2011

Northwest Arkansas

Point-in-Time Homeless Census

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The Community & Family Institute

About the Institute

The Community and Family Institute is located in the University of Arkansas' Department of Sociology and Criminal Justice. The Institute was founded in 1997 based on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment of needs, evaluation of community goals, and the development of appropriate and pragmatic responses to problems. The Institute is dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom research strategies for exploring important social issues in the Northwest Arkansas region and beyond.

The Northwest Arkansas Homeless Census is a prime example of evaluating community needs. The goal of this project has been to stimulate dialogue about homelessness in the region and to encourage informed strategies for shaping future policies and actions.

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There are a number of individuals who provided volunteer effort in collecting the data for this census. Without their hard work this bi-annual count would not be possible. In addition, though acknowledged as authors, the Community and Family Institute research staff worked tirelessly on this project.

Finally, we want to thank the “too many to name” government and non-profit agencies that participated in the census. Their willingness to allow us access to interview and count their clients is instrumental to the overall success of this project. We hope that this report represents a critical basis for the conversation on homelessness, the specific issues confronting Northwest Arkansas, and how resources might be leveled to address solutions and develop pragmatic plans through the 21st Century.

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Executive Summary

2011 Point-in-Time Census

- **Numbers**. It is estimated that on any given night approximately 2,001 adults and youth in Benton and Washington Counties are homeless.

- **Basic demographics** 437 adults were interviewed for the 2011 Point-in-Time Census**.** The median age of respondents was 40 years. About two-thirds of the sample, (63%) was between the ages of 25 and 54. Men comprised 58 percent of the survey respondents. Eighty-one percent of respondents were Caucasian/White, 7 percent were African-American/Black, with the remaining 12 percent comprised of other racial and ethnic categories; 7.8 percent of respondents were Hispanic.

- **Housing status.** While approximately 1 percent of respondents were actually interviewed on the street, interviews conducted in local soup kitchens, day centers and food banks revealed that 8 percent of homeless adults spent the previous night on the streets. The most common living situations included doubling up/staying with a friend or relative (26%),treatment facilities (20%), and transitional housing (17%).

- **Family structure.** Sixty-three percent of homeless persons were single adults. Of those in families, 7 percent were couples without children, 11 percent were couples with children, 16 percent were one parent families with children, and 2.5 percent were in some other family arrangement.

- **Time spent homeless.** The median time spent homeless was 5 months. Seventy-three percent reported that this was their first time being homeless in the last three years. More than one-quarter of those interviewed reported a second or third homeless episode in the last three years.

- **Services used and service gaps.** The most frequently received services were food assistance (72%), medication assistance (32%), substance abuse treatment (32%), clothing assistance (46%), case management (43%), and transportation assistance (27%).

  Regarding service gaps, the services most commonly needed, but not currently being received were: job training and assistance (24%), housing placement assistance (26%), transportation assistance (31%), and medication assistance (26%).

- **Chronic homelessness.** Twenty-seven percent of respondents were chronically homeless. Of the number of respondents who said they suffered from at least one chronic condition, 44 percent classified themselves as chronic substance abusers, 28 percent reported having a mental illness, 27 percent reported a physical disability, 14 percent were domestic violence victims, and 9 percent had a developmental disability. Of the total number of homeless persons interviewed, more than 20 percent reported two or more of these conditions.

- **Military service.** Twenty-five percent of homeless adults reported prior service in the military; nearly 30 percent of those veterans saw active combat. The majority of these homeless veterans were older, single males.

Point of Comparison: The 2009 and 2011 PIT Side-by-Side

- **Prevalence.** Overall, the number of homeless persons in Benton and Washington Counties increased 36 percent between 2009 and 201, from 1,287 to 2,001.

  The number of homeless youth increased by more than 39 percent.

- **Age.** The median age of homeless adults was similar 41 (2009) and 40 (2011), with notable jumps in the numbers of persons age 55 and older.

- **Race/Ethnicity.** The racial composition was very similar to that recorded in 2009 though the diversity was less than in 2009. The number of Hispanic adults dropped slightly between 2009-2011.

- **Housing status.** The percentage of people making use of emergency shelter continued to decline from 37 percent in 2007 to 20 percent in 2009 and 14 percent in 2011. At the same time, there was a substantial increase in those reporting doubling up from 18 percent in 2009 to 26 percent in 2011.

- **Family structure.** In the 2-year period from 2009 to 2011, there was an increase in the percentage of homeless adults who reported being single without children, from 57 percent to 64 percent.

- **Frequency and duration of homeless episodes.** There was a 48 percent decline in the average number of homeless episodes in the previous 3-year period among adults, from 2.5 in 2007 to 1.3 in 2009. That number changed only slightly in 2011 (1.4). However, the median length of homelessness remained the same as in 2009--5 months.

- **Service gap.** Significant gains were made in narrowing the service delivery gap in a number of areas. The percentage of respondents who reported using case management services in 2009 nearly doubled to those using it in 2011. Likewise, those receiving medical treatment in 2009 (17%) doubled in 2011 (35%). The service delivery gap continued to be significant in 2011 as it was in 2009 for job training, medication, and transportation assistance.

- **Chronic homelessness.** The rate of chronic homelessness among adults declined from 32 percent in 2009 to 27 percent in 2011.

- **Chronic conditions.** There were only minor changes in chronic conditions reported between persons reporting such condition in 2009 compared to 2011. Over 40% continued reporting substance abuse problems, and more than one-quarter reported problems with a physical or mental disability.

- **Homeless veterans.** The percentage of adult homeless who reported prior military services jumped increased slightly from 24 to 25 percent between 2009 and 2011.

Chapter 1

Homelessness in Northwest Arkansas, 2011

Introduction

Not since the Great Depression has the United States experienced an economic downturn like these last two years. With millions of jobs lost and hundreds of thousands of homes foreclosed, an increase in the number of homeless individuals and families in the United States, as predicted, has been documented in our region. Public and private sector social service infrastructures created for serving the homeless are inadequately prepared for this type of service burden. Unfortunately, as the demands for services, programming, and housing support are increasing, resources are dwindling. Service demand continues to outpace service provision and as a result people's everyday needs are going unmet.

The number of homeless persons in the United States has been increasing for decades. Nationwide estimates put the number of people without their own home on any given night at one million persons. Given the immense wealth of the United States, numbers of such magnitude are especially troubling. As in other parts of the country, homelessness is increasingly prevalent in Northwest Arkansas, though the pace of growth has not been as rapid as the national trend (Fitzpatrick et al. 2007).

Many in Northwest Arkansas are concerned and want to know why homelessness not only persists, but why it continues to grow with each passing year in such an economically prosperous region of the United States. The answer is a complicated one. Research shows that homelessness is the product of both structural forces (e.g. wage structures, affordable housing, job loss) and individual factors (e.g. mental illness, substance abuse, relational problems). Evidence suggests that neither set of issues have changed significantly in the last two decades (National Alliance to End Homelessness 2006).

This report is intended to provide reliable, systematic data that can be used to fine-tune and implement Northwest Arkansas' Continuum of Care, and develop effective strategies for addressing homelessness in the region for a variety of service providers. The data presented here provide critical information concerning basic characteristics of homeless persons, such as residential history, service needs and service use patterns, as well as chronic disabilities. Such information is essential for local governments, the Northwest Arkansas Housing Coalition, and other local planning agencies in identifying various subgroups of homeless with specific needs, and locating gaps and duplication in the services aimed at assisting the homeless population.

The goal of this study is to provide Washington and Benton County government officials, school district officials, and homeless service providers with reliable empirical information on the current number of homeless, their characteristics, living circumstances, service use/needs and chronic conditions.

The research reported here derives from a point-in-time census (PIT). (The instrument used for this census can be found in Appendix B). The PIT census was conducted in Washington and Benton Counties over a 24-hour period, from 11 a.m. January 27, 2011 until 11 a.m. January 28, 2011. Soup kitchens, day shelters, food pantries and medical clinics were surveyed between 11 a.m. and 5 p.m. on January 27. Night shelters were surveyed between 5:00 p.m. until 10:00 p.m. January 27, 2011. Street sites were enumerated on January 27 noon to 3:00 p.m. and January 28 from 6:00 a.m. to 8:00 a.m. Each site was enumerated for only one block of time to avoid double counting. The 2011 PIT used the same methodology as previous point-in-time counts. A more detailed description of the methodology used in designing the PIT census is contained in Appendix A of this report.

By The Numbers

496 — Total number of homeless persons counted as part of census; total includes both adults and youth.

969 — The total number of homeless youth enrolled in Benton and Washington County school districts.

536 — Estimate of the total number of "invisible" homeless persons - those who are homeless, but were not counted as part of the census.

2,001 — Total estimated number of homeless persons living in Benton and Washington Counties as of January 28, 2011. This total includes both census counts and estimates.

Counting the Homeless

Table 1. Homeless Persons in Northwest Arkansas, January 2011
Census and School District Counts plus Estimate of Inaccessible Homeless

DATA SOURCE	
Survey Responses: Homeless Adults and Accompanying Youth	496
Adults (18 years and over, responded to survey)	437
Youth living with respondents, not present for survey	59
School-Age Youth and Parents/Guardians	1,444
School-age youth reported by school districts[a]	969
Parents/guardians of youth attending schools[b]	475
Estimate of Invisible Homeless[c]	61
TOTAL NUMBER OF HOMELESS (counted + estimated)	***2,001***

Notes
a. Calculated as the total number of youth reported by school districts minus school-age youth enumerated in the census.
b. Projection of adults accompanying youth enrolled in local schools who reported "doubling up" with friends or relatives. Calculated as one adult for every two enrolled youth.
c. Projection based on a survey of both homed and homeless users of soup kitchens, day shelters, and food banks.

The total number of homeless persons in Northwest Arkansas, detailed in Table 1, is based on three separate counts: a) a 24-hour PIT census of homeless adults and youth (under the age of 18) living with them; b) counts of homeless students provided by Benton and Washington County school districts and a corresponding estimate of their parents/guardians; and c) an estimate of "invisible" homeless persons derived from interviews conducted in soup kitchens, food pantries and day centers. These three counts produced an estimate of 2,001 homeless persons in Benton and Washington Counties on January 27-28, 2011.

Table 2. Number of Homeless Youth, by School District, 2011

SCHOOL DISTRICT	NUMBER	PERCENT OF TOTAL
Bentonville	193	18.9%
Fayettevile	214	20.9%
Rogers	154	15.1%
Gentry	151	14.8%
Springdale	87	8.5%
Pea Ridge	32	3.1%
West Fork	18	1.8%
Lincoln	9	0.8%
Prairie Grove	15	1.5%
Siloam Springs	103	10.1%
Greenland	9	0.8%
Elkins	15	1.5%
Gravette	13	1.3%
Farmington	9	0.8%
TOTAL	**1,022**	**100.0%**

Table 2 details the number of homeless school-age youth for school districts reporting at least one homeless student.

The data presented in Table 1 and Table 2 provide an estimate of the magnitude of youth homelessness in Northwest Arkansas. **Two-thirds (66%) of all homeless persons counted in Benton and Washington Counties were less than 18 years of age.** Eighty percent of these youth reported doubling-up with friends and relatives; the remainder lived in shelters, hotels/motels, were not accompanied by an adult, or living in some other homeless situation. Homeless youth attending school were highly concentrated in the area's three largest school districts — Bentonville, Fayetteville, and Rogers, yet Siloam Springs and Gentry reported large numbers of students despite the size of their school districts.

Demographic Composition

What are the demographic characteristics of homeless adults in Northwest Arkansas? The "typical" homeless adult is a single, White male of non-Hispanic origin who is between the ages of 25 and 54. Despite the fact that most homeless adults in Northwest Arkansas are men, it is important to note that more than a third of the population is female, the majority of whom (58.5%) are the parent of at least one child. The vast majority of these women (84.5%) are single parents. An estimated 17 percent of homeless adults are members of racial and/or ethnic minority groups. These findings are not unique to Northwest Arkansas.

Table 3. Demographic Characteristics of Homeless Persons
Point-In-Time Census, 2011

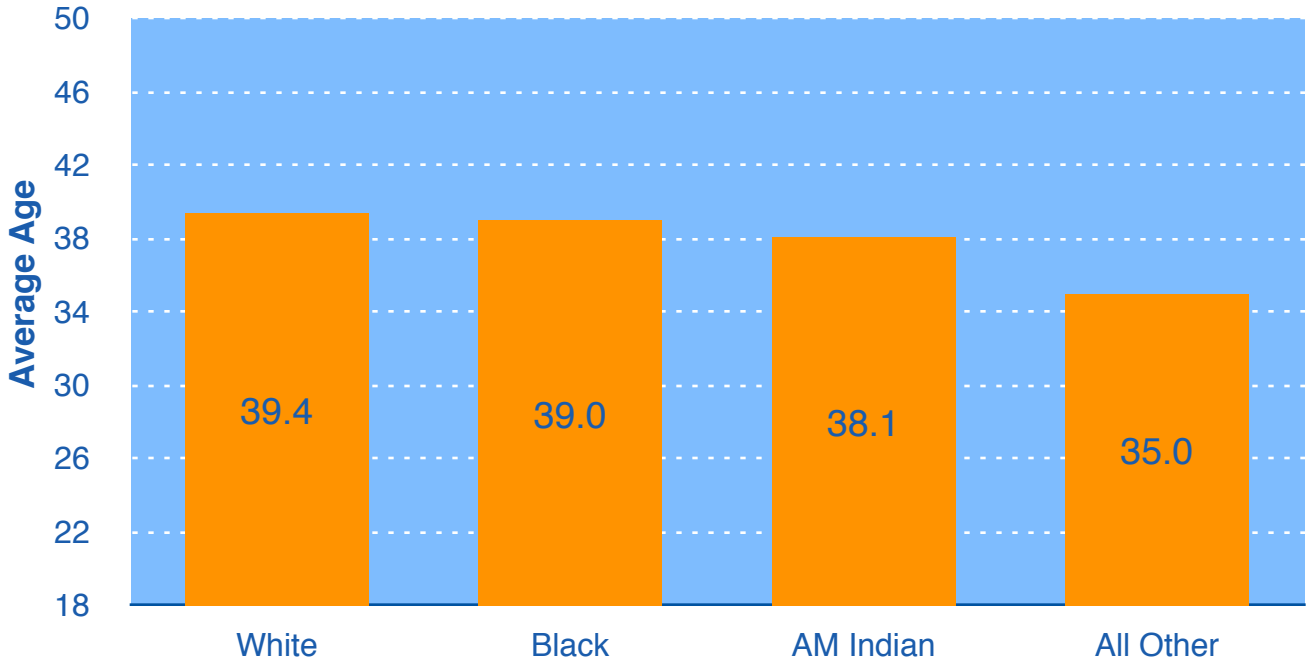
CHARACTERISTIC	NUMBER	PERCENT
Age		
Less than 20 years	25	5.7%
20-24 years	59	13.5%
25-34 years	97	22.2%
35-44 years	93	21.3%
45-54 years	99	22.6%
55-59 years	48	11.0%
60 years or older	16	3.7%
Race		
White/Caucasian	355	81.1%
Black/African-American	29	6.6%
American Indian/Alaska Native	16	3.7%
Unspecified/Other	36	8.6%
Hispanic Origin[a]		
Yes	34	7.8%
Gender		
Male	251	57.0%
Female	185	43.0%

Notes
a. Hispanic origin determined independent of racial group membership.

Racial/ethnic minorities, young adults, women, and youth are among the fastest growing segments of the homeless populations in the United States.

The median age of the adult homeless population in Northwest Arkansas is 40 years of age. On average, men are more than 9 years older than women (42.9 versus 33.7). Persons

Figure 1. Average Age of Homeless Persons, by Race
Point-in-Time Census, 2011



claiming to be of some racial background other than White/Caucasian and Black/African American backgrounds were generally younger. Hispanics were significantly younger than their non-Hispanic counterparts (35.1 versus 39.5).

Living Circumstances

Where do homeless adults in Northwest Arkansas stay? Respondents to the PIT census survey were asked where they spent the previous night. The results are presented in Table 4 (next page). Eight percent of those surveyed reported staying in an outdoor location (e.g. in the woods, in a car, or some other location). Forty percent of the persons interviewed said they had spent the previous night in one of three types of housing essential to a Continuum of Care: Emergency shelter (14%); transitional housing (17%); and permanent supportive

Table 4. Housing Status and Location (County) of Homeless Persons
Point-In-Time Census, 2011

LIVING CIRCUMSTANCE	NUMBER	PERCENT
Housing Status, Previous Night		
Indoors		
Emergency Shelter	61	13.9%
Transitional Housing	74	16.9%
Hotel or Motel	11	2.5%
Treatment Facility	85	19.4%
Permanent Supportive Housing	39	8.9%
Dwelling of Friend/Relative	112	25.6%
Outdoors		
Outdoors/Car/Abandoned Bldg.	35	8.0%
Other Situation	20	4.6%
County		
Benton	354	81.0%
Washington	83	19.0%

housing (9%). More than one-quarter (25.6%) reported staying with a friend or relative. In excess of 80 percent of respondents told interviewers they spent the previous night at some location in Washington County versus Benton County (20%)

What is the family structure of homeless persons like? Approximately 18 percent of homeless adults in Northwest Arkansas reported being "coupled" (e.g. married; boy/

Table 5. Family Structure of Homeless Persons
Point-In-Time Census, 2011

LIVING CIRCUMSTANCE	NUMBER	PERCENT
Family Structure		
Two-Parents w/children	49	11.2%
One-Parent w/children	68	15.5%
Couple with no children	31	7.1%
Single	278	63.5%
Other Situation	11	2.5%

girlfriend). Notably, a significant majority (63.5%) of homeless adults in Northwest Arkansas reported being single on the day of the PIT census. Nevertheless, more than one quarter of those interviewed had dependent children--the majority of which were staying with them at the time of the census.

