also incorporate the instances of homelessness in a more useable format than the current survey (See Hogan, Dennis P. "The variable order of events in the life course." *American Sociological Review* (1978): 573-586.).
- Expand the family structure section to allow for more family members, with pre-determined categories for relationship, gender, age, and race.
- Clearly distinguish the different types of family conflict in the reasons for homelessness.

Sampling

A common misconception about surveying populations is that a representative sample is one that includes some percent of the population. This is not the case. For example, what if only sheltered individuals had a high propensity to answer the survey. If they are overrepresented in the sample, the results are biased. A more difficult, but accurate, approach is to use some form of stratified cluster-area sampling and then employ weights to achieve a representative sample. The phases of such a design would resemble the following actions:

1. Use the point-in-time or other data to organize counties or other geographies into various strata. For example, strata may include the cross of high/low homeless rates, high/low minority rates and high/low economic conditions for a total of $2*2*2 = 8$ strata.
2. Next, randomly select geographies within each strata, noting the chance of selection (p_h equals the number geographies selected in strata h divided by the

- total number of geographies in strata h). This has the benefit of focusing interviewers only on a select number of areas instead of attempting the entire state.
3. Within each geography the team will randomly select addresses (shelters, street corners, etc.) and note the number of homeless individual counted there in the most recent point in time count. Then, homeless are interviewed in a structured random selection such as every 5th person, etc. The key is to collect basic demographic information and other variables noted in the point in time collections, noted here as X . We then know the approximate probability of selecting our respondent, as p_{xj} = number of homeless persons interviewed who have characteristics X in area j divided by homeless persons in that area j who have characteristics X .
 4. Create weights for each respondent as $w_i = 1/(p_h * p_{xj})$ and use them in any analysis along with cluster and strata correlations.

Following these steps will ensure a representative but manageable sample. Before data collection begins, a power analysis should be completed to estimate the number of homeless individuals that need to be interviewed within each geography. This depends on the specific variables collected and expected frequencies. (See Lohr, Sharon L. *Sampling: design and analysis*. Thomson Brooks/Cole, 2010.)

Data Management

Data management is fundamental to the reliability and usability of a data set. Key recommendations include:

- Use of a data entry system such as Qualtrics or Survey Monkey
- Creating a set of pre-defined codes that are exhaustive and mutually exclusive for each item on the instrument
- Double entry of each survey and comparison of results to ensure accurate data

•

ABOUT THE AUTHORS

E.C. Hedberg, Ph.D., is a sociologist at Morrison Institute for Public Policy.

Bill Hart is a senior policy analyst at Morrison Institute for Public Policy.

Table 1: Typical Profile of Arizona Homelessness

Characteristic Percent of Respondents	Mean/ Percent (Overall State) 100%	Mean/ Percent (Maricopa) 56%	Mean/ Percent (Pima) 28%	Mean/ Percent (Balance of State) 16%
Female	32%	39%	20%	30%
Has pet	8%	6%	9%	18%
Age	44.6	43.8	45.7	46
Race				
American Indian	11%	10%	10%	18%
Asian	1%	1%	1%	1%
Black	16%	21%	13%	2%
Hispanic	16%	14%	19%	17%
White	51%	49%	52%	56%
Other	2%	3%	0%	1%
Multi	4%	3%	4%	6%
Has military service	16%	16%	14%	17%
Honorable discharge	78%	84%	81%	56%
Family structure				
Single, no child	83%	82%	85%	82%
Single, with child	3%	4%	1%	4%
Partner, no child	11%	10%	13%	12%
Partner, with child	3%	4%	1%	2%
Children (anywhere)				
Number of living children	2.4	2.4	2.5	2.3
Average age of children	29	29.6	31	24.4
No children anywhere	83%	80%	86%	86%

