

Homelessness

By Continuum of Care

Oklahoma is comprised of eight Continuums of Care (CoC). These entities manage the provision of services to the homeless, among other functions. By definition, CoCs involve nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social service providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement and other organizations that serve the homeless and those at risk of becoming homeless (Continuum of Care Network pamphlet, 2015). These entities are governed by a community plan that helps them deliver services to the homeless and/or to prevent a return to the homeless. CoCs provide a variety of services aimed at outreach, engagement and assessment, including emergency shelter, rapid re-housing, transitional housing, and permanent housing, among others (Continuum of Care Network pamphlet, 2015).

The data below describes the characteristics of those receiving or eligible for the Oklahoma City Continuum of Care, which serves most of Oklahoma County. This data is collected by the CoCs on last day of January each year and reported on an annual basis. It is currently the best source of data available at the State level of understanding the demographics of these populations.

OK 502 Oklahoma City

OK 502 represents the Oklahoma City area. The homeless population in this jurisdiction is primarily comprised of individuals without children (1264), the majority of which reside in emergency shelters (863). There are approximately 250 individuals in the area that do not have shelter of any kind. These individuals are people who have just recently fallen on tough times and have a small social circle. People who have been lately evicted, lost their job, or have significant medical expenses are usually the ones who do not have shelter. These numbers do not likely reflect the total homeless population in the region, as it is difficult to use the point in time data to get a full accounting of the homeless population. Anecdotally, it is possible that more than 5600 individuals are homeless in OKC alone.

The data also allows us to examine individual characteristics of the subpopulations of homeless persons and the whether they are sheltered or unsheltered. These subpopulations include: age, chronically homeless, severely mentally ill, chronic substance abuse, veterans, HIV/AIDS, and victims of domestic violence. While the Point in Time data does not hone in on the population of homeless youth, this group exists and is being identified by schools and service providers in the City. One provider, Be the Change, has created a drop in center for homeless youth in OKC. This includes those who are homeless living on the streets, as well as a potentially large group of “couch homeless.” Recently, this group has begun employing formerly homeless youth to help them work the streets in an effort to identify and reach homeless youth in the metropolitan area. Of note, there appears to be a growing number of homeless youth who identify as lesbian, gay, bisexual and transgender. The largest subpopulations of homeless persons in OK 502 include those who are categorized as severely mentally ill (522), chronic substance abuse (484), or are otherwise deemed chronically homeless (249). A high percentage of these subpopulations are identified as sheltered with one exception. Homeless persons with HIV/AIDS are often unsheltered due to the social stigma they receive from other people about their health condition (additional detail about this population follows in section after the CoC’s are discussed in this report).

<i>OK 502 Oklahoma City</i>	Emergency Shelter(sheltered)	Transitional Housing(sheltered)	Unsheltered	Total
Households without children	863	143	258	1264
Households with at least 1 adult & 1 child	56	15	0	71
Households with only children	0	0	0	0
total homeless households	919	158	258	1335
Persons in households without children	863	145	258	1266
persons age 18-24	55	6	13	74
persons over age 24	808	139	245	1192
Persons in households with at least 1 adult & 1 child	166	49	0	215
children under age 18	111	33	0	144
persons age 18-24	11	1	0	12
persons over 24	44	15	0	59
persons in households with only 1 children	0	0	0	0
Total homeless persons	1029	194	258	1481
Subpopulations	Sheltered		Unsheltered	Total
Chronically Homeless	175		74	249
Chronically Homeless Individuals	167		74	241
Chronically Homeless Persons in Families	8		0	8
Severely Mentally Ill	430		92	522
Chronic Substance Abuse	383		101	484
Veterans	123		55	178
HIV/AIDS	7		13	20
Victims of Domestic Violence	165		16	181

CoC Number: OK-502

CoC Name: Oklahoma City CoC

Summary of all beds reported by Continuum of Care:

	Family Units ¹	Family Beds ¹	Adult-Only Beds	Child-Only Beds	Total Yr-Round Beds	Seasonal	Overflow / Voucher	Subset of Total Bed Inventory		
								Chronic Beds ²	Veteran Beds ³	Youth Beds ³
Emergency, Safe Haven and Transitional Housing	90	299	1,085	18	1,402	0	43	n/a	74	32
Emergency Shelter	58	198	938	18	1,154	0	43	n/a	10	18
Transitional Housing	32	101	147	0	248	n/a	n/a	n/a	64	14
Permanent Housing	51	156	499	0	655	n/a	n/a	160	161	11
Permanent Supportive Housing*	51	156	499	0	655	n/a	n/a	160	161	11
Grand Total	141	455	1,584	18	2,057	0	43	160	235	43