Table 6 (next page) presents the current housing status of homeless persons according to family structure. PIT census data reveal that families with children most often stayed the previous night in transitional housing, treatment facility/program, or the home of a friend or

Table 6. Family Structure and Housing Status of Homeless Persons
Point-In-Time Census, 2011

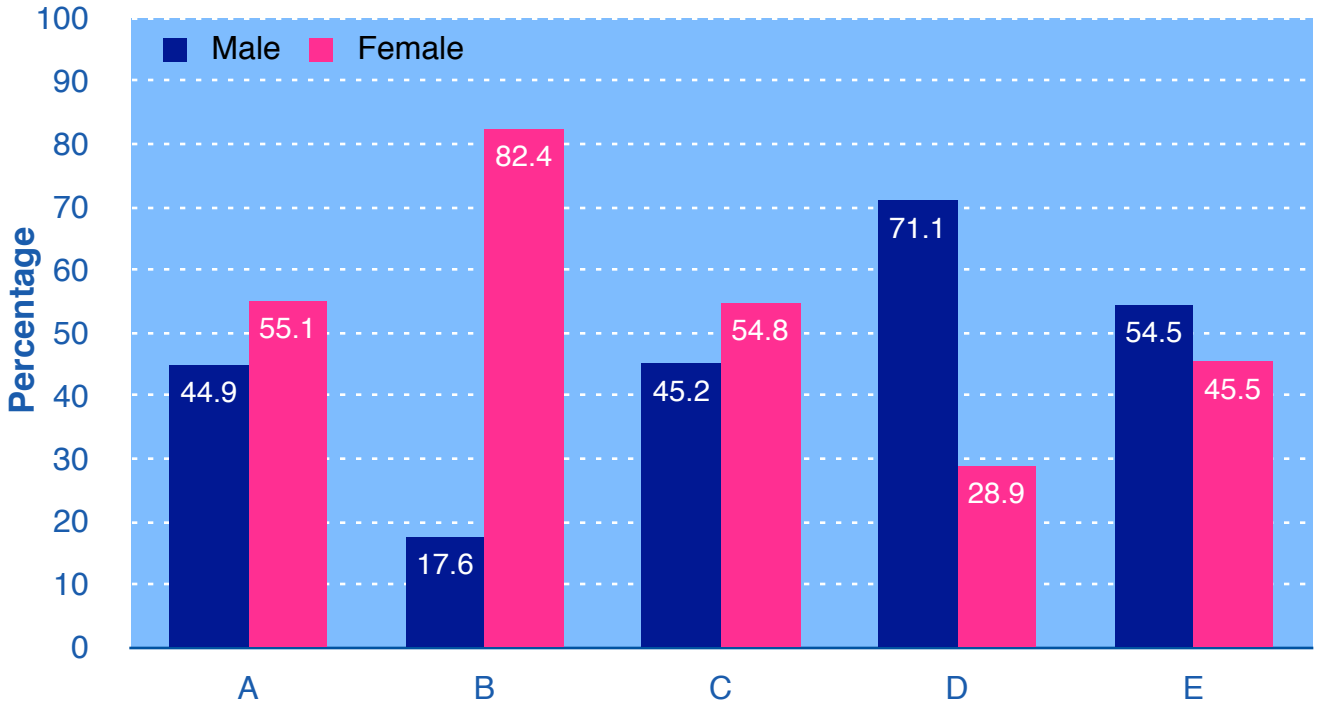
FAMILY STRUCTURE	Housing Status (Last Night) A	B	C	D	E	F	G	H
2 parents, children	2.0%	10.2%	4.1%	24.5%	---	34.7%	6.1%	18.3%
1 parent, children	16.2%	29.4%	1.5%	23.5%	5.9%	20.6%	0.0%	2.9%
Couple, no children	3.2%	---	12.9%	6.5%	3.2%	51.6%	16.1%	6.5%
Single	16.9%	17.3%	1.4%	19.1%	11.5%	21.9%	9.4%	2.5%
Other situation	---	9.1%	---	18.2%	18.2%	36.4%	9.1%	9.1%

Notes
Housing Status: A = Emergency shelter; B = Transitional housing; C = Hotel or Motel; D = Treatment facility; E = Permanent Supportive Housing; F = Dwelling of Friend/Relative; G = Outdoors; H = Other.

relative. Couples without children were the most likely to stay at the home of a friend or relative. Single persons most often used some form of emergency shelter, followed by the home of a friend or relative.

Figure 3 and Figure 4 examine gender differences for both family structure and housing status. Figure 3 illustrates some dramatic gender differences in family structure. **Compared to men, homeless women bear a disproportionate burden with respect to childcare duties.** PIT census data show that single-parent homeless families are almost 5 times as likely to be headed by a woman than by a man. Men were found to be roughly 3 times more likely than women to be single (without children) and slightly more likely to report some other

Figure 3. Family Structure of Homeless Persons, by Gender
Point-in-Time Census, 2011



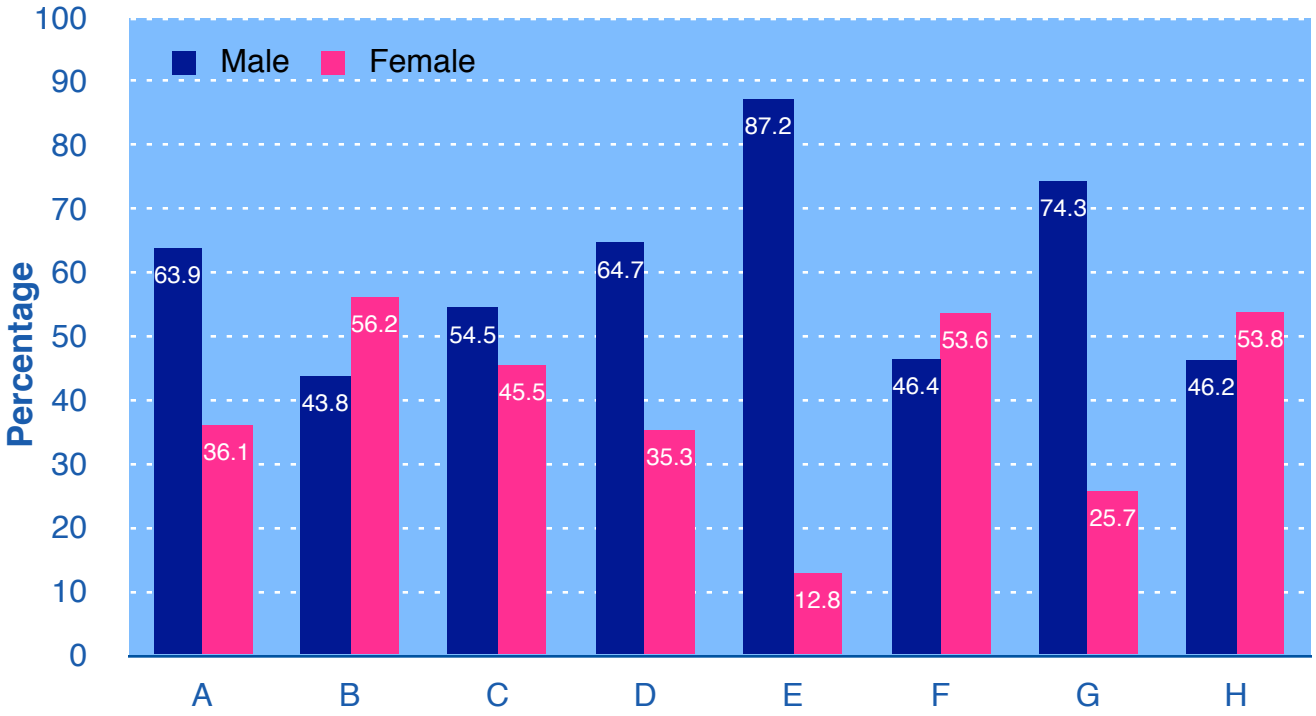
Notes
Family structure: A = Two parents, with children; B = Single parent, with children; C = Couple, no children; D = Single; E = Other family situation.

family situation. Women and men were similar in their reporting of being coupled, without any children.

Some additional gender differences emerged with respect to housing status as well (see Figure 4). Men were disproportionately represented among emergency shelter users, people staying in treatment facilities/programs, permanent supportive housing clients, and especially among those living outdoors. Women made up 56 percent of the transitional housing population, 53 percent of those staying at a friend's or relative's home, and 53 percent of those experiencing other types housing.

Figure 4. Housing Status of Homeless Persons, by Gender

Point-in-Time Census, 2011



Notes:

Housing Status: A=Emergency shelter; B=Transitional housing; C=Hotel or motel; D=Treatment facility; E=Permanent supportive housing; F=Dwelling of friend/relative; G=Outdoors (car, automobile, abandoned building, etc.); H=Other.

Frequency and Duration of Homelessness

How often, and for how long, are people homeless? In addition to being asked where they stayed the previous night, homeless respondents were also asked the duration of their most recent homeless episode, as well as how many homeless episodes they had experienced in the three previous years. Table 6 presents the results from these two census questions.

Table 6. Frequency and Duration of Homelessness
Point-In-Time Census, 2011

	NUMBER	PERCENT
Frequency of Homelessness (past 3 years)		
First episode	323	74.9%
Second episode	61	14.2%
Third episode	24	5.6%
Fourth episode	10	2.3%
Five or more episodes	13	3.0%
Average Homeless Episodes (Total)	1.5	
Duration of Homelessness (most recent episode)		
Median Days Homeless	150	
Median Months Homeless	4.8	

For the entire sample, the median duration of homelessness for the most recent episode was 150 days (5 months). An overwhelming majority of respondents (74.9%) were experiencing homelessness for the first time; only one-quarter of this year's census respondents had been homeless once or twice before. This increased since 2009 when just a little over 50 percent of those interviewed in the PIT were experiencing homelessness for the first time. Overall, the average number of homeless episodes was 1.5. Clearly, a new population of homeless is beginning to show up in shelters, soup kitchens and day centers.

Figure 5 presents the average duration of homelessness (in months) according to the total number of homeless episodes a respondent experienced. The data reveal that the initial experience with homelessness is one of the most challenging. The length of homeless episodes decreases with each additional episode. Among those experiencing their first episode, the average duration was about 17 months. By the third episode, the average decreased to nearly 11 months. However, the penalty seemed severe for those who had experienced 5 or more episodes, the average duration of their most recent homeless episode increased to just under 30 months.

With respect to demographic differences, there are a few important differences in the duration of homelessness according to sociodemographic group. Men tend to experience longer periods of homelessness than women. And, while there is little difference between blacks and whites, Native American and Pacific Islander and Other races are likely to be homeless twice as long or longer than either whites or blacks (see Figure 6).