Characteristic Percent of Respondents	Mean/ Percent (Overall State) 100%	Mean/ Percent (Maricopa) 56%	Mean/ Percent (Pima) 28%	Mean/ Percent (Balance of State) 16%
Last night stay (place)				
Hotel or motel	1%	1%	1%	3%
Jail, prison	0%	0%	0%	0%
Outside	35%	31%	40%	36%
Shelter	52%	59%	48%	30%
Some one else's home	7%	6%	8%	7%
Vehicle	2%	1%	0%	12%
Other	4%	2%	2%	13%
Last night stay (months)	9.1	9.4	7.1	9.4
Times homeless in last 3 years	2.1	2.1	2.2	2.4
Foster care experience	14%	14%	15%	11%
General Reasons for homeless				
Economic	75%	75%	71%	85%
Familial	45%	47%	32%	62%
Health	37%	39%	21%	59%
Substance abuse	27%	25%	21%	43%
Other Factor	35%	36%	25%	50%
Specific Reasons for Homelessness				
Lost Job	45%	43%	52%	39%
Family Violence	9%	12%	3%	11%
Divorce	10%	12%	7%	9%
Family conflict	16%	17%	10%	24%
Medical (non-mental)	14%	16%	7%	21%
Mental Health	14%	16%	5%	21%
Disability	9%	10%	4%	13%
Alcohol Use	16%	16%	12%	26%

Characteristic	Mean/ Percent (Overall State)	Mean/ Percent (Maricopa)	Mean/ Percent (Pima)	Mean/ Percent (Balance of State)
Percent of Respondents	100%	56%	28%	16%
Drug use	12%	11%	12%	16%
Moved cities	11%	11%	8%	17%
Prison	8%	9%	7%	7%
Interested in finding housing	91%	94%	91%	83%
Housing waiting list	19%	21%	20%	10%
Section 8 experience	11%	11%	11%	11%
Working	14%	13%	16%	13%
Has income	11%	9%	14%	13%
SSI	7%	7%	6%	6%
Pension	1%	1%	0%	2%
Worker compensation	0%	0%	0%	1%
Veteran disability	1%	0%	1%	1%
Alimony	0%	0%	0%	0%
Unemployment	2%	1%	1%	4%
SSDI	5%	5%	3%	7%
Veteran pension	1%	0%	1%	2%
Children	1%	1%	0%	4%
TANF	4%	6%	2%	2%
Private disability	0%	0%	0%	0%
Retirement	1%	1%	0%	1%
Food stamps	1%	0%	1%	2%
Other	6%	5%	5%	11%
Mean income	218.2	227.1	183.8	246.3
SSI	728.6	789.3	597.8	717.2
Pension	712.8	645.		758
Workers' comp	666	666.	.	
Veteran disability	560.8	980	493.5	418.5
Alimony	.	.	.	
Unemployment	411.1	220	248	565.7
SSDI	706.7	666.2	741.7	801

Characteristic	Mean/ Percent (Overall State)	Mean/ Percent (Maricopa)	Mean/ Percent (Pima)	Mean/ Percent (Balance of State)
Percent of Respondents	100%	56%	28%	16%
Veteran pension	709.4	1021	574	621.2
Children	288.4	203.9.		401
TANF	213.5	212.5	231.8	194.5
Private disability	498	.	498.	
Retirement	351.5	282.4	780	413.5
Food stamps	253.6	270.5	229.3	243.1
Other	206.1	302.7	151.5	100.1
Affordable rent	266	299.2	220.3	225.9
Weekly rent preference	40%	40%	37%	46%
Economic services				
Emergency food assistance	59%	61%	60%	50%
Shower program	35%	31%	41%	38%
Water or respite station	28%	31%	32%	9%
Shelter	62%	67%	59%	52%
Employment program	27%	27%	34%	14%
Soup kitchen or dining hall	51%	51%	55%	49%
Health care services	38%	40%	41%	28%
Community voicemail	11%	12%	15%	3%
Case management	38%	42%	43%	16%
Rent assistance	6%	8%	5%	3%
Utility assistance	5%	6%	2%	5%
ER experience	39%	38%	40%	38%
Mental health treatment	37%	37%	36%	37%
Ever insurance	44%	46%	44%	39%
Ever insurance past year	55%	56%	57%	48%

APPENDIX:
THE SURVEY INSTRUMENT

2012 Arizona Statewide Survey

Surveyor's Name: _____ Study Area: _____ Time of Survey: _____ am/pm

Hello, my name is _____. I am a volunteer working with _____ Continuum of Care to conduct a survey to better understand homelessness in Arizona.