CoC beds reported by Program Type:

Emergency Shelter for Families¹		Family Units ¹	Family Beds ¹	Adult-Only Beds	Child-Only Beds	Seasonal	Overflow / Voucher	Total Beds	Subset of Total Bed Inventory		
Provider Name	Facility Name								Chronic Beds ²	Veteran Beds ³	Youth Beds ³
Wonderfully Made	Wonderfully Made	1	11	0	0	0	11	22	n/a	0	0
Total		1	11	0	0	0	11	22	n/a	0	0

COC Conclusion

Each of the CoC's represents a unique area. It's important to note that the Point In Time data serves as a baseline. It is likely that the homeless population is much larger than counted. Generally, the State's homeless population is over the age of 24. In some areas of the State, there is a disproportionately high rate of homeless youth. More detailed exploration is necessary to understand the reasons which led them to this State and the needs of homeless youth. Domestic violence victims comprise a significant portion of the homeless population in the State. In some areas, the presence of social service providers for this subpopulation has reduced homeless rates. The same is true with respect to homeless veterans. As anticipated, the majority of the homeless population across the state can be classified as: mentally ill, chronically homeless, and chronic substance abusers. The needs of these difficult to house homeless must remain a priority across the State.

A Snap Shot of Homelessness in the State

Point in Time data was last collected on January 29, 2015 across the State. On that date, counts revealed a homeless populations of more than 3,000 residents. The majority of those counted (2,603 individuals) were classified as households without children. The majority of this group lives in emergency shelters (1,652) or transitional housing (376) with 575 classified as unsheltered.

The number of households with children is seemingly small totaling 343. The vast majority of those in this classification live at emergency shelters (201) or transitional housing (104) with only 38 classified as unsheltered. Homeless service providers in Oklahoma City and Tulsa emphasized that this group was likely undercounted across the State because they are less visible than other categories of homeless. They emphasized that emergency shelters, as presently designed, do not meet the needs of families with children in terms of both privacy and safety.

The Point in Time data reveals less than 100 households comprised of only children. Of these 74 counted households, 35 live in emergency shelters and 39 are unsheltered. This population is likely significantly undercounted as youth who are homeless typically seek to avoid identification for fear of being returned to their homes. These young people often have specific needs for supportive services that are difficult to deliver because the population remains unseen. Homeless advocates in the State hold up Tulsa as a good example of the State for serving homeless youth. OKC's Be the Change is also a leader in identifying and providing needed service to homeless youth in the metropolitan region. The problem of homeless youth is not just isolated to large urban areas. Mid-sized and smaller cities also look for innovative ways to service. Cities like El Reno and Enid have their own drop in centers for homeless youth. Social networks in smaller cities fill similar functions.

Oklahoma City public schools also tracks homeless students within the district. There are homeless students attending 78 elementary and middle schools in Oklahoma City. This data suggests that the majority of the city's homeless students are African American or Hispanic. There are 664 homeless African American students, 724 homeless Hispanic students, and 254 homeless Caucasian students. There are ten high schools in OKC that have reported having homeless students. Douglass and Capitol Hill high schools have the highest homeless student populations. Douglass has 50 homeless African American students. Capitol Hill has 49 homeless Hispanic students. The majority of these students can be classified as "couch homeless" or doubled up, meaning that they are finding

shelter with extended family members, friends, and other non-relatives for a brief amount of time due to hardship.

The majority of Oklahoma's homeless population is over 24 years old. This classification system is not particularly useful in helping to assess the number and needs of the elderly population, which is reported to be a substantial subset of this population.

The Point in Time data categorizes the homeless population into two categories: Hispanic/Latino and Non-Hispanic/Non-Latino. The lion's share of homeless in Oklahoma are Non-Hispanic/Non-Latino (3,528). In Oklahoma City, 62% of the homeless served are classified a Caucasian. Twenty-five percent of the homeless population is African American. Seven percent of the homeless in OKC identify as Native American. Less than one percent of those identified as homeless in OKC are Asian. By contrast, a relative small fraction of the State's homeless population is Hispanic/Latino. The Point in Time data identified a relatively small Hispanic homeless population, including less than 250 individuals. This follows OKC counts that identify 7% of the city's homeless population as Hispanic. Homeless advocates in OKC indicate that social networks, including churches and extended families, keep the number of homeless in the Hispanic population proportionately lower than their Non-Hispanic/Non-Latino counterparts. However, these individual likely classify as "couch homeless" and are in a continued state of being vulnerable to becoming homeless.