Figure 5. Average Duration of Homelessness, by Homeless Frequency

Point-in-Time Census, 2011

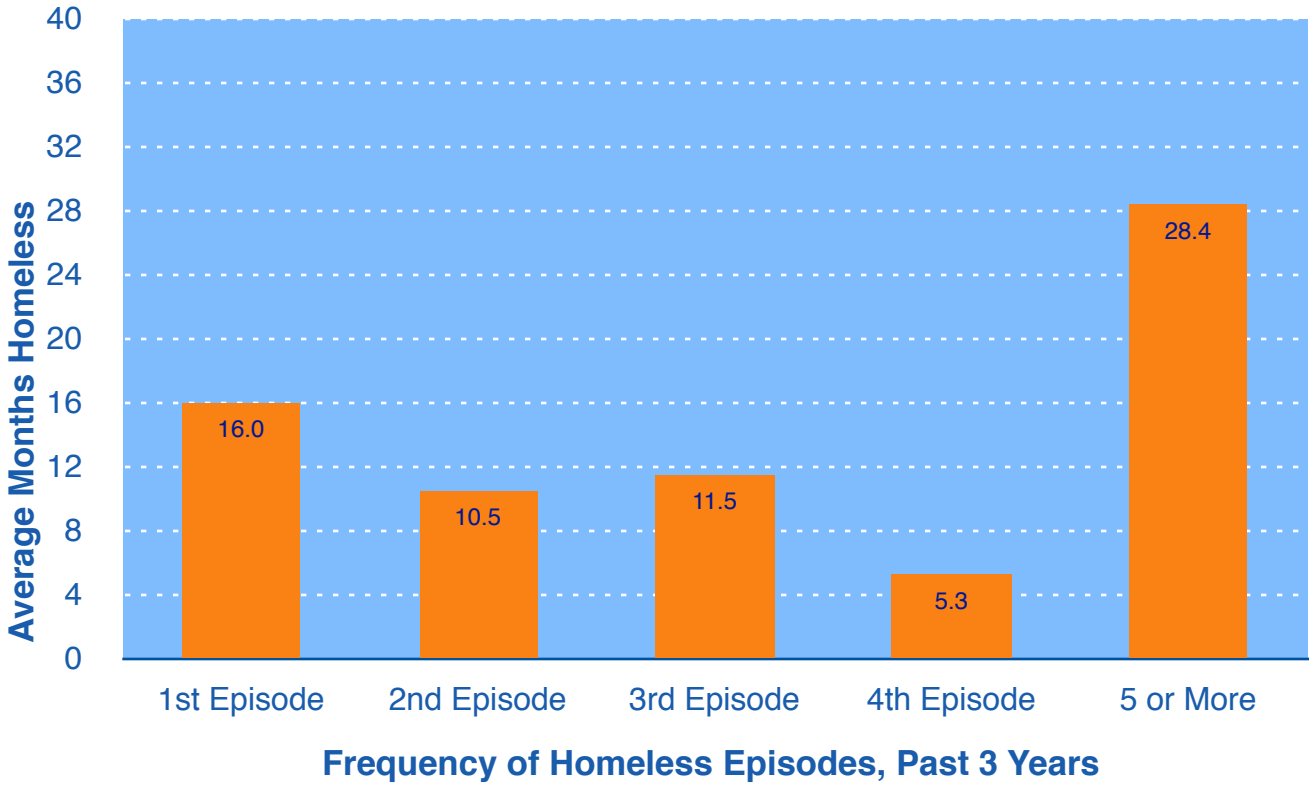


Figure 6. Average Duration of Homelessness, by Race

Point-in-Time Census, 2011

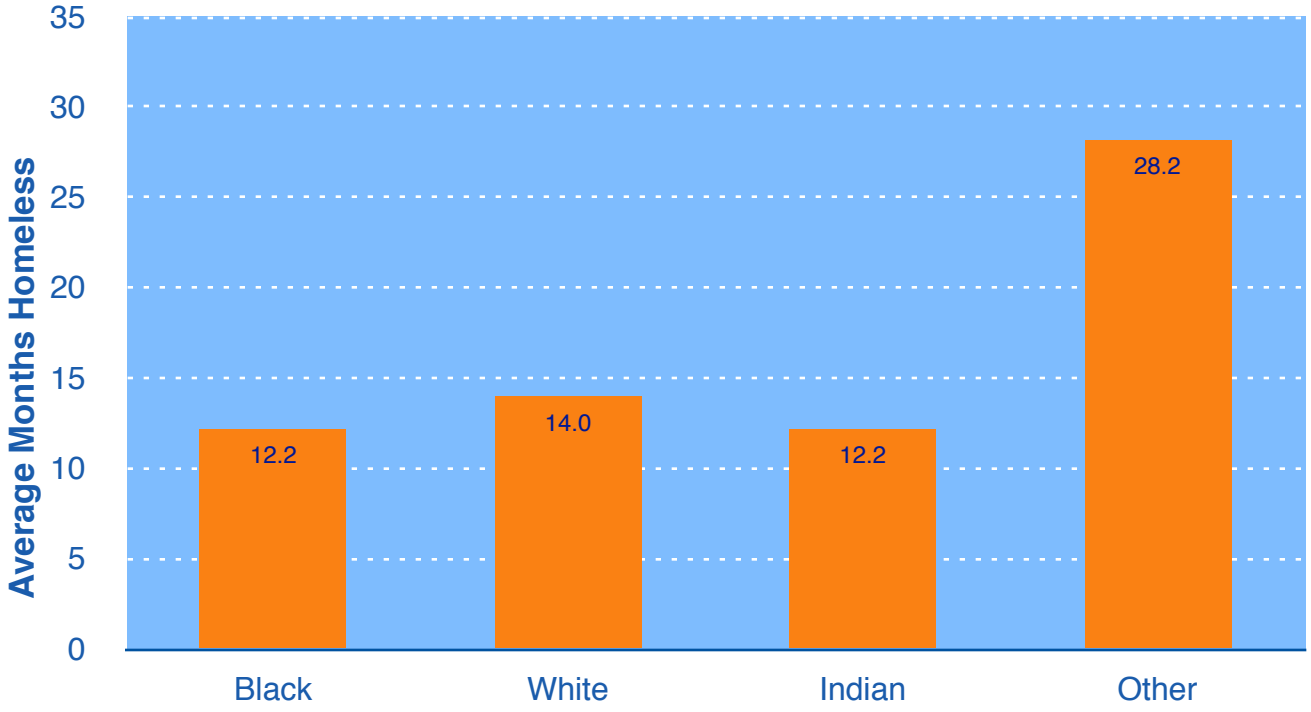
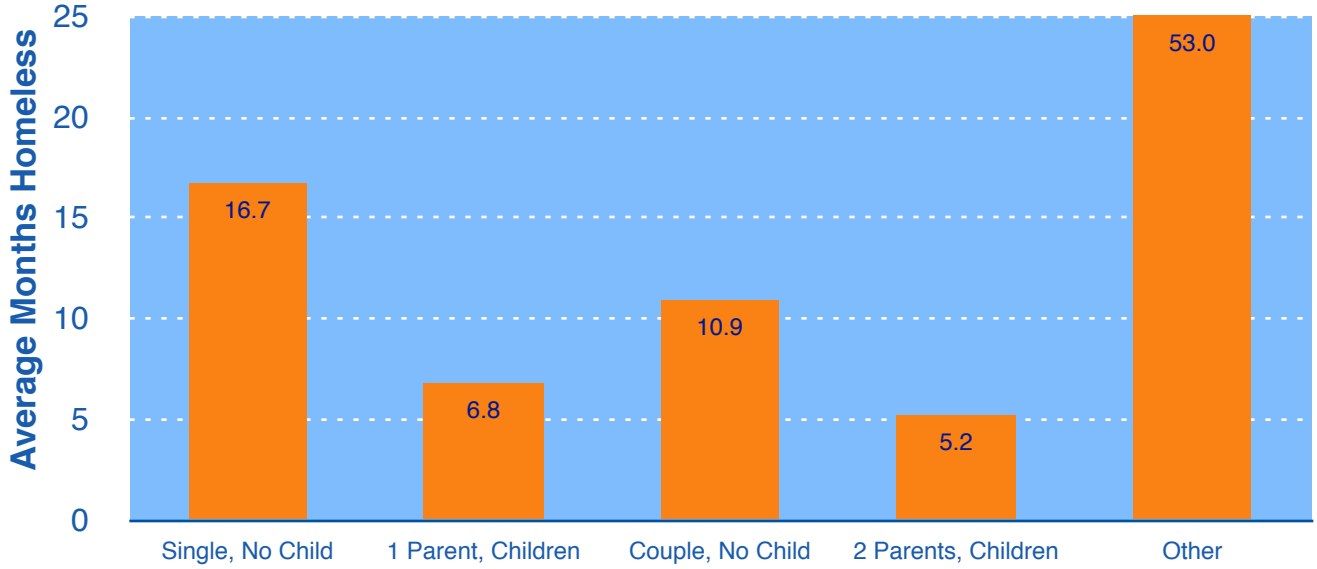


Figure 7 depicts the average duration that a person was homeless based on the structure of their family. Single persons without children spent the longest amount of time homeless, nearly one and one-half years on average. Single parents with children averaged just over 6 months homeless. Couples, both with and without children, experienced homelessness for periods ranging between 5 and 10 months. Figure 8 presents the result for homelessness

Figure 7. Average Duration of Homelessness, by Family Structure

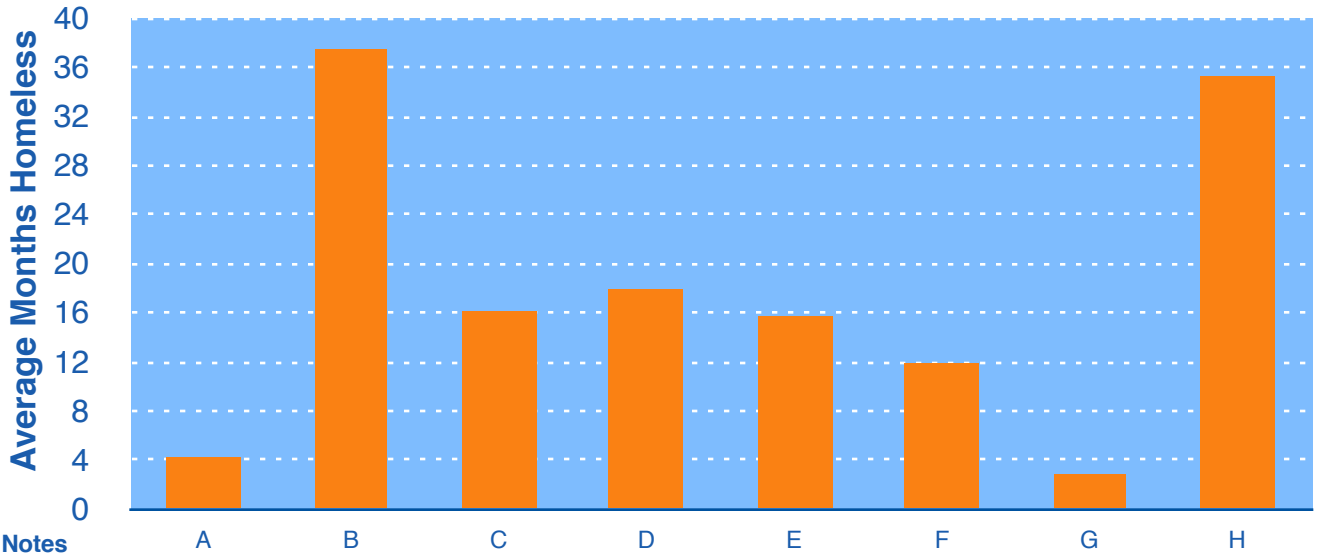
Point-in-Time Census, 2011



duration according to where respondents spent the previous night. Those who spent the last night **outdoors** were homeless in excess of three years, on average. Individuals who stayed in permanent supportive housing averaged 1.5 years homeless. Those who sought other forms of shelter were homeless for much shorter periods of time. Data suggest those persons experiencing prolonged periods of homelessness appear not to be utilizing shelter; those staying with a friend or relative reported an unusually lengthy time of being homeless.

Figure 8. Average Duration of Homelessness, by Current Housing Status

Point-in-Time Census, 2011



Notes

Housing Status: A = Hotel or Motel; B = Outdoors; C = Permanent Supportive Housing; D = Dwelling of Friend/Relative; E = Emergency Shelter; F = Transitional Housing; G = Treatment Facility; H = Other.

Service Use and Need

An important part of understanding the climate of need among the homeless in Northwest Arkansas is tied directly to the services they receive and the services they need. Table 7 shows what services respondents were currently receiving on the day of the census, as well as the services they felt they needed but were not receiving. Food assistance (71.9%), clothing assistance (45.7%), emergency/transitional housing (43%), and case management (42.7%) services were being received by numbers of homeless adults in Northwest Arkansas. Importantly, relatively few of those interviewed reported receiving services that have been determined to be vitally important for maintaining a homed status - for example, permanent supportive housing (9.6%), child care assistance (7.8%), rent/utility assistance (9.4%), and job training (12.3%).

Table 7. Service Use and Need Among Homeless Persons
Point-In-Time Census, 2011

TYPE OF ASSISTANCE	CURRENTLY RECEIVING SERVICE	NEED SERVICE, NOT RECEIVING IT
Job Training/Employment Assistance	12.3%	23.5%
Transportation Assistance	26.7%	31.3%
Housing Placement Services	16.7%	26.0%
Permanent Supportive Housing	9.6%	12.3%
Transitional Housing	21.5%	12.3%
Medication Assistance	32.6%	26.3%
Rent/Utilities Assistance	9.4%	18.5%
First Aid/Medical Treatment	34.0%	20.0%
Mental Health Services	27.2%	16.2%
Food Assistance	71.9%	13.7%
Clothing Assistance	45.7%	13.0%
Legal Services	12.3%	10.0%
Life Skills Training	27.4%	10.0%
Case Management Services	42.7%	10.3%
Physical Disabilities Services	9.8%	9.1%
Child Care Assistance	7.8%	8.9%
Emergency Shelter	21.7%	8.0%
Substance Abuse Treatment	32.0%	7.1%
Developmental Disabilities Services	6.6%	5.5%
Other	3.0%	5.7%

In addition to documenting the frequency with which the homeless are utilizing services, Table 7 also highlights important gaps in service delivery. For example 23.5 percent of homeless adults said that they need job training/employment assistance but were not receiving it, while only 12.3 percent said they were currently receiving those services. Likewise, there were a number of other instances where the number of people in need of

services far outpaced the number of people who reported receiving them. Notable in this regard were service gaps in housing placement services, permanent supportive housing, and rent/utilities assistance. These gaps are of particular importance to the provider network and should be carefully examined when planning programming and services in the future.

On the other hand, there were a number of service provision successes, where the number of people who reported receiving services was substantially larger than the number of those who were in need of services, but were not receiving them. These findings suggest that the service network in Northwest Arkansas is performing more efficiently when it comes to meeting the homeless population's need for substance abuse treatment, emergency shelter, case management, clothing, and food assistance.

Table 8 highlights gender differences in service need. Men were more likely than women to report they were in need of, but not receiving, transitional housing, emergency shelter assistance and first aid/medical treatment. Women, on the other hand, were more likely to express unmet service need with respect to life skills training, case management, legal services, and child care assistance.

Table 8. Service Use and Need Among Homeless Persons, by Gender
Point-In-Time Census, 2011

	NEED SERVICE, NOT RECEIVING IT	
TYPE OF ASSISTANCE	Men	Women
Job Training/Employment Assistance	22.6%	24.8%
Transportation Assistance	31.3%	31.4%
Housing Placement Services	25.4%	27.0%
Permanent Supportive Housing	9.9%	15.6%
Transitional Housing	29.4%	17.2%
Medication Assistance	25.4%	27.5%
Rent/Utilities Assistance	11.5%	25.9%
First Aid/Medical Treatment	21.0%	19.0%
Mental Health Services	11.9%	22.1%
Food Assistance	11.5%	16.8%
Clothing Assistance	10.3%	16.7%
Legal Services	7.9%	12.9%
Life Skills Training	9.1%	11.3%
Case Management Services	9.5%	11.3%
Physical Disabilities Services	8.7%	9.7%
Child Care Assistance	3.5%	16.2%
Emergency Shelter	8.0%	8.1%
Substance Abuse Treatment	7.1%	7.0%
Developmental Disabilities Services	4.3%	7.0%
Other	6.0%	5.4%

To further examine the service needs among Northwest Arkansas homeless, Table 9 presents service needs that are not being received according to whether or not respondents had children accompanying them. There appears to some straightforward differences in service delivery between these two groups. In general, the data show that families with children are doing slightly better than those without children in terms of receiving the services that they need. Larger percentages of homeless persons without children were in need of but not currently receiving medication, substance abuse treatment, clothing and food assistance, and case management services.

Table 9. Service Use and Need: Families With and Without Children
Point-In-Time Census, 2011

	NEED SERVICE, NOT RECEIVING IT	
TYPE OF ASSISTANCE	With Children	Without Children
Job Training/Employment Assistance	26.5%	22.5%
Transportation Assistance	35.0%	29.7%
Housing Placement Services	26.5%	25.9%
Permanent Supportive Housing	13.7%	11.9%
Transitional Housing	12.0%	12.5%
Medication Assistance	16.3%	25.7%
Rent/Utilities Assistance	27.4%	15.3%
First Aid/Medical Treatment	21.4%	19.4%
Mental Health Services	17.1%	15.9%
Food Assistance	12.0%	14.4%
Clothing Assistance	17.1%	11.6%
Legal Services	12.0%	9.4%
Life Skills Training	12.0%	9.4%
Case Management Services	12.0%	9.7%
Physical Disabilities Services	8.5%	9.4%
Child Care Assistance	23.1%	4.4%
Emergency Shelter	10.3%	7.3%
Substance Abuse Treatment	2.6%	8.8%
Developmental Disabilities Services	7.7%	4.9%
Other	3.4%	6.6%

Chronic Conditions: Prevalence and Service Needs

A chronically homeless person is defined by the Department of Housing and Urban Development (HUD) as “an unaccompanied homeless individual (single) 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” (HUD 2004). Chronically homeless persons are importnt to policy makers and service providers because they are a distinct group who tend to consume a disproportionate amount of available resources. Approximately twenty-seven percent of persons interviewed met HUD criteria for “chronically homeless.”

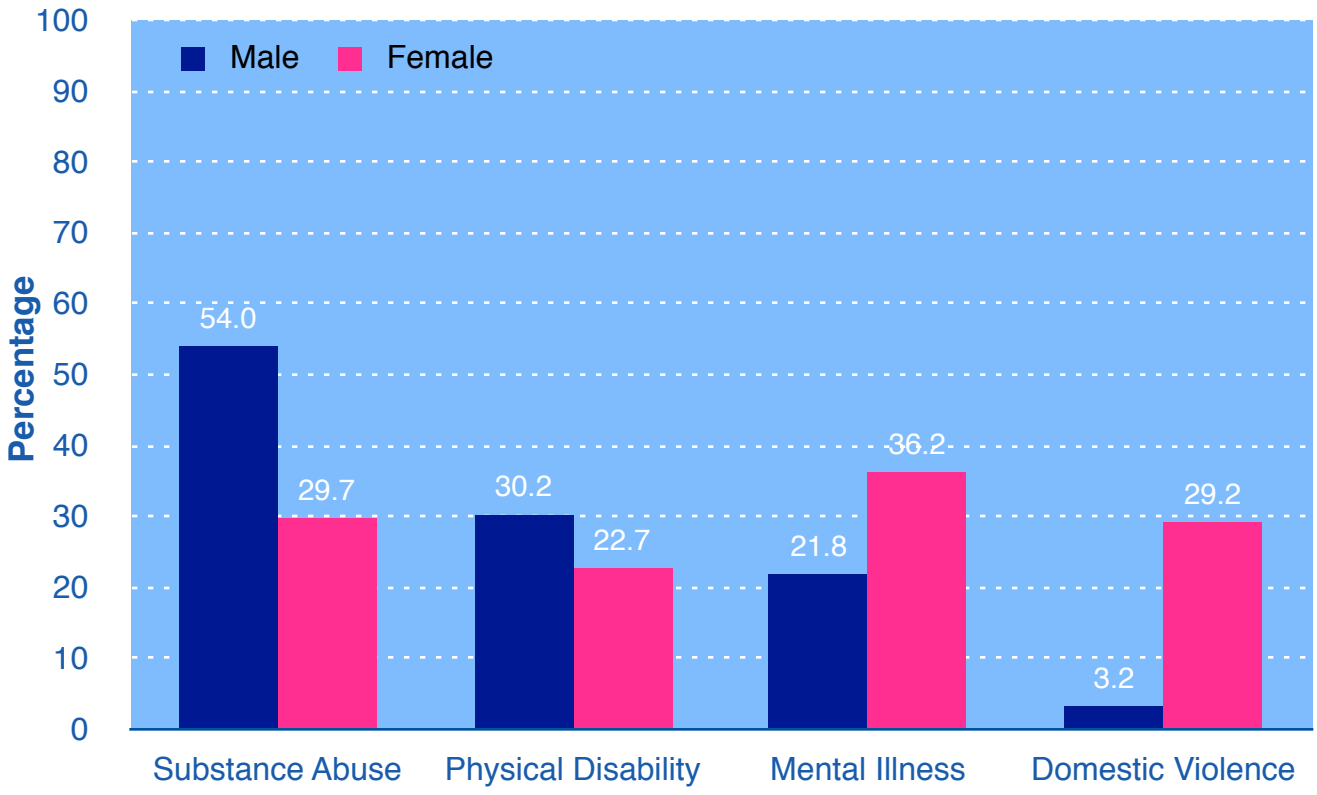
Table 10. Chronic Conditions of Homeless Persons
Point-In-Time Census, 2011

TYPE OF CONDITION	NUMBER	PERCENT
Substance Abuse (alcohol *or* drugs)	192	43.8%
Physical Disability/Long-term Illness	118	26.9%
Mental Illness	122	27.9%
Domestic Violence	62	14.2%
Developmental Disability	38	8.7%
HIV / AIDS	4	1.0%

Table 10 presents the frequency of chronic conditions among those interviewed for the PIT census. The most common chronic condition experienced was substance abuse, which was self-reported by nearly 44 percent of the sample. The second most frequent chronic condition reported was physical disabilities and long-term illnesses (27.1%), mental illness (25.6%) was third, and nearly one in seven respondents (14.2%) were victims of domestic violence (90%+ of whom were women). Sixty-six percent of the PIT interviewees reported at least one disability and more than half reported 2 or more chronic disabilities. This continues to be an important challenge for service providers as they attempt to deal not only with housing and everyday needs of the homeless population, but also the intensive case management challenges presented by chronically occurring health conditions.