Question A: Where will you be staying tonight? [skip Question A if conducting survey in a shelter]

- | | | |
|---|---|--|
| · If apartment/house/stable address | → | Thank for their time. No survey questions. |
| · If shelter /don't know/street/camp/place not meant for human habitation | → | Ask Question B |

Question B: Have you answered a survey given by a volunteer wearing a nametag like this?

_____ Yes (If Yes, then terminate survey) _____ No _____ Don't Know

If No or Don't Know

Would you be willing to answer some questions, so that we may better understand the needs of people who are homeless? The questions will take you about 10 minutes to complete. Your answers will be combined with others, and we will not share your individual information.

Your participation is completely voluntary. You can skip a question or stop the survey at any time.

Would you like to participate?

_____ Yes (Start below with identifier information.)

_____ No Thank for their time. No further questions.

******Begin here for individuals who have not answered this survey previously and agreed to participate:***

First Name Initial _____ Last Name Initial _____ Day/Year of Birth ____/____

1. How do you identify with your gender (check one):

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unknown | |

2. Do you have a pet?

- ☐ Yes
☐ No

3. What is your primary language? _____

4. May I ask how old you are: _____ years

☐ Unknown

☐ Refused

5. What is your race ethnicity?

☐ African American

☐ African

☐ Caucasian (non-Hispanic)

☐ Asian or Pacific Islander

☐ Hispanic or Latino(a)

☐ Other bi-/multi-racial

☐ Other single race:

☐ Doesn't know/no answer

	Age	Gender	Relationship to you
<i>Person 1</i>			
<i>Person 2</i>			
<i>Person 3</i>			
<i>Person 4</i>			

6. Have you ever served in the United States Armed Forces?

- ☐ No
- ☐ Don't know/no answer
- ☐ Yes

What was the character of your discharge?

- ☐ Honorable
- ☐ General Honorable Conditions
- ☐ Other than Honorable
- ☐ Bad Conduct
- ☐ Dishonorable
- ☐ Refused

7. Please describe your family structure (*note: the question is not about marital status*):

- ☐ Single
- ☐ In a couple without children
- ☐ 1 parent family with children ____ number of children [if children not with you, where? ____]
- ☐ 2 parent family with children ____ number of children [if children not with you, where? ____]
- ☐ Other: _____

8. Do you currently live with anyone you consider members of your family?

- ☐ Don't know/no answer
- ☐ No
- ☐ Yes

If yes, whom? _____

9. Where did you stay last night? (*may have to ask probing questions*)

- ☐ Shelter, which one _____
- ☐ Temporary Housing
- ☐ Transitional Housing
- ☐ Group Home
- ☐ Jail or Prison
- ☐ Abandoned Building
- ☐ Outdoors or on the street
- ☐ Different places
- ☐ Camp
- ☐ Treatment Program
- ☐ Home of a friend
- ☐ Home of a family member
- ☐ In a car or other vehicle
- ☐ Hospital
- ☐ Airport
- ☐ Hotel or motel room
- ☐ Other:
- ☐ Don't Know/no answer

10. How long have you been in this situation? Years Months

11. How many times have you been homeless over the past three years? Times

12. Were you ever in the foster care system? ☐ Yes
☐ No

13. We want to know more about how often people have to move because of homelessness. I am going to be asking where you have lived and for how long until we get to at least one year. Thinking back to last July around this time, a year ago, where did you live? How long did you live there? Following that, where did you live? How long did you live there? (Please put in order as best you can recall the order of where you lived; it's OK to repeat some of the places if you were back and forth between them.)

Housing Episodes During the Past Year	1	2	3	4	5	6	7	8
Housed { Permanent housing (apartment, home, etc.)								
{ Homeless								
If Homeless , where did you generally stay during this episode?								
Shelter or temporary housing								
Transitional housing								
Group home								
Treatment program								
Home of friend or relative								
Hospital								
Airport								
Jail, prison, or juvenile detention								
Hotel or motel room								
Outdoors or on the street								
Abandoned building								
Tent / Camps								
Car or other vehicle								
Other?								
Don't know/ no answer								
How long did this episode last?								