The PIT data indicates that are more homeless males (2,237) than females (1,535). This follows national trends. Care should be taken when interpreting this data, as women are less likely to participate in Point in Time counts. There is a growing population of homeless in Oklahoma that identifies as transgender. PIT data identified 5 individuals identifying as transgender. This population is likely much higher and will continue to grow due to family and national attitudes about this population. Transgender populations may require special housing accommodations, especially in the emergency shelter context, to provide for their social and emotional needs.

Another group of homeless individuals that merits special consideration in the distribution of resources is those identified as having special needs. This classification includes persons with "physical, mental or behavioral disabilities, persons with HIV/AIDS and/or persons with alcohol or drug addictions. The Point in Time data estimates that there are nearly 1300 homeless persons with special needs in OKC alone.

The Point in Time data is coarse and does not do an effectively track homeless populations with specific needs, such as those persons who are homeless and living with HIV/AIDS. This special population of homeless is likely growing in Oklahoma. According to the Oklahoma State Department of Health there were an estimated 5,375 cases of persons living with HIV/AIDS by the end of 2013. There were a total of 437 newly diagnosed HIV/AIDS cases in 2013 for the state of Oklahoma. The vast majority of populations living with HIV/AIDS (nearly 72%) reside in urban areas. In OKC alone, the Point in Time data identified at least 25 homeless individuals living with HIV/AIDS. This is likely an undercount. Based on this information and anecdotal data from homeless service providers, special effort must be made to understand the housing, medical, and supportive services needs of homeless persons living with HIV/AIDS.

Shelter is crucial for homeless persons with HIV/AIDS in the management of this illness. However, traditional shelter setting(s) may not be suitable to house this population. Those with suppressed immune systems are vulnerable to the spread of infectious diseases which may be present in open shelters. In addition, shelter personally may not be properly trained in handling AIDS related issues. For these reasons, as well as resources made available by the federal government, homeless persons living with HIV/AIDs are often given housing choice vouchers, created by HOPWA, so that they secure housing on the private market. This can be challenging in constrained rental markets like Norman, for example, where affordable housing options are limited. It is estimated that more than 60 individuals living in OKC with HIV/AIDs are homeless because they have been unable to find a landlord that will accept their housing choice voucher.

State Name: Oklahoma**Point-in Time Date: 1/29/2015****Summary by household type reported:**

	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing*		
Households without children ¹	1,652	376	575	2,603
Households with at least one adult and one child ²	201	104	38	343
Households with only children ³	35	0	39	74
Total Homeless Households	1,888	480	652	3,020

Summary of persons in each household type:

Persons in households without children⁴	1,676	397	623	2,696
Persons Age 18 to 24	214	61	110	385
Persons Over Age 24	1,462	336	513	2,311
Persons in households with at least one adult and one child⁵	595	293	108	996
Children Under Age 18	373	176	57	606
Persons Age 18 to 24	40	29	13	82
Persons Over Age 24	182	88	38	308
Persons in households with only children⁶	38	0	47	85
Total Homeless Persons	2,309	690	778	3,777

Demographic summary by ethnicity:

	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing*		
Hispanic / Latino	154	43	52	249
Non-Hispanic / Non- Latino	2,155	647	726	3,528
Total	2,309	690	778	3,777

Demographic summary by gender:

Female	1,004	272	259	1,535
Male	1,302	416	519	2,237
Transgender	3	2	0	5
Total	2,309	690	778	3,777

Rural Areas

Homelessness in the rural areas of the State is much more difficult to calculate. Given the population density of the State, the majority of services that serve the homeless are concentrated in urban and semi-urban areas. Even if beds are available, many rural homeless lack knowledge about the services or a means to travel to receive the same. As a part of this study, OU students were dispatched into the 77 counties in the State to, among other issues, attempt to understand the degree to which there is rural homelessness in the State. Their qualitative inquiries yielded very little data, in part, because rural homeless is difficult to identify and often ignored. For the purposes of this report, a literature review was prepared on the topic of rural homelessness in the United States. The goals of this academic review is to assist policymakers and service providers in the State in uncovering the dimensions of this illusive population.