Figure 9 depicts gender differences in the prevalence of the most common chronic condition assessed in the PIT census. Men were slightly more likely to report suffering physical

Figure 9. Chronic Conditions of Homeless Persons, by Gender
Point-in-Time Census, 2011



disabilities and and women were more likely (15% difference) to report suffering some form of mental illness. However, men were much more likely to experience substance abuse problems, and women were 9 times more likely than men to be the victim of domestic violence and nearly twice as likely to report mental health problems.

Figure 10 examines the distribution of housing status options according to respondents self-reported chronic conditions. Domestic violence victims sought emergency shelters most often, followed by treatment facility, transitional housing, or the home of a friend or relative. Those reporting some form of mental illness were most likely to be in treatment or permanent supportive housing. Respondents who indicated chronic substance abuse were most likely to report staying in a treatment facility, followed by permanent or transitional housing. Staying with a friend or relative was the most frequently cited housing option for persons with physical disabilities. Importantly, however, this group was more likely than any other group - including those reporting mental illness - to report staying outdoors.

Figure 10. Housing Status, by Chronic Conditions of Homeless Persons

Point-in-Time Census, 2011

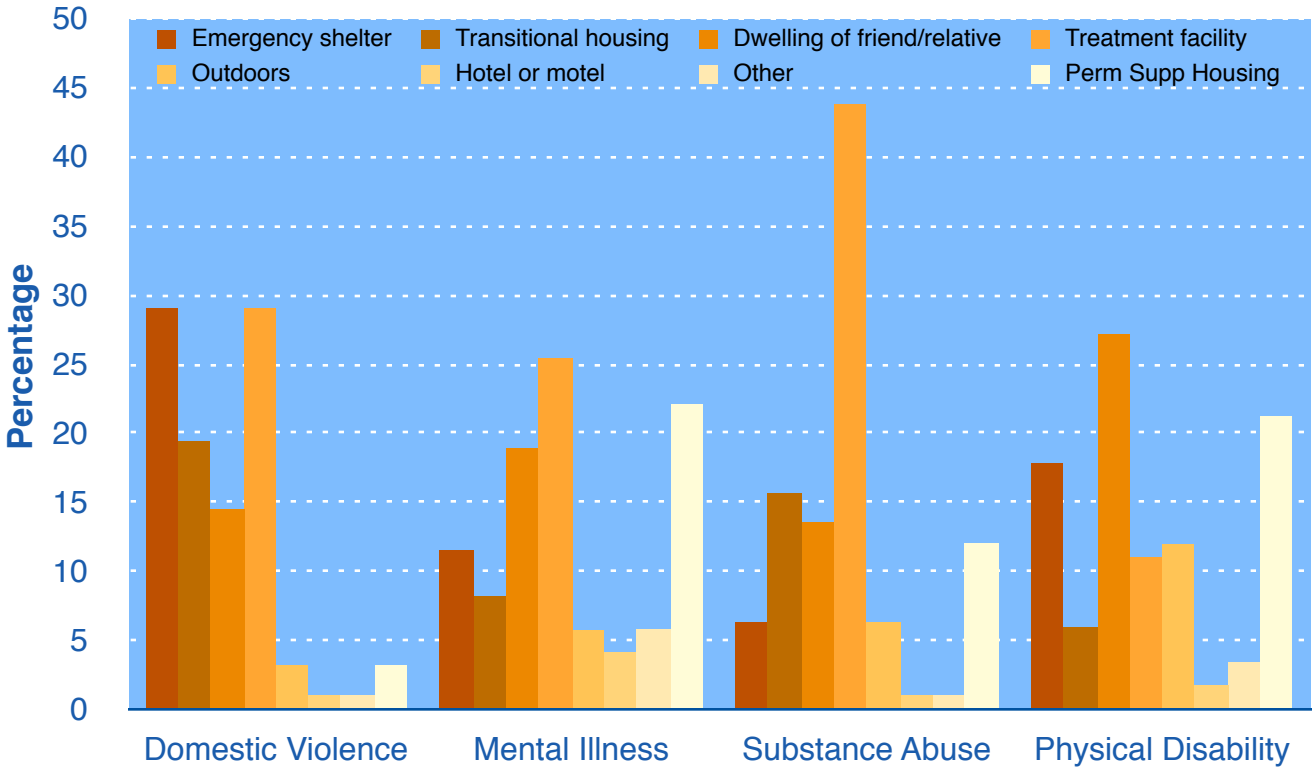


Table 11 (next page) presents data on medical service use and need among the homeless. To the extent that these services are important factors in maintaining quality of life, over three-quarters of the population needed medical treatment in the last year and approximately 60 percent received it. While the gap between need and receipt is considerable, that gap is much larger when looking at dental care. Only 20 percent of those needing dental care received it. This service delivery gap continues to plague much of NWA and the entire state that is in desperate need of accessible dental care.

Table 12 shows where those receiving medical and or dental care go within the NWA region. The majority of people receiving medical care reported going to the ER in a local hospital. Even for dental needs, homeless persons were receiving care in the ER of a local hospital.

Table 11. Medical Service Use and Need Among Homeless Persons Point-In-Time Census, 2011

TYPE OF SERVICE	NEEDED SERVICE	DID NOT RECEIVE
MEDICAL CARE	76.9%	16.5%
DENTAL CARE	66.0%	48.2%

Table 12. Medical Service Location Among Homeless Persons Point-In-Time Census, 2011

	WHERE RECEIVED	
MEDICAL CARE	Hospital/ER	27%
DENTAL CARE	Private Dentist	7%
	Hospital/ER	3%

Not surprising, 54 percent of those persons interviewed reported being without medical insurance. Approximately 19 percent had VA-sponsored insurance and a similar percentage (18.9%) had Medicaid. A very small percentage of homeless persons reported receiving Medicare (2.1%) or some other form of personal insurance (4.4%).

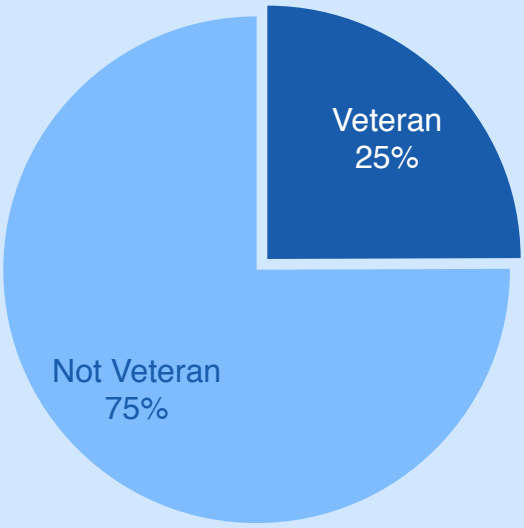
Older, single men reported having the greatest need for medical and dental service; non-chronic homeless and those living in “less permanent” housing were those requiring and not receiving these services. Affordable/Free and accessible medical care continues to be an important service delivery issue of the homeless population in NWA.

Veteran Status

Exhibit 1. Veteran Status of Homeless Persons

Point-in-Time Census, 2011

Homeless Veterans
NW Arkansas



Homeless Veterans
United States

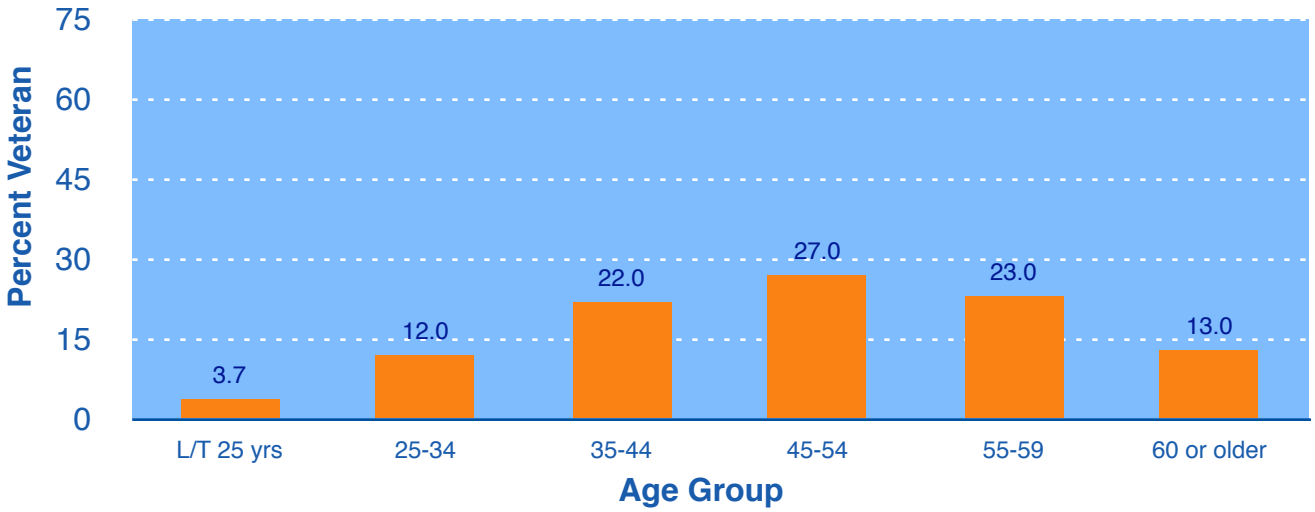
- 23% of all homeless persons are veterans (33% of male homeless)
- 47% of homeless veterans served during Vietnam era
- 17% of homeless veterans served during post-Vietnam era
- 89% of homeless veterans are recipients of Honorable Discharges
- 79% of homeless veterans reside in central cities
- 75% of homeless veterans experience alcohol, drug, or mental health problems
- 25% of homeless veterans have used Veteran's Administration services
- 85% of homeless veterans have attained at least a high school diploma

In recent years, the veteran status of homeless persons has become an increasingly important issue. One-quarter of homeless adults interviewed for the Northwest Arkansas PIT census were veterans of the United States armed forces, a prevalence in-line with national estimates (see Exhibit 1).

Homeless veterans in Northwest Arkansas share many of the demographic characteristics, experience many of the same disabilities, and face many of the same housing challenges as veterans living in other parts of the country. The vast majority of homeless veterans interviewed were male (86%), white (91%), and middle-aged (60+% over the age of 45). The age distribution of veteran status is particularly notable because it suggests that a large

Figure 11. Veteran Status of Homeless Persons, by Age

Point-in-Time Census, 2011



number of Northwest Arkansas homeless veterans are from the Vietnam era. (A 22-year old veteran in 1973 would be 60 years old in 2011. More than two-thirds of all homeless persons interviewed between the ages of 55 and 59 were veterans.)

Table 12 highlights an important part of the story of homeless veterans, not only in Northwest Arkansas, but around the country. More than 80 percent of the homeless veterans interviewed for the PIT census reported at least one disabling condition, and 31 percent met HUD criteria for chronic homelessness. This group reported significantly higher rates of substance abuse and physical disability than non-veterans. Veterans also reported slightly higher rates of mental illness; non-veterans were more likely to report domestic violence.

Table 12. Chronic Conditions of Homeless Veterans
Point-In-Time Census, 2011

	VETERAN STATUS	
TYPE OF CONDITION	Veteran	Non-Veteran
Substance Abuse (alcohol *or* drugs)	66.1%	36.6%
Physical Disability/Long-term Illness	37.6%	23.2%
Mental Illness	34.9%	25.6%
Domestic Violence	5.5%	17.1%
Developmental Disability	2.8%	10.7%
HIV / AIDS	1.0%	1.0%

The housing status of homeless veterans is presented in Table 13. Homeless veterans were most likely to seek shelter in transitional or permanent supportive housing--Veterans were almost fifteen times more likely to use this particular housing option compared to non-veterans. By contrast, homeless persons with no prior military experience most often stayed in the home of a friend or relative or sought emergency shelter, or transitional housing. Veterans and non-veterans were equally likely to use other housing options: hotel or motel, or a treatment facility,

Table 13. Housing Status of Homeless Veterans
Point-In-Time Census, 2011

	VETERAN STATUS	
LIVING CIRCUMSTANCE	Veteran	Non-Veteran
Housing Status, Previous Night		
Indoors		
Emergency Shelter	12.8%	14.3%
Transitional Housing	22.9%	14.9%
Hotel or Motel	1.8%	2.7%
Treatment Facility	15.6%	20.7%
Permanent Supportive Housing	29.4%	2.1%
Dwelling of Friend/Relative	8.3%	31.1%
Outdoors		
Outdoors/Car/Abandoned Bldg.	5.5%	8.8%
Other Situation	---	1.0%

Chapter 2

Homelessness in Northwest Arkansas, 2009 - 2011

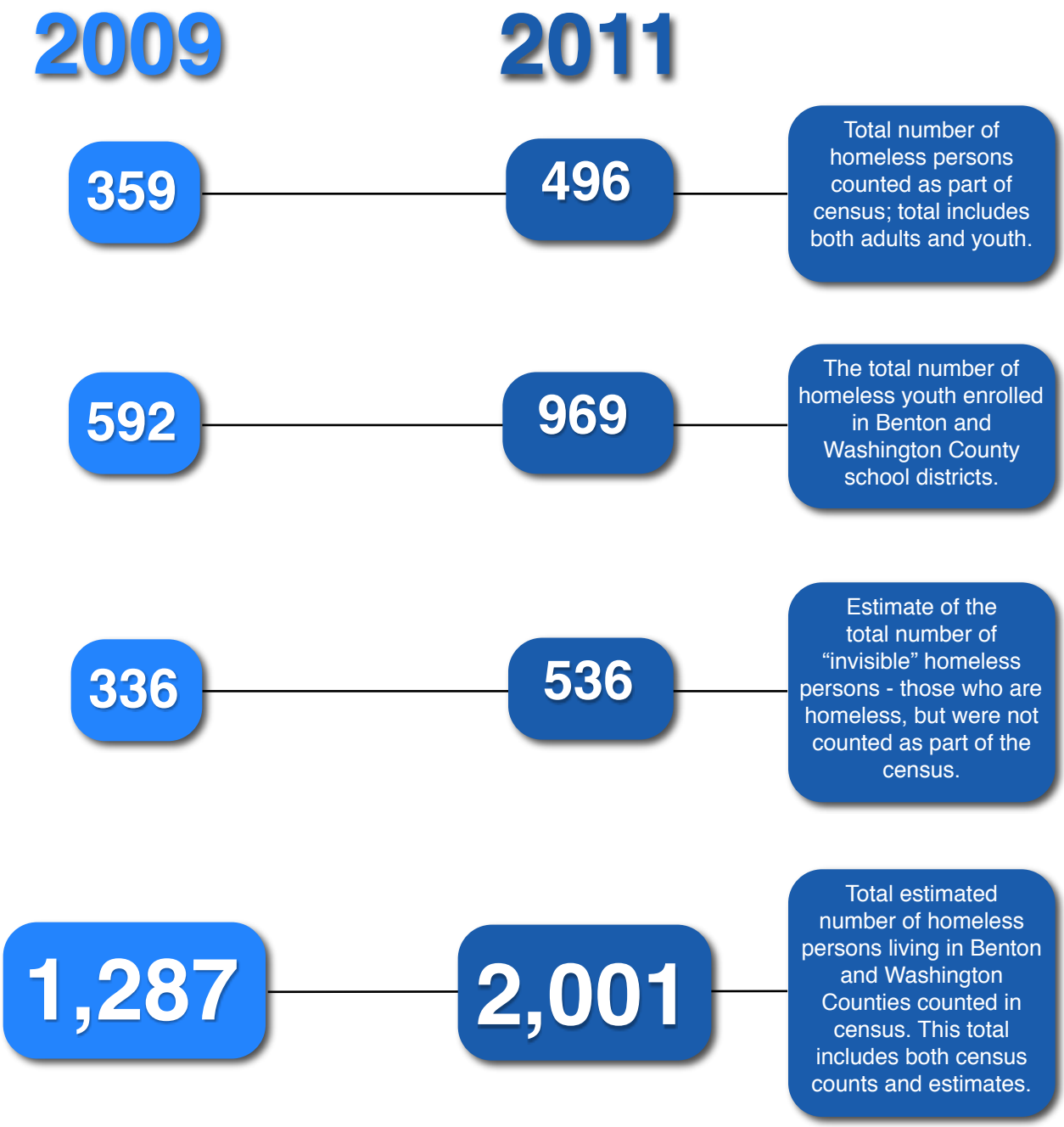
Introduction

The 2007 Point-in-Time (PIT) homeless census was the first of its kind to be administered in Northwest Arkansas using standard PIT assessment protocols and a clearly defined catchment methodology. How to count the homeless, counting both street and sheltered homeless, and the specific locations and shelters to do the counting were all critical questions that needed to be addressed prior to the administration of the census. Using the same instrument and methodology from 2007, the 2011 PIT census was completed on January 28, 2011. This third PIT provides another important part of beginning to carefully track the growth/decline of homelessness, the changes in the social and demographic composition of the population, as well as a variety of living circumstances and service needs of the homeless population living in Washington and Benton Counties.