14. Where were you living when you first became homeless? [City/State] _____

15. What are the primary reasons that you caused you to become homeless?
[without reading the entire list; listen to their story; check up to top three (3)]

Economic Factors

- ☐ Lost job (unemployment)
- ☐ Loss of government benefits
- ☐ Unable to pay rent or mortgage
- ☐ Other:

Family Factors

- ☐ Family violence
- ☐ Divorce
- ☐ Death in family
- ☐ Argument with family or friends/ family conflict
- ☐ Other:

Health Factors:

- ☐ Illness or medical problem (not related to substance abuse)
- ☐ Mental illness
- ☐ Discharged from hospital
- ☐ Disabled
- ☐ Other

Substance Abuse:

- ☐ Alcohol use
- ☐ Drug use
- ☐ Discharged from treatment program
- ☐ Other:

Other factors:

- ☐ Move to/from out of town
- ☐ Housing loss due to loss of public housing unit or Section 8 housing
- ☐ Housing loss due to non-economic reasons (fire, eviction, etc.)
- ☐ Released from jail/prison or juvenile detention
- ☐ Discharged from hospital
- ☐ Exited from foster care
- ☐ Other

16. Are you interested in finding housing?

- ☐ Yes
Where? _____
- ☐ No
Why not? _____

17. Are you currently on any wait lists for housing?

Yes
Which lists? _____

No

18. Have you ever received Section 8 subsidized housing, rental assistance, or public housing? (circle one)

Yes
No
Don't know/no answer

19. Are you currently working?

☐ Yes

How often do you work?

What type of work do you do?

☐ No

If no, are you looking for work? (circle one)

Yes No Don't know/no answer

If yes, what kind of work? _____

20. What are your current sources of income? And how much money is it monthly?

(You may need to read a few possibilities from the list. If the amount is not known, then write UNK)

- ☐ Earned income, salary \$_____
- ☐ Supplemental Social Security (SSI) \$_____
- ☐ Pension from former job \$_____
- ☐ Workers comp \$_____
- ☐ Veterans disability \$_____
- ☐ Alimony \$_____
- ☐ Unemployment \$_____
- ☐ Social Security Disability (SSDI) \$_____
- ☐ Veterans Pension\$_____
- ☐ Child support \$_____
- ☐ Temporary Assistance for Needy Families
or Cash Assistance \$_____
- ☐ Private disability \$_____
- ☐ Retirement \$_____
- ☐ Food Stamps \$_____
- ☐ Other sources \$_____
- ☐ **NO Financial Resources**
- ☐ **Refused**

21. If you could pay monthly rent, what could you afford to pay each month? \$
22. If you could pay rent on a weekly basis, would that make it easier for you to afford housing? (check one)
- ☐ Yes
 - ☐ No
 - ☐ Don't know/no answer
23. Have you used any of the following services in the past six months: [check all that apply]
- ☐ Emergency food assistance
 - ☐ Shower program
 - ☐ Water or respite station
 - ☐ Shelter
 - ☐ Employment program
 - ☐ Soup kitchen or dining hall
 - ☐ Health care services
 - ☐ Community voicemail
 - ☐ Case management [may need to describe as a person that helps you, such as a case manager]
 - ☐ Rent assistance
 - ☐ Utility assistance
24. Are there other services that you access that were not mentioned? _____
25. Are there services that you routinely seek but are unable to find? _____
26. Where do you spend your time during the day? _____
27. Have you been hospitalized or in the ER in the past year? (check one)
- ☐ Yes
 - How long were you hospitalized?* _____
 - When were you discharged?* _____ (Month/Year)
 - How many times you have been hospitalized in the past year?* _____
 - Would you be comfortable telling me why?* _____
 - ☐ No
28. Have you ever received treatment for mental health? (check one)
- ☐ Yes
 - ☐ No
 - ☐ Don't know/no answer
29. Are you currently on AHCCCS (Arizona Healthcare) or other insurance? (check one)
- ☐ Yes
 - ☐ No
 - ☐ Don't know/no answer

30. Have you been on AHCCCS or other insurance within the past year? (check one)

☐ Yes

☐ No

☐ Don't know/no answer

That concludes our survey. Thank you for participating and sharing such personal information. We have a gift that we would like to give you for your time.



June 2013 / Morrison Institute for Public Policy is a leader in examining critical Arizona and regional issues, and is a catalyst for public dialogue. An Arizona State University resource, Morrison Institute uses nonpartisan research and communication outreach to help improve the state's quality of life.

MorrisonInstitute.asu.edu