In the U.S., the rural homeless population is predominantly Caucasian. This population is comprised of single mothers, widowed wives and husbands, divorced and separated men and women, and young people. A study examining rural homelessness in Ohio found that nearly 40% of those who classify as homeless were divorced, separated, or widowed (First, Richard J., John C. Rife, and Beverly G. Toomey, 1994, pg. 101). Ohio's rural homeless were also relatively young. Close to 80% of homeless population in this study was between the ages of 18 and 39 years old (First et al, 1994, pg. 101). Rural homelessness is often less visible than urban homelessness because these populations commonly take shelter are at a friend's house, in their vehicles, or on abandoned properties. These populations can also be found on "...campgrounds or in hollows, desert canyons, farmers' fields, state parks, and highway rest areas" (Milbourne and Cloke, 2006, pg. 17).

The causes of rural homelessness mirror, in most ways, the plight of the urban homeless. The study of homelessness in rural Ohio revealed family problems and substance abuse issues as primary causes of rural homelessness. The incidence of homelessness resulting from situations of domestic violence is high in rural areas (Cummins et al, 1998). Substance abuse issues are a common cause for homelessness in rural America. The literature reveals that this population tends to be homeless because they have isolated themselves from family and people who want to help (First et al, 1994). In the case of both domestic violence and substance abuse, it is often difficult for these individuals to find shelter and the supportive services they require in rural areas where options are limited, if available at all. The thought of moving to an urban area to find both shelter and supportive services is sometimes not considered at all by these vulnerable populations.

Rural areas are also more prone to the kind of poverty that puts individuals and families at risk for homelessness. The number of people living at or below the poverty line in rural places is higher than anywhere else in the United States (Moore, 2001). The statement "rural homelessness is a microcosm of national economic and political developments" cannot be truer for American rural communities (Vissing, 1996, pg. 103). The disinvestment of small towns and their inability to attract long-term sustainable business development, cripples a small town's economy. In effect, this is a main contributor for why poverty is such a common theme for rural communities. As a result, the State should carefully consider its investments in rural Oklahoma. While there is a need for shelter in these places, the construction of this housing type should be weighed with long term opportunities for employment in the area.

It is not surprising that rural areas typically lack both emergency shelters and temporary housing options. Services that provide temporary housing and provide relief and support services for those who cannot find food are virtually nonexistent in rural communities across the United States (Moore, 2001). Sheltering the homeless is undercapitalized in rural areas because communities do not see a concentration of homeless individuals (Vissing, 1996, pg. 146). As a result, the homeless must satisfice where they are. For instance, for families who are homeless, some of them use a friend's house to store clothes or to seek shelter, while some receive assistance from churches (Cummins et al, 1998). Others migrate to urban areas where services are available and more accessible (Rollinson, Paul A., and John T. Pardeck, 2006).