On the following pages, we examine changes in the homeless population between 2009-2011. Our interest is in trying to further document shifts in the population already noted in the 2009 report (Fitzpatrick and Myrstol 2009). Clearly the number of homeless has increased in the last two years. Nevertheless, we wanted to look more carefully at how homeless living circumstances have changed. Beyond documenting the changes in where homeless persons are staying and with whom, perhaps the most significant shift in the last two years has been related to the major economic downswing beginning in 2009. That economic shift had profound changes on the homeless population--the number of persons who said they were homeless for the first time jumped to nearly 75 percent of those interviewed in 2011. That increased by nearly 25 percent. Clearly that change is an important one and has impacted the way these two PIT's compare. The service needs have shifted over the past two years; several gaps in services have narrowed since 2009 but unfortunately new ones have developed as this "new" population has very different demands and characteristics.

We begin the report with an examination of the numbers. Of course everything has increased since 2009. The dramatic increase in the K-12 population continues to be an important story of homelessness in Northwest Arkansas.

By The Numbers



Counting the Homeless

Table 1. Comparison of Homeless Counts, 2009 and 20011
Census and School District Counts plus Estimate of Inaccessible Homeless

DATA SOURCE	2009	2011
Survey Responses: Homeless Adults and Accompanying Youth	359	496
Adults (18 years and over, responded to survey)	269	437
Children living with respondents, not present for survey	90	59
School-Age Youth and Parents/Guardians	878	1,444
School-age youth reported by school districts[a]	592	969
Parents/guardians of youth attending schools[b]	286	475
Estimate of Invisible Homeless[c]	50	61
TOTAL NUMBER OF HOMELESS (counted + estimated)	***1,287***	***2,001***

Notes
a. Calculated as the total number of youth reported by school districts minus school-age youth enumerated in the census.
b. Projection of adults accompanying youth enrolled in local schools who reported "doubling up" with friends or relatives. Calculated as one adult for every two enrolled youth.
c. Projection based on a survey of both homed and homeless users of soup kitchens, day shelters, and food banks.

The data in Table 1 reveals an important part of the story of homelessness in Washington and Benton Counties over the past 2 years. Of all the numbers presented, perhaps the most telling is the one in the bottom row of the table: total number of homeless persons. Since 2009 - a period of only two years - the number of homeless persons has increased by 36 percent. A large part of this increase is attributable to a single demographic group: youth under the age of 18. Since we began examining the number of students K-12 in the Washington and Benton County school districts we have seen that population nearly double. There was a 39 percent surge in the number of homeless youth reported by Benton and Washington County school districts, from 592 in 2009 to 969 in 2011.

While the 2011 PIT interviewed nearly 150 more adults, we noted that there were fewer children living with respondents compared to 2009 (90 vs. 59). It is important to understand that this doesn't imply there were fewer homeless children--obviously that was not the case. Rather, when interviewing adults in day shelters, soup kitchens, etc, during the PIT, fewer respondents reported they currently had children living with them.

Demographic Composition

In general, the population of homeless adults was similar in 2009 and 2011. The median age of the adult homeless population in 2009 was 41 years of age, compared to a median of 40 years of age in 2011. In both years, men were older than women (7-year difference in 2009; -9 year difference in 2011). In 2011, there was a slight increase in the number of persons between the ages of 20 and 44, and a significant decrease in persons aged 45-54. (The increase for those between 55 and 59 years of age is noteworthy.) There were no significant differences in the mean age across racial or gender groups. Other results presented throughout this report suggest that while there are more older persons entering homelessness for the first time, older homeless persons tend to be those experiencing homelessness for the third or fourth time.

Between 2007 and 2009 there was little change in the percentage of homeless adults who identified themselves as White/Caucasian or Black/African American. However, the percentage of American Indian/Alaska Native respondents was nearly twice as large in 2009 compared to 2011. (While we do not want to minimize the importance of findings, it must be noted that the small number of respondents requires that these findings be interpreted with caution.) In addition, the percentage of homeless adults who reported Hispanic heritage decreased from 9.3 percent in 2009 to 7.8 percent in 2011.

Table 2. Demographic Characteristics of Homeless Persons
PIT 2009 and 2011

CHARACTERISTIC	2009	2011
Age		
Less than 20 years	7.0%	5.7%
20-24 years	9.7%	13.5%
25-34 years	20.8%	22.2%
35-44 years	21.2%	21.3%
45-54 years	28.6%	22.6%
55-59 years	7.8%	11.0%
60 years or older	4.8%	3.7%
Race		
White/Caucasian	82.9%	81.1%
Black/African-American	7.0%	6.6%
American Indian/Alaska Native	6.0%	3.7%
Unspecified/Other	4.1%	8.3%
Hispanic Background/Origin		
Yes	9.3%	7.8%
Gender		
Male	63.2%	57.0%
Female	36.8%	43.0%

In 2011, as in 2009, there was a marked gender imbalance among homeless adults, with men outnumbering women. (This gender imbalance mirrors national estimates; nevertheless that gap narrowed over the last two years by nearly 7 percent.

Living Circumstances

Northwest Arkansas is limited in the types of housing that are available to women only or women with children. While several facilities have recently expanded to accommodate more

Table 3. Housing Status and Location (County) of Homeless Persons
PIT 2009 and 2011

LIVING CIRCUMSTANCE	2009	2011
Housing Status, Previous Night		
Indoors		
Emergency Shelter	26.0%	13.9%
Transitional Housing	20.1%	16.9%
Hotel or Motel	3.0%	2.5%
Treatment Facility	14.9%	19.4%
Permanent Supportive Housing	2.2%	8.9%
Dwelling of Friend/Relative	18.2%	25.6%
Outdoors		
Outdoors/Car/Abandoned Bldg.	11.2%	8.0%
Other Situation	4.5%	3.5%
County		
Benton	21.6%	19.0%
Washington	78.4%	81.0%

women or women w/children (e.g. SevenHills Huntsville and Peace at Home), there remains a gap in service delivery to this population that will need to be addressed as the number of women with children at-risk for homelessness are increasing. Several notable changes in the housing status of homeless persons have taken place since 2009. First, the percentage of respondents using emergency shelter declined by 13 percent . Meanwhile, the frequency with which the homeless were making use of transitional housing facilities decreased but

Table 4. Family Structure of Homeless Persons
PIT 2009 and 2011

LIVING CIRCUMSTANCE	2009	2011
Family Structure		
Two-Parents w/children	9.7%	11.2%
One-Parent w/children	22.3%	15.5%
Couple with no children	5.9%	7.1%
Single	57.6%	63.5%
Other Situation	4.5%	2.5%

permanent supportive housing increased. Taken together, these data may serve as evidence that the Northwest Arkansas Continuum of Care (housing component) is expanding and growing to better accommodate changes not only in population needs but service provider realignment.

The family structure of homeless persons (Table 4) also changes in 2011 in that there was a considerable decline in the number of homeless persons with children though families with children still represented more than one-quarter of all family units in 2011.

Frequency and Duration of Homelessness

Table 5. Frequency and Duration of Homelessness
PIT 2009 and 2011

	2009	2011
Frequency of Homelessness (past 3 years)		
First episode	51.3%	74.9%
Second episode	14.6%	14.2%
Third episode	15.0%	5.6%
Fourth episode	9.0%	2.3%
Five or more episodes	9.4%	3.0%
Average Homeless Episodes (Total)	1.3	1.5
Duration of Homelessness (most recent episode)		
Median Months Homeless	5	5

The average number of homeless episodes and the median months a person was homeless were virtually unchanged between 2009-2011. However, there were significant differences in the percentage of persons who were homeless for the first time; almost an increase of 23 percent. Of course this change was accompanied by smaller percentage of homeless persons who reported multiple episodes; persons reporting three-five episodes in the last three years declined dramatically between 2009-2011.

The "duration of homelessness penalty" discussed in Chapter 1 in the 2009 report - where we noted a significant increase in the duration of homelessness for each additional homeless episode - was not present in 2011 (see Figure 1 below). What Figure 1 also makes clear is the worsening of the penalty in 2009 did not carry on into 2011. In 2011, those persons experiencing multiple episodes really were not penalized until they reached 5 or more homeless episodes.

There were few racial differences in average duration; Native Americans circumstance improved considerably since 2009. Respondents who reported no marital attachments or

Figure 1. Average Duration of Homelessness, by Homeless Frequency

PIT 2009 and 2011

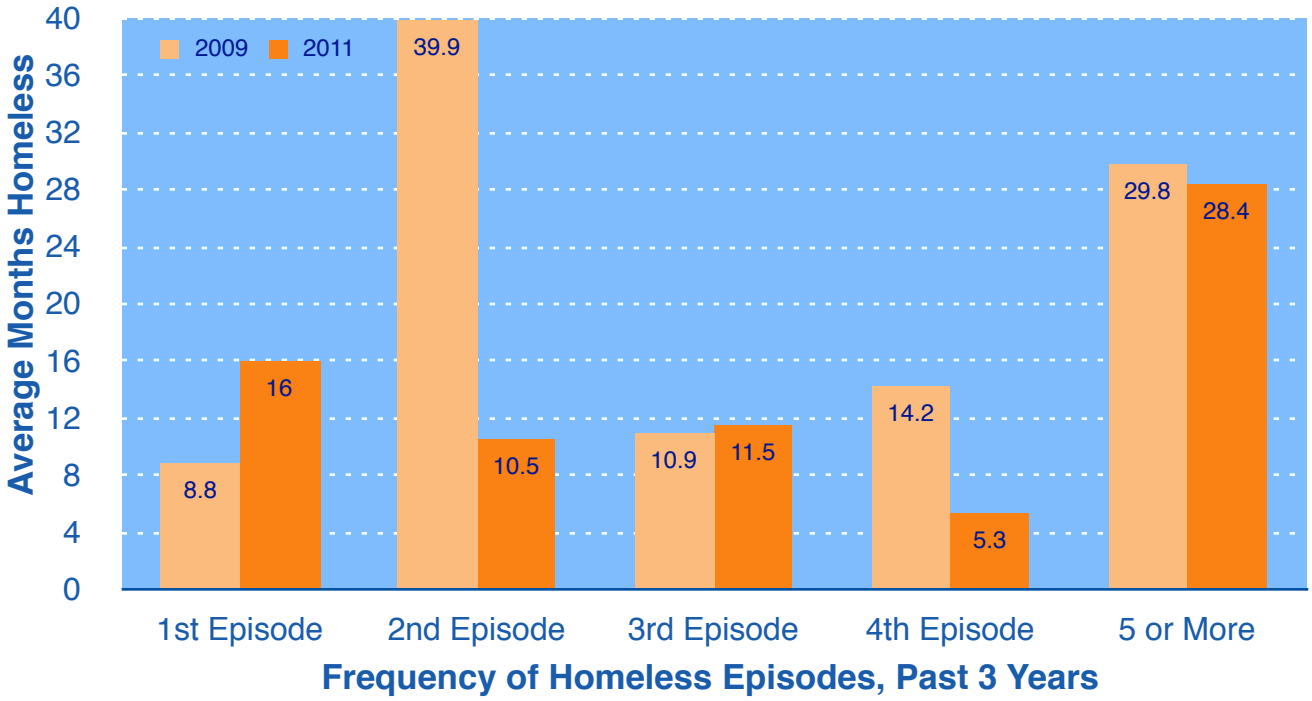
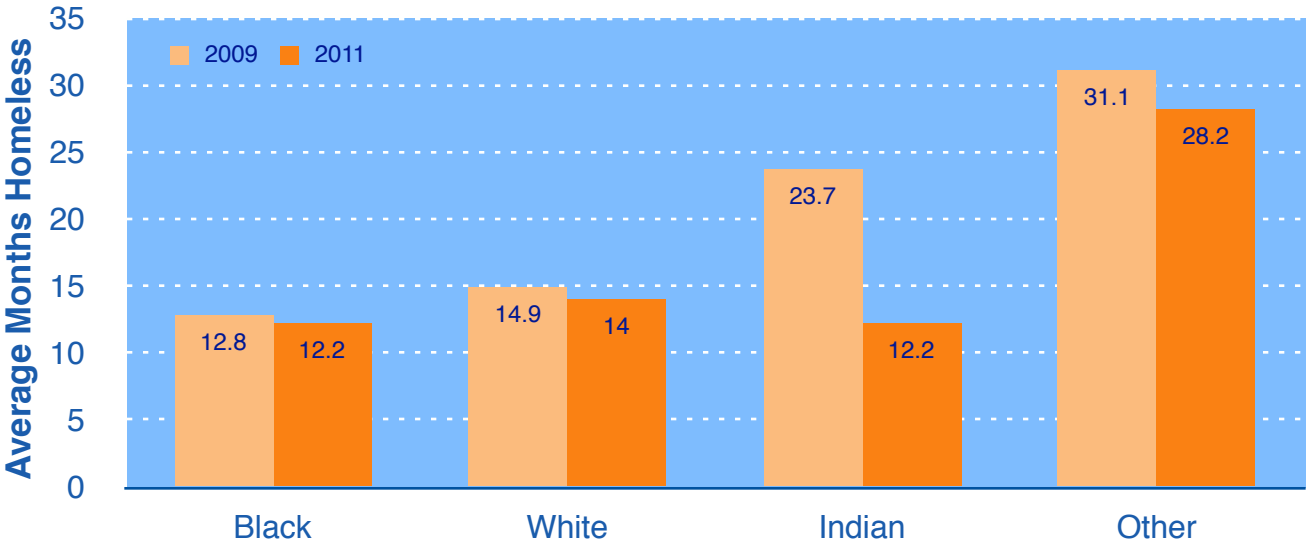


Figure 2. Average Duration of Homelessness, by Race

PIT 2009 and 2011



children did appear to suffer disproportionately (see Figure 4). However, It is important to note a persistence of racial and gender differences with respect to the duration of homelessness.

In addition, couples without children experienced longer periods of homelessness in 2011 than in 2009. Single persons still experience longer periods of homelessness relative to couples without children or families with children. Intact families with children continue to experience the shortest periods of homelessness.

Figure 3. Average Duration of Homelessness, by Gender

PIT 2009 and 2011

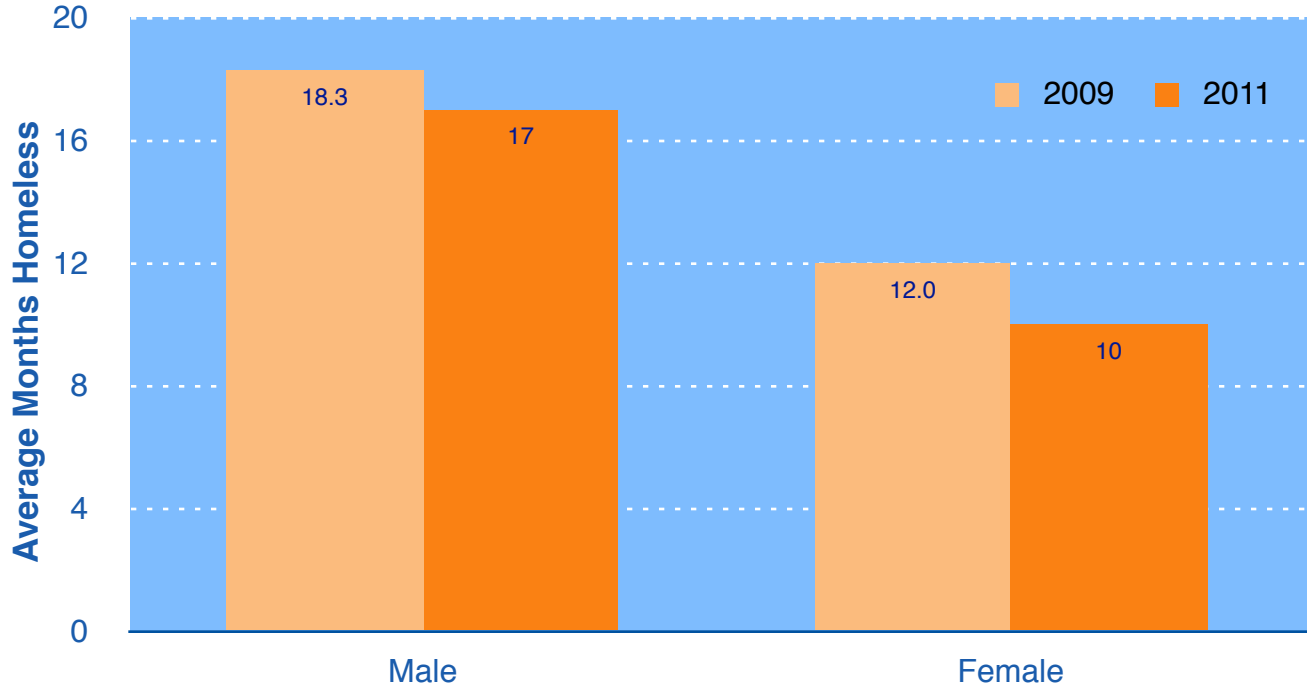
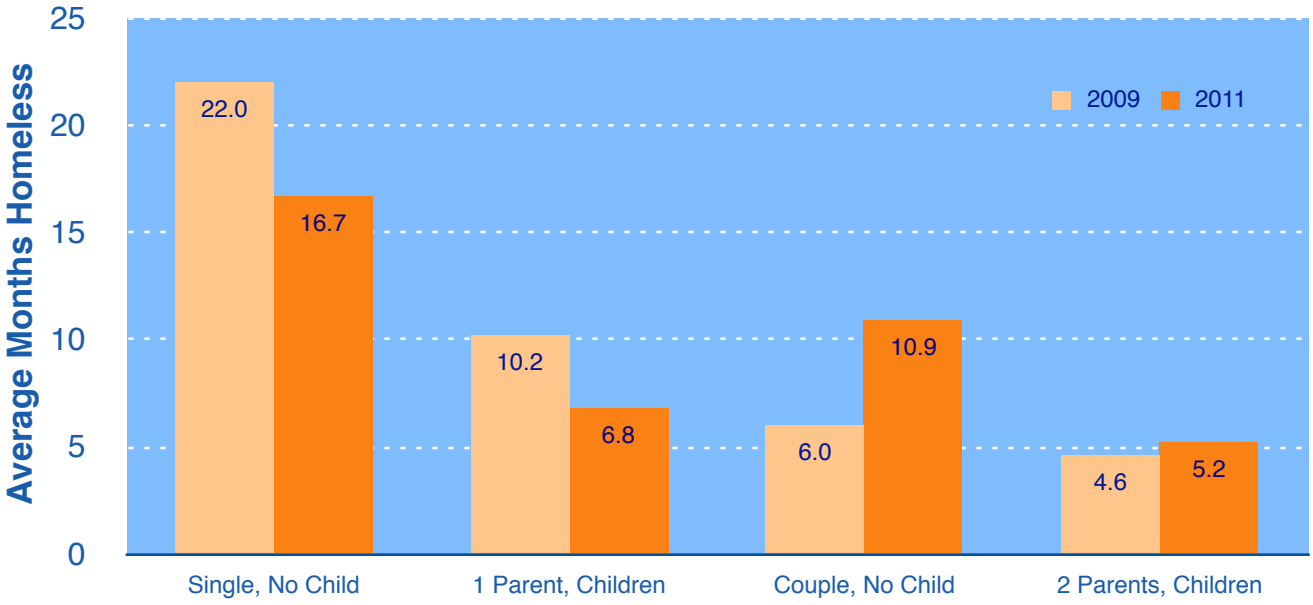


Figure 4. Average Duration of Homelessness, by Family Structure

PIT 2009 and 2011



Service Use and Need

Table 6 compares service use among homeless adults in 2009 and 2011. By far, food assistance was the service most frequently used in both 2009 and 2011. Importantly, however, there was a 10 percent increase in the number of people who sought food assistance in 2011. The demand for food assistance, which is always high, is getting higher. The demand for clothing assistance services remained high in 2011, but did not change significantly from 2009.