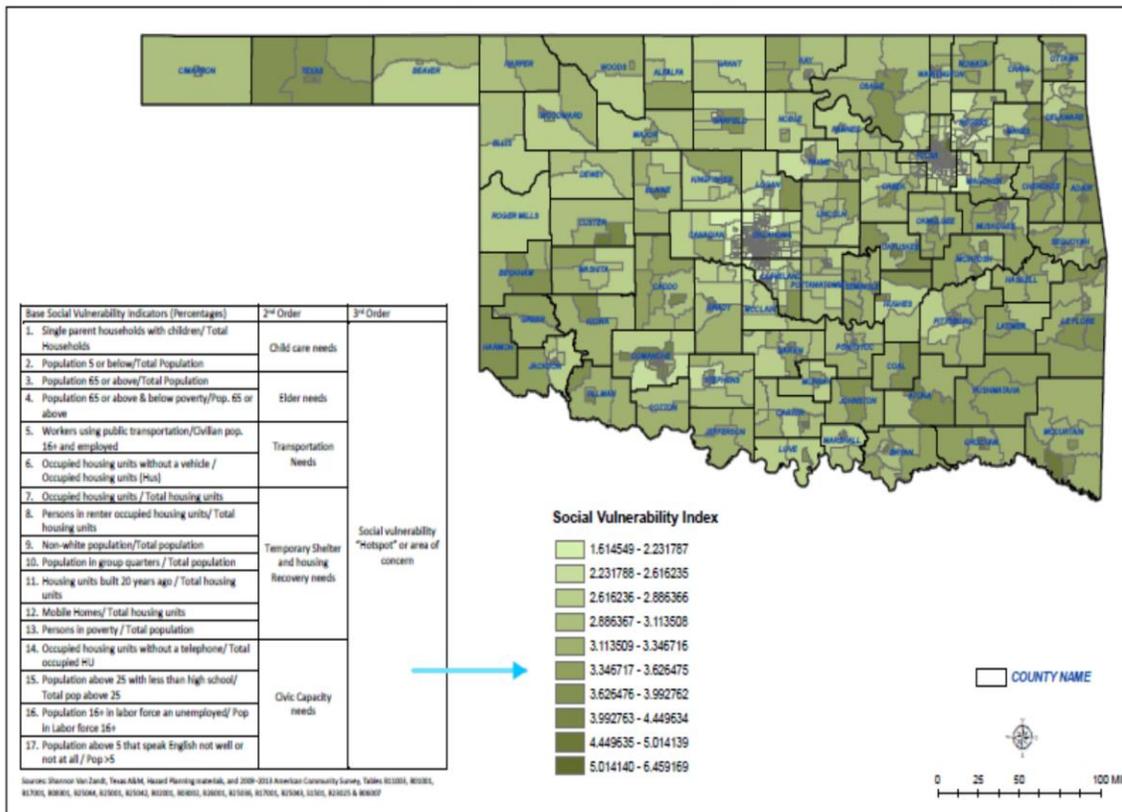
The absence of affordable housing in rural areas is a root cause of homelessness (Levinson, David, and Marcy Ross, 2007). In fact, it was noticed that many of the people were receiving monetary assistance or previously had some money saved up to spend on housing, but these measures were not enough to keep them afloat (First et al, 1994, pg. 101). Housing costs rise in rural areas typically rise as a result of competition for a limited amount of housing stock. In some rural areas, low income families are spending 70% of their household incomes on housing, sometimes substandard housing (Vissing, 1996, pg. 124). As Levinson et al explain, "housing costs are lower but so are incomes, with the result of placing a heavier rent burden in the community" (Levinson, David, and Marcy Ross, 2007, pg. 45). Renters in rural communities, as a result, are far more susceptible to becoming homeless than their urban or suburban counterparts because they do not have the financial safety net sometimes associated with homeownership (Fitchen, 1991, pg. 193).

While this brief review of the literature describes the state of homelessness across rural America, many of the lessons learned are easily translated to an Oklahoma context. The condition and supply of affordable housing units is relatively poor in many rural portions of the State. Rent burden, as more fully characterized in the Consolidated Housing Affordability Strategy (CHAS) section of this report, is high. This leaves families living and working in relatively weak economies vulnerable to homelessness. Once homeless, supportive services in these areas are relatively limited, especially for the chronically homeless, those with substance abuse problems, and victims of domestic violence. Services available to these populations in urban areas may not be attractive to individuals and families who are accustomed to life in rural communities. Where practicable, more consideration must be given to providing supportive services and temporary and permanent housing to homeless populations wishing to remain in rural areas.

At Risk For Homelessness

Poverty is the primary factor that places Oklahoma families at risk of being homeless. There are many factors experienced by those living in poverty which leave residents more or less vulnerable to homelessness. For the purposes of this study, a social vulnerability index has been constructed to measure the likelihood or risk that residents living in poverty might find themselves homeless. This index includes factors such as single headed households, concentration of young and elderly residents, the reliance on public transportation, private vehicle availability, racial composition, housing type, presence or absence of a telephone in the household, amongst other factors. This index is additive and seeks to understand the collective impact of these factors in estimating the vulnerability of a local population. While employed in more significant detail in the section of this report focusing on disaster resiliency, this tool is useful in identifying areas of the State where populations may be most vulnerable to homelessness. The index utilized in this section is different from the one crafted in the Disaster Resiliency chapter of this report in that it estimates social vulnerability at the county level, rather than by census tract. The decision to study vulnerability to homelessness at the county level was made to help policymakers understand, more generally, where resources and economic interventions are most necessary to stave off the potential effects of homelessness. This maps presents vulnerability to homelessness on the county level, depicting the most vulnerable counties in dark green.

Social Vulnerability - Impacts on Housing & Disaster Resiliency



The Oklahoma families most likely at risk are those living in public and subsidized housing. They live below the poverty line. Even those who are employed, remain vulnerable to homeless because an unexpected expense, like a medical emergency, threatens their ability to pay for their share of rent owed or utilities. A missed payment can easily lead to eviction and homeless.

Through the U.S. Department of Housing and Urban Development, Oklahoma service providers have been vested with more than 24,000 housing choice vouchers. Their spatial distribution is outlined below. Of significance is the size of the waiting lists for public housing units and housing choice vouchers in cities across the State. These individuals are the most vulnerable to being homeless.

		Authorized Vouchers	Public Housing Waiting List	Voucher waiting list
Ada	OK024	110	Unknown	Unknown
Bristow	OK033	87	Unknown	Unknown
Broken Bow	OK006	217	Unknown	Unknown
Fort Gibson	OK118	44	Unknown	Unknown
Henryetta	OK142	115	Unknown	Unknown
Hugo	OK044	178	14	56
Lawton	OK005	92	Unknown	Unknown
McAlester	OK062	73	118	36
Miami	OK027	243	126	179
Muskogee	OK099	843	Unknown	230
Norman	OK139	1,185	Unknown	313
Oklahoma City	OK002	4,219	830	8021
Oklahoma HFA	OK901	10,708	Unknown	11,155
Ponca City	OK111	134	70	148
Seminole	OK032	189	53	44
Shawnee	OK095	497	320	623
Stillwater	OK146	656	550	420
Stilwell	OK067	29	Unknown	Unknown
Tecumseh	OK148	31	90	171
Tulsa	OK073	4,808	4951	5859
Wewoka	OK096	154	Unknown	
Oklahoma		24,612		

Findings and Recommendations

There remains a significant homeless population in the urban and rural areas of Oklahoma. This population is very likely significantly undercounted in the Point In Time data. Local homeless advocates and service providers are highly aware of this undercount and are using innovative tools to find and serve the homeless. One example of these extra efforts to identify homeless populations is the data being collected by schools about the number of youth who are homeless or “couch” homeless. In this study, the research team also considered those families living at the economic margins and makes the case for the need for funding to support the housing needs of those that live a pay check or two from being homeless.

Those living with HIV/AIDS tend to underreport their status and needs. Given the cost of medical care these individuals face, the need for permanent and stable housing is critical. Housing providers must work to ensure that there are enough units for this undercounted population. Working with county health care providers, OHFA is much more likely to accurately estimate the size and needs of this population of homeless and potentially homeless persons. Special care must be taken to ascertain the barriers these individuals face when using vouchers to secure housing in the marketplace.

Victims of domestic violence require housing and supportive services across the State. CoCs with high supportive services tend to better accommodate the housing needs of these population. Cleveland County provides a good model for the State. However, many homeless victims of domestic violence live in rural areas that are underserved. Efforts must be undertaken to work with social services providers, schools, churches, and the police to help identify these individuals and to lead them to available housing and supportive services.

While not mentioned in the PIT data, estimates must be prepared to calculate the number and needs of homeless populations with felonies. In particular, there has been a rise nationally in the number of homeless sex offenders. Zoning regulations and discrimination from the private market has pushed many registered sex offenders to the periphery of many communities. This population must not be forgotten by policymakers.

The size of the homeless veteran population is decreasing as a result of national initiatives to end homelessness for veterans in Oklahoma. The needs of homeless veterans appear to be highest in areas of the State near VA facilities. Permanent housing should be constructed at a higher rate in these areas to meet demand. Care should be taken to make certain that the housing constructed is built to meet the psychological needs of veterans, particularly those suffering from PTSD.

Rural homelessness, in general, is a challenge to assess and characterize. The rate of homelessness in rural areas is most likely much higher than annual counts demonstrate. The majority of rural homeless likely find shelter out of public view. Some may shelter in their cars, in undeveloped areas or in the homes of those who allow them to stay. They are not likely to find their way to urban areas given their lack of transportation options and preferences for rural living. Programs that are developed to provide housing for the rural homeless must be developed to allow sheltering in place where possible.

Waiting lists for public housing and section 8 vouchers are high across the State. This is not uncommon to Oklahoma. However, when we are considering the size of the population that is at risk to homelessness, these waiting lists are an important factor to consider. Resources should be spent in a manner which is preventative so that these individuals' and families' needs are met before they become homeless.

The absence of affordable housing alternatives across some parts of the State is the largest threat to homelessness. In markets that are constrained by an aging housing stock or those that are rapidly growing, individuals and families who live on the economic margins are at risk for becoming homeless. Communities must work to ensure that zoning regulations promote the development of housing types serving all income levels, including the construction of affordable housing to meet the needs of the presently homeless and those at risk for becoming the same. Funding distributions should be targeted to communities with the highest needs who are willing to do what is necessary to meet the needs of the homeless and those at risk for the same.

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