Table 6. Service Use Among Homeless Persons
PIT 2009 and 2011

TYPE OF ASSISTANCE	2009	2011
Food Assistance	61.7%	71.9%
Substance Abuse Treatment	27.9%	32.0%
Emergency Shelter	27.9%	21.7%
Clothing Assistance	37.6%	45.7%
Mental Health Services	17.1%	27.2%
Case Management Services	22.7%	42.7%
Medication Assistance	19.7%	32.6%
Transportation Assistance	23.1%	26.7%
Life Skills Training	13.8%	27.4%
First Aid/Medical Treatment	17.1%	34.0%
Transitional Housing	28.3%	21.5%
Job Training/Employment Assistance	11.5%	12.3%
Legal Services	6.3%	12.3%
Physical Disabilities Services	8.2%	9.8%
Rent/Utilities Assistance	8.2%	9.4%
Housing Placement Services	5.6%	16.7%
Developmental Disabilities Services	2.6%	6.6%
Child Care Assistance	7.1%	7.8%
Permanent Supportive Housing	4.1%	9.6%

In 2011 transitional housing services were used less than in 2007 (from 128% to 21%). Meanwhile, emergency shelter use was also down by about 6 percent in 2011.

Use of substance abuse treatment and mental health services was up slightly in 2011. Medication assistance services were also used more frequently in 2011 than in 2009.

One finding that is encouraging was that case management services nearly doubled in these two years--perhaps an indication of the service provision network realizing how important this piece is to successfully transitioning people off the street and into permanent housing.

Table 7 compares the PIT census results from 2009 and 2011 for the services respondents reported needing, but were not receiving. These data provide evidence that the service delivery network in Benton and Washington Counties is beginning to see some success in its efforts to close service delivery gaps. There were significant service gap declines for the

following services: job training, housing placement, transitional housing, and permanent supportive housing.

Even with these successes, however, it should be noted that the service gap widened only slightly with respect to first aid/medical treatment and emergency shelter.

The majority of those saying they needed a service, but did not receive it remained steady between 2009 and 2011 for: transportation assistance, medication assistance, rent/utilities assistance, food assistance, physical disability services, substance abuse treatment, and developmental disabilities services.

The information contained in Tables 6 and 7 are important pieces of the service delivery puzzle. While clearly there have been successes, it is important that service providers throughout Northwest Arkansas continue to communicate with one another to help minimize the duplication of services and enhance the larger service network by meeting new needs. One more reason why the HMIS system is vital to service delivery for the homeless in Northwest Arkansas. The one finding that stands out in Table 7 is that service providers are doing a much better job in responding to housing needs generally, and specifically longer term housing needs.

Table 7. Service Needs Of Homeless Persons
PIT 2009 and 2011

	NEED SERVICE, NOT RECEIVING IT	
TYPE OF ASSISTANCE	2009	2011
Job Training/Employment Assistance	36.8%	23.5%
Transportation Assistance	34.6%	31.3%
Housing Placement Services	29.7%	26.0%
Permanent Supportive Housing	29.7%	12.3%
Transitional Housing	24.9%	12.3%
Medication Assistance	22.7%	22.7%
Rent/Utilities Assistance	19.0%	18.5%
First Aid/Medical Treatment	18.2%	20.0%
Mental Health Services	17.1%	16.2%
Food Assistance	15.6%	13.7%
Clothing Assistance	14.5%	13.0%
Legal Services	14.1%	10.0%
Life Skills Training	12.6%	10.0%
Case Management Services	11.9%	10.3%
Physical Disabilities Services	8.9%	9.1%
Child Care Assistance	8.2%	8.9%
Emergency Shelter	7.1%	8.0%
Substance Abuse Treatment	7.1%	7.1%
Developmental Disabilities Services	4.1%	5.5%
Other	10.7%	5.7%

Chronic Conditions: Prevalence and Service Needs

As noted earlier in Chapter 1, understanding the chronic conditions of the homeless population is an important part of understanding the service delivery network and which specific conditions are influencing persons who cannot break the cycle of homelessness.

Table 8. Chronic Conditions of Homeless Persons
PIT 2009 and 2011

TYPE OF CONDITION	2009	2011
Substance Abuse (alcohol *or* drugs)	46.4%	41.6%
Physical Disability/Long-term Illness	17.2%	27.1%
Mental Illness	23.7%	25.6%
Domestic Violence	12.0%	16.7%
Developmental Disability	5.5%	7.4%
HIV / AIDS	1.1%	0.4%

In 2009, the rate of self-reported substance abuse among homeless adults declined by 5 percent. Unfortunately, the percentage of people reporting physical disabilities increased by nearly 10 percentage points, and there was also a jump in the rate of domestic violence victimization, which was concentrated almost exclusively among women. (Notably, domestic violence victims' use of various housing options changed significantly between 2007 and 2009--see Figure 5). In 2009, domestic violence victims were much more likely to access emergency shelter and much less likely to seek shelter in the homes of friends and family members.

Figure 5. Housing Status for Domestic Violence Victims
Point-in-Time Census, 2009-2011

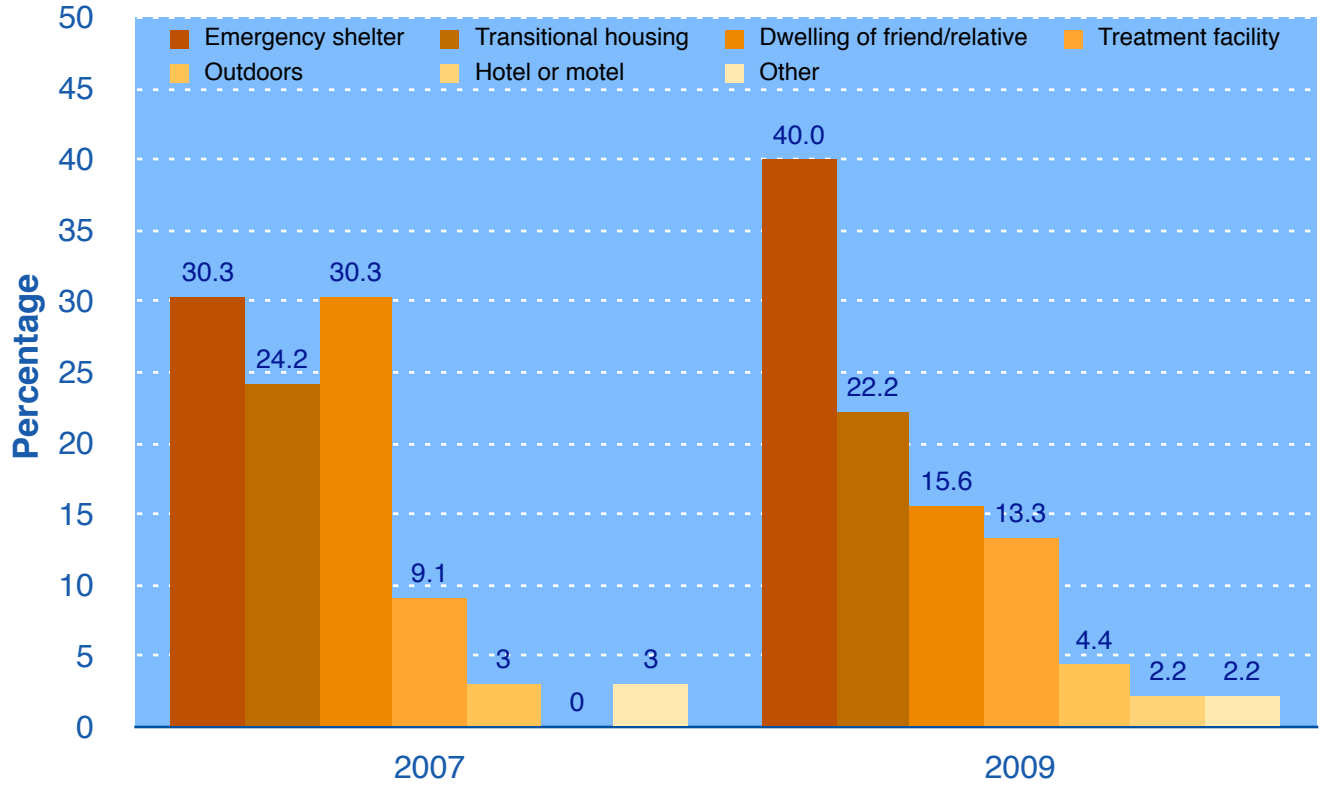


Figure 6. Prevalence of Chronic Homelessness

PIT 2009 and 2011

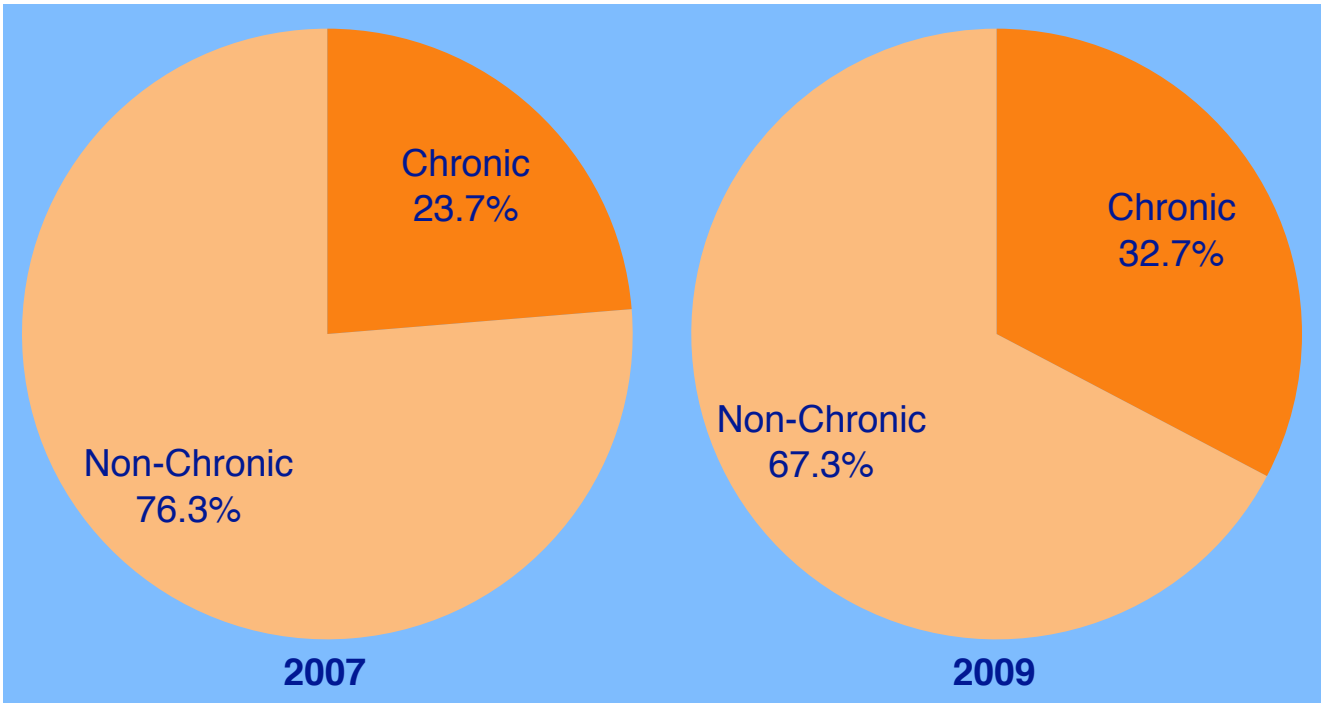


Figure 7 presents an important picture to the larger story of what has taken place over the last two years among the homeless in Benton and Washington Counties. Nearly one-third of the population is chronic, based on the standards outlined by HUD, discussed in Chapter 1. The increase in the percentage of chronic homeless is troublesome and needs to be addressed as the Continuum of Care begins to examine more carefully what is keeping people on the street and how that cycle can be interrupted.

Table 9. Service Use and Need Among Chronically Homeless Persons
PIT 2009 and 2011

TYPE OF ASSISTANCE	NEED SERVICE, NOT RECEIVING IT	
	2007	2009
Job Training/Employment Assistance	36.5%	42.1%
Transportation Assistance	39.7%	33.0%
Housing Placement Services	44.4%	30.7%
Permanent Supportive Housing	34.9%	36.4%
Transitional Housing	44.4%	28.4%
Medication Assistance	23.8%	21.6%
Rent/Utilities Assistance	27.0%	14.8%
First Aid/Medical Treatment	19.1%	21.6%
Mental Health Services	19.1%	17.1%
Food Assistance	14.3%	14.8%
Clothing Assistance	9.5%	14.8%
Legal Services	27.0%	14.8%
Life Skills Training	20.6%	14.8%
Case Management Services	25.4%	14.8%
Physical Disabilities Services	12.7%	10.2%
Child Care Assistance	3.2%	5.7%
Emergency Shelter	6.4%	6.8%
Substance Abuse Treatment	11.1%	5.7%
Developmental Disabilities Services	6.4%	4.5%
Other	4.7%	11.4%

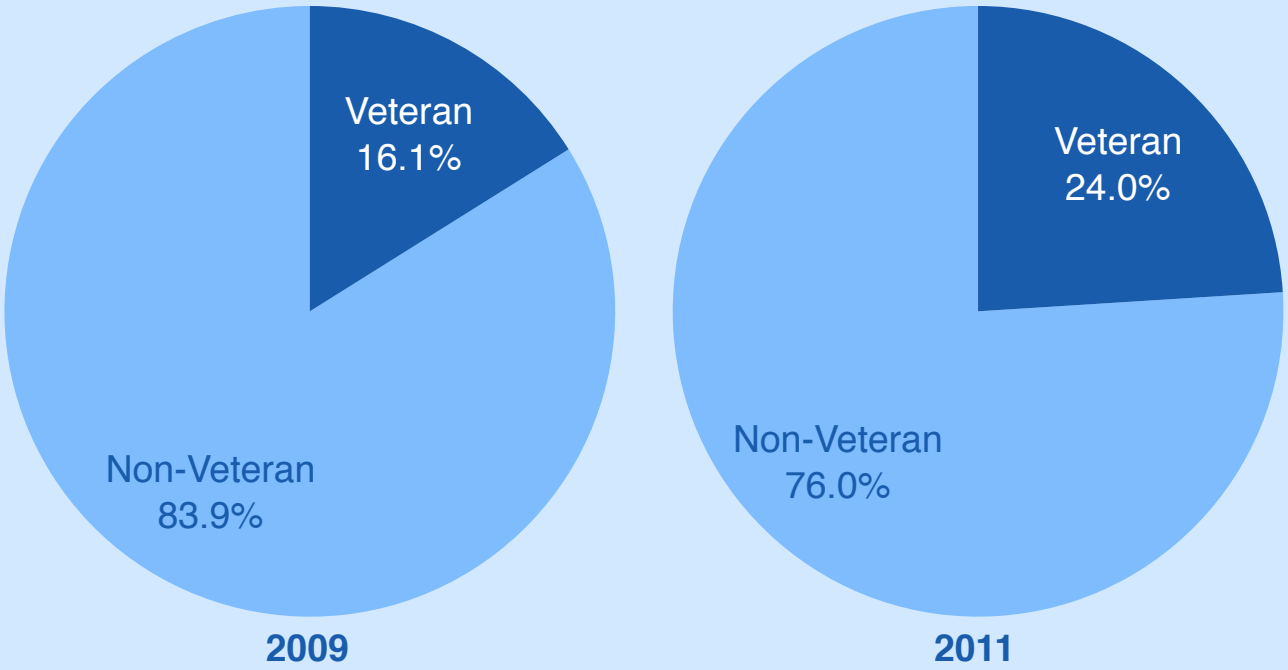
Table 9 depicts the service gap experienced by those with chronic conditions. The service gap for this group has narrowed since 2007. While their numbers have increased, it appears as though their unmet needs have increased only slightly in regards to job training, clothing assistance, and other service needs. A significant decline in the percentage of chronically homeless persons needing particular services and not receiving them was noted for substance abuse treatment, case management services, legal services, rent assistance, housing assistance, and transitional housing. Once again, the changes between 2007 and 2009 were mostly positive—service needs have not disappeared but the percentage of those needing them and not receiving particular services is clearly on the downswing. Despite these declines, however, it remains important to note that job training, transportation, housing placement and permanent supportive housing is still being requested by as many as one-third (or more) of homeless people in Benton and Washington Counties.

Veteran Status

Between 2007 and 2009 there was a significant increase - from 16 percent to 24 percent - in the number of homeless adults who reported prior military service. Compared to 2007, homeless veterans surveyed in 2009 tended to be older, a member of a racial minority group, and male.

Exhibit 1. Homeless Veterans in Benton and Washington Counties

PIT 2009 and 2011



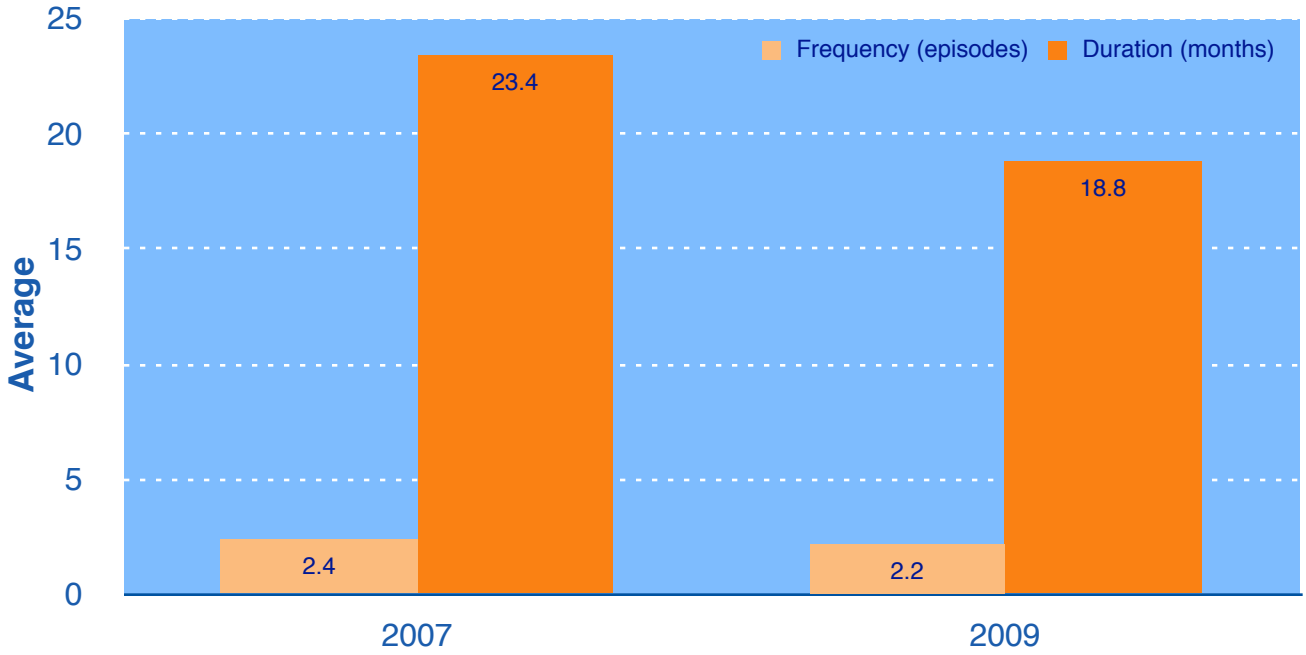
Demographic Characteristics of Homeless Veterans

	2009	2011
Age		
Less than 20 years	2.3%	1.5%
20-24 years	---	---
25-34 years	9.1%	7.7%
35-44 years	31.8%	12.3%
45-54 years	50.0%	46.2%
55-59 years	6.8%	21.5%
60 years or older	---	10.8%
Race		
White/Caucasian	88.6%	81.5%
Black/African-American	9.1%	6.2%
American Indian/Alaska Native	2.3%	9.2%
Unspecified/Other	---	3.1%
Hispanic Background/Origin		
Yes	---	1.5%
Gender		
Male	81.8%	93.7%

While the number of homeless veterans living in Benton and Washington Counties increased since 2007, the average frequency of homeless episodes within this group (roughly 2 episodes in the past 3 years) did not change. More encouraging still, there was a significant decline in the average duration of homeless episodes among veterans, from nearly 2 years to just over 18 months.

Figure 7. Average Frequency and Duration of Homelessness for Veterans

PIT 2009 and 2011



While there was no appreciable change between 2007 and 2009 in rates of substance abuse, domestic violence, or HIV/AIDS among homeless veterans, there were dramatic increases in rates of physical disability and mental illness among for homeless veterans between 2007 and 2009 (see Table 10).

Table 10. Chronic Conditions of Homeless Veterans

PIT 2009 and 2011

TYPE OF CONDITION	2007	2009
Substance Abuse (alcohol *or* drugs)	54.5%	56.9%
Physical Disability/Long-term Illness	22.7%	36.9%
Mental Illness	18.2%	29.2%
Domestic Violence	2.3%	1.5%
Developmental Disability	4.6%	6.2%
HIV / AIDS	---	---

Finally, in Table 11 we can see significant changes in housing status for veterans. In 2007 over 20 percent of veterans reported living outside and that number has dropped to 13.9 percent in 2009. Because of recent changes in several shelters around the area and the addition of the new Seven Hills supportive housing unit, veterans are being placed in more permanent settings—their emergency shelter use was cut in half as their transitional housing increased six-fold--another sign that the network delivery system is both responding to and better understanding who it needs to serve.

Table 11. Housing Status of Homeless Veterans
PIT 2009 and 2011

LIVING CIRCUMSTANCE	2007	2009
Housing Status, Previous Night		
Indoors		
Emergency Shelter	50.0%	21.5%
Transitional Housing	4.6%	32.3%
Hotel or Motel	---	1.5%
Treatment Facility	15.9%	16.9%
Permanent Supportive Housing	---	3.1%
Dwelling of Friend/Relative	9.1%	10.8%
Outdoors		
Outdoors/Car/Abandoned Bldg.	20.5%	13.9%

Chapter 3

Implications for Policy and Practice

Homelessness is a costly social problem that impacts the productivity and well-being of individuals and the quality-of-life in communities. The costs imposed on those who experience homelessness, as well as surrounding communities, are extensive. Homelessness impacts individuals' and communities' physical, psychological, social, spiritual, and economic welfare. Thus, systematic attempts by communities to end homelessness benefit not only the homeless population, but the entire community as well. If Northwest Arkansas is to succeed in curtailing the homelessness problem, a number of basic steps should be taken.

Data Gathering and Analysis

An essential step in addressing any problem is gathering basic information on its nature and prevalence. For homelessness it is important to know basic things such as: the number homeless persons, their characteristics, the average duration of homeless episodes, basic needs, service use patterns, the causes of homelessness, the degree of interaction with mainstream service systems, and changes in any of these measures over time. It is also critical for the community to actively monitor its homeless management information system (HMIS), which provides a continuous record of homeless services provided.The HMIS system makes it possible to detect changes in usage over time and advance understanding about the ways in which people interact with systems of care, as well as the effectiveness of various interventions. While the data generated by the University of Arkansas Community and Family Institute in this report provide a clear picture of the nature of homelessness in 2011 and what types of changes have taken place since the first PIT in 2007, HMIS offers an additional method for monitoring individual and community progress in terms of its ability to provide detailed, reliable information on patterns of service use. Data from both this report and HMIS should be incorporated into the community's comprehensive plan to end homelessness, and all service providers should participate in this data management plan.

Motivating Public Engagement in the Problem

Addressing a problem like homelessness requires significant buy-in on the part of the public and local officials and entrepreneurs who offer services and products that homeless people need in order to eventually attain and maintain permanent housing. The public must be engaged in the issue. Studies suggest that social problems ebb and flow in the public consciousness, and unless periodically reframed or brought back to the public's attention, they lose momentum and eventually fall by the wayside. In a world where poverty is still too often partitioned into two parts—the deserving and the undeserving—mainstream homelessness is competing more intensely for scarce services, dollars, and the public's attention. To engage the public's imagination and attention requires an effective campaign to disseminate the most recent information on homelessness. This can be accomplished by a coordinated effort on the part of the Northwest Arkansas Housing Coalition, the cities of Bentonville, Fayetteville, Rogers, and Springdale, Washington and Benton Counties, and the University of Arkansas' Community and Family Institute.

Developing a Strategic Plan

Northwest Arkansas continues to examine this strategic planning process and the importance of a 5 and/or 10-year plans to end homelessness.

Such a plan requires a comprehensive set of strategies, informed by valid and reliable empirical data, that commits a wide range of stakeholders to funding and implementing

them. A major effort must be made to build the community's social capital investment in the problem of homelessness. This requires the following:

1. **Building better linkages between Northwest Arkansas Housing Coalition (NWAHC) and local governmental decision makers.** The NWAHC is the local coordinating agency between homeless service providers and critical local officials, leaders and entrepreneurs. It should be the agency that helps develop local policy related to homeless service provision, identifies current gaps in services, and coordinates needs-based funding. To work effectively it must be engaged in regular interaction with all of the cities' administrative offices, particularly those in Community Development and Housing.
2. **Effectively engaging the religious community in the planning and policy aspects of these issues.** Religious social capital represents one of the most significant forms and sources of social capital in Northwest Arkansas. While faith-based efforts to address homelessness abound, the efforts of churches are often piecemeal and sometimes work at counter purposes with local service provision. Efforts should be made to promote more effective, coordinated contributions to the Continuum of Care. In many cases this can be accomplished by the engagement of highly visible local religious leaders in the process of planning and policy development. NWAHC should make efforts to bring church leaders onto its board.
3. Homelessness represents a complex personal and social problem that requires multiple resources to ensure people eventually gain permanent housing. Developing an effective Continuum of Care means engaging a wide spectrum of local agencies and actors. Along with agencies providing homeless services, the following mainstream agencies should ideally be engaged in planning and implementation:
    - Northwest Arkansas Housing Coalition
    - Ozark Guidance Center
    - County public health departments
    - Local health care providers such as Fayetteville Free Clinic, Washington Regional, VA, etc
    - Local police departments
    - Employment service providers
    - Local employers
    - Local substance abuse programs such as Decision Point
    - Veteran's Affairs
    - Mayor's office/ Office of Community Development
    - County commissioners/ Office of Planning and Community Development
    - State Interagency Council
    - Local Welfare departments
    - Housing Authorities
    - Neighborhood and Community Associations
    - Ministerial Alliance
    - For-profit and not-for-profit housing developers

Assisting Persons in Restoring and Repairing Social Capital

The main reason often given by the homeless for explaining their current situation is some sort of personal relationship issue. While homeless people have social networks and use them, they are also prone to exhaust these resources because of the exceptional challenges of the homeless circumstance. Evidence suggests that attempts to assist homeless persons in restoring and rebuilding social capital through effective case management promotes quality of life, improves physical and mental health status, and increases the likelihood of them successfully obtaining permanent housing. The struggle to get off and stay off the streets is often about relationships.

Homeless Prevention

Efforts have been made to prevent chronic homelessness. Nevertheless, in spite of dramatic improvements in the Continuum of Care process in the Northwest Arkansas area, homelessness continues to grow. Likely no significant reductions to the population can be expected unless homeless prevention programs like Ficasso can be continued. At the moment, the successful individuals who negotiate the Continuum of Care and gain permanent housing are quickly replaced by new faces, though the Ficasso project has had dramatic effects on the near-homeless population.

Emergency Prevention. Currently, most homeless prevention programs are like emergency first aid stations slapping band-aids on more serious pathologies. The effort by local agencies to provide emergency assistance for those teetering on the brink of homelessness must continue. Their work in homeless prevention is essential to the safety net the community offers its residents. The emergency services available should include food, rent, mortgage, and utility assistance, as well as case management, mentoring, and landlord/lender intervention. These programs, while essential to preventing homelessness, do not address its root causes. Homelessness has structural roots that must be acknowledged and targeted.

Systems Prevention. According to the National Alliance to End Homelessness (2009) mainstream service providers are motivated to shift responsibilities and costs to homeless programs to reduce costs. This leaves a basic conflict of goals between the two systems, with mainstream services having no incentive to prevent homelessness. The homeless provider system, on the other hand, is not capable of preventing people from becoming homeless, nor can it address at-risk persons' needs for housing, income, and services. Only the mainstream system is equipped to do this. This produces a system in which homeless prevention is not effectively addressed.

Risk Prevention Services

Homelessness is associated with significant health risks. Hypertension and diabetes are prevalent among the homeless, but in both cases fewer than half of those diagnosed with the disease take medication for it. Health risks connected with addictive substances are also quite high. Alcohol consumption causes serious problems in the lives of over half of our respondents. Drug abuse problems are also common. Seventy-seven percent have used drugs sometime in their lives (Fitzpatrick et al. 2007). These risk-taking behaviors exacerbate the already debilitating circumstances of homelessness, making individuals' progress along the Continuum of Care problematic.

Both homeless prevention and rapid re-housing of the homeless can be improved by enhancing existing risk prevention and risk reduction programs for the homeless (drug and

alcohol treatment programs, health education, medication assistance, sex education, etc.). It is clear that medication assistance programs are not currently sufficient to meet the needs of those suffering from chronic conditions such as hypertension and diabetes. In addition, substance abuse programs must continue to be available for some as an essential step in a comprehensive program to reduce homelessness. Finally, efforts should be made to explore innovative addiction treatment programs for the episodically and chronically homeless who move in and out of homelessness because of their addictions and resistance to treatment.

Better Integration of Services

Linking Efforts. Homeless providers and their clients often report difficulties accessing mainstream services. There is a need to seamlessly integrate homeless access to general services, particularly health care services. Access to prescription drugs and to affordable health services is still a problem regularly confronted by both shelters and their clients. Resolving this issue requires better coordination between the general service system and the homeless system. This need underscores the potential for the Homeless Management Information System (HMIS) to operationally integrate the two service systems. Services provided in the homeless system sometimes duplicate those provided in the general service system. This segregated arrangement is costly and inefficient. Better integration and coordination can lead to a more efficient delivery of services and cost savings. In addition, accessing primary health care continues to be a problem for uninsured or underinsured homeless and low-income, near homeless. Addressing this problem is going to require innovative solutions--mobile health care is one possible strategy for improving access and general health and well-being for this at-risk population.

Providing Permanent Housing

Homelessness is fundamentally a housing problem with both structural and individual roots. It is, of course, more than that, but any policy that purports to seriously address homelessness must confront the challenge of providing safe affordable housing to the poor. Currently, most prevention programs use a band-aid approach, primarily paying bills, and offering short-term monies for necessities. While these programs are important, as noted previously, the root of the problem is poverty and access to affordable housing. It is essential to address these problems in the neighborhoods from which the homeless disproportionately come.

The housing problem in Northwest Arkansas is daunting, and with the recent changes in the economy those problems continue to grow. A large majority of very low-income households in Northwest Arkansas could be defined as “struggling households,” paying a disproportionate amount of their total income in rent, as noted in the Community Indicators report (Fitzpatrick et al. 2008). Homeless prevention programs like the Ficasso Project, along with mainstream housing programs available to low-income individuals and families, need to continue to address the dramatic shortfall of low income housing in the community.

Addressing the affordable housing problem involves a bigger challenge than physically changing sub-standard buildings into comfortable, attractive dwellings. The more basic, more difficult, and in the end, more important challenge is the transformation of dysfunctional neighborhoods into positive, supportive communities. For such a transformation to occur, not only must dysfunctional neighborhoods invest in the effort, but also the private sector and civic interests of the broader community. Neighborhood residents and organizations, as well as outside groups such as banks, foundations, government agencies, churches and service

clubs must all engage in the process of change from the planning stages onward. **Resolution of homelessness requires a total community effort.**

Reducing Chronic Homelessness

The chronic homeless in Northwest Arkansas have disproportionately higher service needs. They not only use a greater number of services, but also have a greater number of unmet needs. In addition they are the most likely to resist using shelters. Addressing this group's needs for housing and services is essential to any serious effort to reduce homelessness. Many of these individuals cannot successfully use more stable forms of housing because of their disabilities. They are often barred from shelters or refuse to go to such facilities due to mental illness or substance abuse problems. Permanent supportive housing represents the best opportunity to address this population's needs. Few of the chronic homeless will ever be able to generate significant, stable wages in the job market. Thus, they will require long-term subsidization of housing and services. To get them into the required facilities requires good outreach programs that build trust between the homeless individuals and providers.

There is an assumption being made by federal policymakers that if the chronically homeless problem is more effectively addressed, it would free up additional services for the larger population of homeless. However, given the significant problem the poor face in finding safe affordable housing, and given the tenuous circumstances of the poor in general, it is very unlikely that homelessness can be substantially reduced in any community without more adequately addressing the need for homeless prevention as well. The SevenHills Walker Family Residential Community is an excellent model of this approach and the 2011 data clearly show that the community is making significant strides in both reducing chronic homelessness and finding alternative housing for the most challenged of this group.

The Need for a Central Coordinating Authority

The complex nature of the homeless problem requires comprehensive programs, a strategic plan, new definitions of organizational success, and significant buy-in from the community. Because of the necessary complexity of these efforts it also requires a central agency and planning authority whose work is recognized as essential to the success of the area's efforts to end homelessness in Northwest Arkansas. The Northwest Arkansas Housing Coalition is ideally suited to be this coordinating agency because it represents agencies directly engaged in homeless services, and manages the primary data source for documenting needs and service provision. To be fully successful, NWAHC should continue to strengthen its relationship with Habitat for Humanity, the United Way of Northwest Arkansas, the major cities' administration, and the offices of Community Development and Housing. If this coordination activity is to be located within NWAHC, it must also be provided adequate resources to carry out that work. Currently it has neither the organizational capacity nor the resources to do the kind of work it needs to be doing. The larger community of Northwest Arkansas needs to be supportive of the coalition and its efforts to work on affordable housing and end homelessness.

Appendix A

Methodology

The purpose of the Point-in-Time (PIT) survey is to provide reliable estimates of the size, basic demographics, residential history, service use patterns and needs of the homeless population in Northwest Arkansas. It answers basic questions necessary for the Continuum of Care application to HUD. As such it places special emphasis on distinguishing the chronic homeless from other segments of the homeless population.

Developing Reliable Counts of the Homeless Population

A census of any population requires a technical definition of the population to be counted as well as a methodology for enumerating that population. Technical definitions and the methods chosen affect the data, which in turn affect assessments of the problem severity. Defining the homeless population is one of the most challenging aspects of conducting a homeless study. What constitutes homelessness is a matter of some debate.

HUD offers what appears to be a straightforward definition of homelessness. According to HUD a person is homeless only when he/she resides in one of the places described below at the time of the count:

An unsheltered homeless person (or street person) resides in a place not meant for human habitation, such as a car, park, sidewalk, or abandoned building. A sheltered homeless person resides in an emergency shelter, or in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters. This latter qualification for counting the sheltered homeless, that persons in transitional or supportive housing must have come from the streets or an emergency shelter, cannot often be accurately determined in a count. As such we use Martha Burt's (1992) definition for this census.

In *Practical Methods for Counting Homeless People,* Burt identifies the following components of the homeless population:

Adults, children and youths sleeping in places not meant for human habitation.

"Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g., subway tunnels, railroad cars), all night commercial establishments (e.g., movie theaters, laundromats, restaurants), abandoned buildings, squatter situations, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles and other similar places."

Adults, children and youth in shelters.

"Shelters include all emergency shelters and transitional shelters for the homeless, all domestic violence shelters, all shelters and residential centers or programs for runaway and homeless youth, and any hotel/motel/apartment voucher arrangement paid because the person or family is homeless."

Adults, children and youth at imminent risk of residing on the streets or in shelters.

Children in institutions.

"Children or youth who, because of their own or a parent's homelessness or abandonment, reside temporarily, and for a short anticipated duration, in hospitals,

residential treatment facilities, emergency foster care, detention facilities and the like, and whose legal care has not (yet) been assumed by a foster care agency."

Adults in institutions.

"Adults currently residing in mental health facilities, chemical dependency facilities, or short term criminal justice holding facilities, who at time of entry had no home of their own, no known address, or whose address was a shelter for the homeless, or another facility such as a soup kitchen serving the homeless."

Adults, children and youth living "doubled-up" in conventional dwellings who are precariously housed.

"Their housing situation must have arisen from an inability to pay for one's housing due to an emergency, and it must be for a short duration."

The PIT employs an interview component to assist in the street count. By interviewing the persons counted, we avoid counting people more than once, and at the same time ensure that they meet the definitional requirements of homelessness described above.

Methods and Detailed Procedures for the PIT Census

This section of the report describes the procedures used in the point-in-time census of homeless persons with a short survey. This data collection activity was conducted on January 27-28, 2011. It was a single-day census, a count of how many people could be identified as homeless in a 24-hour period. It also included a two-page survey of basic demographic information and a needs assessment. The point-in-time count provides a snapshot of the Northwest Arkansas area's homeless adult population.

In general, the point-in-time count included only homeless persons who are "highly visible" and readily accessible to service providers in the Northwest Arkansas region, which only included Washington and Benton Counties. The population of homeless persons in this study fits Burt's definitions with a few exceptions. We exclude jails and outlying rural areas of the MSA counties. For example, except for persons who were surveyed in the area soup kitchens or day shelters, the face-to-face survey does not include persons or families doubling up with friends/relatives, or living in motels/hotels.

The Point-In-Time Count

In order to meet government guidelines (HUD) for funding of services for the homeless, every Continuum of Care must conduct a count and needs survey at least bi-annually. The count generally occurs in the last week of January when cold weather encourages homeless persons to go to shelters, where they are easier to count. The Northwest Arkansas area point-in-time survey was conducted over a 24-hour period from 11:00 a.m. on January 27, 2011 until 11:00 a.m. on January 28, 2011.

Identification of Locations and Gaining the Cooperation of Service Providers

To prepare for the point-in-time survey several steps were taken to gain the full cooperation of service providers. First, a master list was developed of shelters and facilities serving homeless persons in the Northwest Arkansas area. This list included 25 facilities ranging from emergency shelters, to transitional facilities, domestic

violence shelters, and special needs facilities for homeless persons. The identification of facilities was facilitated by working from existing service directories, including the Directory of Homeless Service Providers in Washington and Benton Counties (Fitzpatrick 2007). Shelters and facilities were informed of the upcoming point-in-time census. The facilities provided updated information, including contact persons, telephone and FAX numbers, email addresses, and physical addresses, an inventory of services delivered, etc.

To our knowledge all service agencies whose missions include substantial services to homeless persons in Washington and Benton Counties participated in the 2011 point-in-time survey. Because homeless clients comprise a small percentage of their overall client bases, participation was not solicited from mainstream agencies, such as the Crisis Center, the Department of Human Resources, Welfare or Unemployment Office and other entities whose main constituencies are permanently housed individuals.

Street homeless were sought primarily in areas noted as places where homeless had been spotted months leading up to the PIT. Using police departments in three of the major cities as primary informants, common street locations were established from preliminary drives through all areas. On the day of the count, enumerators were assigned to different geographical regions. Experienced interviewers were chosen as team captains for the unsheltered teams. Interviewers were paired with police officers and instructed to look in specific places for homeless people including: 1) streets, alleys, passageways between buildings; 2) parking decks and garages; 3) parks, vacant lots, and thickets; 4) bridges and overpasses; and 5) parked and abandoned vehicles. The majority of homeless persons residing on the streets were actually surveyed at soup kitchens and day shelters.

By disregarding mainstream agencies such as the Housing Authority and Welfare Assistance Office, and by not seeking homeless persons in inaccessible locations, there is the potential for under-enumeration of homeless persons. However, this under-enumeration was partly compensated for by conducting point-in-time surveys in soup kitchens and day centers which were known to be frequented by homeless persons who typically reside in inaccessible places.

Volunteer Interviewers

The point-in-time survey instrument appears in Appendix B. It was administered by trained volunteers, including college students, service providers, and community residents. On January 25, 2011, volunteers attended a two-hour training session where they learned the purpose of the survey, interviewing procedures, and the relevance of the questions being asked. In addition, volunteers role-played interviews and were instructed on how to approach people, and how to remain safe while conducting surveys. Finally, all volunteers were assigned to teams with team captains, and given specific enumeration sites and time slots during which to conduct interviews. Team captains were chosen from a pool of experienced service providers.

Point-in Time Survey Interview Times

Soup kitchens were surveyed from 11:00 a.m. to 1:00 p.m. on January 27, 2011. Day shelters were enumerated from 10:00 a.m. to 4:00 p.m. on January 27, 2011. Night shelters were enumerated from 7:00 p.m. to 10:00 p.m. on January 27, 2011. Street sites were enumerated from 7:00 p.m. to 9:00 p.m. on January 27 and 5:30 a.m. to

8:00 a.m. on January 28, 2011. Some day shelters were not included in the January 27 count and were enumerated on January 28, 2011 from 10 a.m to 11 a.m.

Administering the Point-in-Time Survey

The PIT questionnaire is designed so that it can either be administered by an interviewer or completed by a respondent as a questionnaire. Volunteers were instructed to administer the questions themselves whenever possible. In several large facilities and in many transitional shelters, however, some potential respondents were absent at various times for employment. For these situations shelter staff gave general instructions to clients as they became available and allowed them to complete the questionnaires alone. These surveys were then gathered the following day.

Eliminating Duplications

Several quality control procedures were in place to eliminate duplicate responses. First, the point-in-time survey was printed on two-sides of yellow card stock paper. The distinctive color facilitated clarity and recognition. At the beginning of the survey, volunteers asked potential respondents if they had already "done the green survey." Upon recognizing it, participants appeared eager to refuse if they had previously completed the survey, suggesting that any double-count would be incidental. Second, respondents were asked for their initials and ages. Double-counts were assessed by matching initials, ages, and other parallel information, such as race. Through this matching effort it was determined that no one had responded to the survey twice. Another concern was the double reporting of children, when both parents were surveyed. We also obtained initials, ages, and locations of children and others who accompanied a respondent. Again, no evidence of double-counting was found—likely also because most children were accompanied by a single parent, usually the mother.

Again the total population count for the PIT was 437. With the quality control procedures that we had in place it would have likely produced only incidental double-counts. Perhaps the procedure of requesting initials for persons accompanying respondents could be eliminated in future point-in-time surveys to save time. (One cautionary note, however, to those who intend to follow our procedures. If respondents are given a significant incentive to participate, such as money, this would encourage double-counts and require extensive quality control procedures.)

Counting School-Age Persons.

In addition to the adults counted and estimated, we contacted all of the school districts (15) in Washington and Benton Counties for a current enumeration of their homeless population. They reported a total of 1,022 children. We report only 969 in the final count because we subtracted the 53 school-age children that were included in the PIT as either accompanied or unaccompanied youth. Of the 969 students, 80+ percent were reported as doubling up with friends or relatives. These students were not interviewed formally, but nevertheless represent an important part of the comprehensive enumeration in the two counties.

Appendix B

Point-in-Time Census Instrument

2009 NWA Homeless Point-in Time and Needs Survey

Place of Contact / Agency: _____

[Interviewer Ask Screening Question First] Have you filled out this survey anytime within the last 24 hours? **[If No continue]**

INSTRUCTIONS TO INTERVIEWER: **Complete only one survey form for each adult over 18 who is homeless or residing in a homeless housing program.**

This is an interview being done to gather information in the Northwest Arkansas region so that better services can be provided for people who need them. It will only take about three minutes to complete this survey. All information will be kept strictly confidential and is for statistical purposes only. Would you be interested in helping us out in collecting this information?

1. How old are you? _____ Age **2.** _____ Sex (M or F)

3. What race are you ? (Please circle)
1 = African American / Black 2 = Caucasian / White
3 = Asian 4 = American Indian/ Alaskan Native 5 Native Hawaiian/Other Pacific Islander
6= Other_____ 7 = Unknown / Refused

4. Are you Hispanic? ____ Yes ____ No

5. Where did you spend **last night**? *(Check only one.)*

____ On the street (sidewalk, car, park, woods, abandoned building, barn, etc.)
____ Emergency Shelter
____ Transitional Housing apartment or facility
____ Hotel, motel
____ Hospital, Jail or other institution
____ Treatment Facility
____ Permanent Supportive Housing
____ Boarding Home
____ In my own private dwelling/being evicted within 1 week and lack resources to obtain housing
____ Dwelling of friend or relative
____ In some other homeless situation (please specify)
_____
____ None of the above (I have my own home). **(If they have their own home, thank them and end the interview.)**

To Question 6 → ↑

6. Over **the past seven days**, where have you **most often** spent the night? (*Check only one.)*

____ On the street (sidewalk, car, park, woods, abandoned building, barn, etc.)
____ Emergency Shelter
____ Transitional Housing apartment or facility
____ Hotel, motel
____ Hospital, Jail or other institution
____ Treatment Facility
____ Permanent Supportive Housing
____ Boarding Home
____ In my own private dwelling/being evicted within 1 week and lack resources to obtain housing
____ Dwelling of friend or relative
____ In some other homeless situation (please specify)
_____

7. How many months have you been without your own housing? ____ less than a month _____ months

8. Is this the first time you have been without your own housing or homeless in the last 3 years?
____Yes ____ No **IF NO:** How many times have you been homeless in the last 3 years? ____times

9. What services are you **currently** receiving?
(Tell me all that apply)

____ Emergency shelter
____ Transitional housing
____ Emergency assistance (help with rent / utilities)
____ Permanent supportive housing
____ Mental health services
____ Substance abuse treatment
____ Physical disability services
____ Developmental disability (MR) services
____ Food assistance
____ Clothing assistance
____ Child care assistance
____ First Aid / medical treatment
____ Medication assistance
____ Case management services
____ Housing placement services
____ Legal services
____ Life skills training
____ Transportation assistance
____ Job training / Employment assistance

To Question 10 → ↑

10. What services do you need that you are **NOT** currently receiving?
(Tell me all that apply)

____ Emergency shelter
____ Transitional housing
____ Emergency assistance (help with rent / utilities)
____ Permanent supportive housing
____ Mental health services
____ Substance abuse treatment
____ Physical disability services
____ Developmental disability (MR) services
____ Food assistance
____ Clothing assistance
____ Child care assistance
____ First Aid / medical treatment
____ Medication assistance
____ Case management services
____ Housing placement services
____ Legal services
____ Life skills training
____ Transportation assistance
____ Job training / Employment assistance
____ Other _____
_____

11. Do any of the following apply to you? ***(Tell me all that apply)***

____ Chronic substance abuse (alcohol or drugs)
____ Mental illness
____ Physical disability or serious long term illness
____ HIV / AIDS
____ Youth (under age 18)
____ Domestic violence victim
____ Developmental disability

12. If you marked any of the choices listed in Question 11 (Chronic substance abuse, mental illness, HIV / AIDS, Youth, Domestic Violence Victim) are you **currently** receiving services and / or a bed specific to that category?

____ Yes ____No _____ Does not apply; I have none of those conditions.

13. Have you ever served in the military? ____ No ____Yes IF YES: Did you see active combat? _____Yes _____NO

14. Which of the following best describes your family situation?

____ Two parent family with children
____ One parent family with children
____ Couple without children
____ Single individual **IF SINGLE INDIVIDUAL: skip to Question 19**
____ Other family situation (please specify _____)

15. Do you have any family members staying with you now?

____Yes **IF YES:** How many? _____

____ No **IF NO: skip to question 17**

16. We may survey other members of your family today. We want to make sure that we don't count your family members more than once. Please insert the initials, ages, and sexes of any family members who are staying with you in response to the prior question.

INITIALS	AGE	SEX		INITIALS	AGE	SEX		INITIALS	AGE	SEX		INITIALS	AGE	SEX
1.				4.				7.				10.		
2.				5.				8.				11.		
3.				6.				9				12.		

17. Are there other family members **who are homeless** but **NOT** staying with you now?

____Yes **IF YES:** How many? _____

____ No **IF NO: skip to question 19**

18. Do you have medical insurance? ☐ Yes ☐ No
If yes, what type? ☐ employer-sponsored ☐ Medicaid ☐ Medicare
☐ VA Benefits
☐ Other _____

19. In the past year, have you needed medical care? ☐ Yes ☐ No
Were you able to get medical treatment? ☐ Yes ☐ No
Where did you receive it?_____ **(type of place)**

20. In the past year, have you needed dental care? ☐ Yes ☐ No
Were you able to get dental treatment? ☐ Yes ☐ No
Where did you receive it? _____ **(type of place)**

19. Please insert your initials so that we can make sure we don't count some folks twice: _____

Thanks, we really appreciate your help.

FOR OFFICE USE ONLY: Is respondent part of a homeless family unit? _____ Yes _____ No IF YES: How many are in the family? _____
These surveys were distributed and collected by: _____.
If an interview, the interviewer was: _____ DATE: _____