



CENSUS
INFORMATION
CENTER

of Eastern Oklahoma

The U.S. Census Bureau created CICs to help make census information available to the public as a tool for better planning and action.

In 2006 the Community Service Council of Greater Tulsa became one of nearly fifty community, regional, and national organizations to sponsor a CIC.

Information is provided through publications, presentations, trainings, and the CIC website.

CIC of Eastern Oklahoma

Community Service Council
16 East 16th Street, Suite 202
Tulsa, Oklahoma 74119

918-585-5551

jfigart@csctulsa.org

www.csctulsa.org/cic



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HOMELESSNESS, PART 2

Editor:

Jan Figart, MS, RN
CSC Associate Director

Authors:

Russell Burkhart, BS
Consultant

Jim Lyall

CSC Associate Director

Layout: Sharon Clark, MA
Clark & Associates

Homelessness, Part 2



Why is this indicator important?

Analyzing the profile of homeless individuals and families, including reasons contributing to their homelessness, assists programs in identifying support systems to alleviate these issues. Ending homelessness impacts not only individuals, but also communities, as individuals move toward independent lifestyles, overcome their other struggles, and become productive members of society.

Data about the homeless are collected as a "point in time" (PIT) count of the population every two years. Such a census must collect the number and demographic data of homeless people sleeping in emergency shelters, transitional housing, or other sites (such as motels by using a homeless voucher) on the count night, as well as the number of non-sheltered people on that given night.

While doing a count on one night has the benefit of gathering data in a short amount of time, there are serious concerns about relying on such a procedure for information collected in order to help the homeless. A count made on a single night may underestimate the actual number of homeless persons. This count is required by the Department of Housing and Urban Development (HUD) for communities seeking support for their homeless population.

HUD's definition of chronic homelessness is viewed as very narrow by Tulsa homeless service providers. The Tulsa homeless system serves a much larger population than the chronic or literally homeless. Chronic homeless and those who were recently homeless, but are now in transitional or permanent supportive housing, as well as the children in families and unaccompanied youth under 18 continue to receive case management, mental health treatment, substance abuse treatment and health care.

What are the key findings?

ShareLink HMIS Reports generates data from participating shelters in a shared database and represent unique, unduplicated clients. The ShareLink data system links four of Tulsa's largest homeless shelters (Salvation Army Center of Hope, Tulsa County Shelter, Day Center for the Homeless, and John 3:16 Mission).

These four Tulsa shelters reported serving 4,155 unduplicated people in 2006. The gender mix was approximately two-thirds men and one-third women, 2,837 were male and 1,291 were female. Racially, about half were white (2,089 or 50.3%). A total of 3,072 individuals were 18 to 55 years old.

**UNIQUE CLIENTS USING
HMIS PARTICIPATING SHELTERS, 2006**

Age Category	Unique Clients	Percentage
Adults 18-54	3,072	73.94%
Children 0-17	537	12.92%
Senior 55+	498	11.99%
Unknown	48	1.15%
Total	4,155	100.00%

Gender	Unique Clients	Percentage
Female	1,291	31.07%
Male	2,837	68.28%
Transgender	1	0.02%
Unknown	1	0.02%
No Data	25	0.60%
Total	4,155	100.00%

Race / Ethnicity	Unique Clients	Percentage
American Indian or Alaska Native (HUD)	427	10.28%
Asian (HUD)	18	0.43%
Black or African American (HUD)	1,194	28.74%
Hispanic	235	5.66%
Native Hawaiian or Other Pacific Islander (HUD)	11	0.26%
Other	42	1.10%
Other Multi-Racial	54	1.30%
White (HUD)	2,088	50.25%
No Data	86	2.07%
Total	4,155	100.00%

What are the implications?

Homelessness in Tulsa, Oklahoma is a chronic condition sustained by limited access to permanent housing, mental health care and substance abuse treatment specifically designed to meet the needs of chronic homeless adults. Economic trends, particularly a lack of jobs with fair wages and benefits, also create homelessness for families when a health or personal crisis overwhelms family resources. Many homeless adults bring forward poor childhood experiences including low school performance, malnourishment and physical or emotional trauma. These conditions limit the self-esteem and confidence required for homeless individuals to independently sustain self-sufficiency often giving way to chronic alcoholism, drug dependency and poor outcomes in the work place. The implications for the community to reduce chronic homelessness include:

- Increasing the number of permanent housing units available to homeless men and women who require specialized housing supported by on-site or readily available meals, health care, mental health care and substance abuse treatment
- Assuring access to all public benefits such as social security income, food stamps, Medicaid and more
- Sustaining a continuum of care strategy that maximizes the community's ability to assist homeless persons to transition to permanent housing

References:

Overnight Shelter Counter, Homeless Information Management System (2007). Tulsa, OK: Community Service Council.

Census questions? 1-866-758-1060

The following data is gathered from shelter nightly log books, not the ShareLink HMIS electronic database. Overnight shelter counts are generated using data collected by the participating shelters on a nightly basis and do not represent "unduplicated" counts.

OVERNIGHT SHELTER COUNT SUMMARY AND DAILY AVERAGE, 2006

Includes Day Center for the Homeless, Day Spring Villa, DVIS, John 3:16 Mission, The Salvation Army Center of Hope, Tulsa County Shelter, Youth Services

	Total	Male Total	Male Child	Male Adult	Female Total	Female Child	Female Adult
Year Total	183,444	118,749	17,402	101,347	64,695	18,039	46,656
Daily Average	503	325	48	278	177	49	128
Percent Total	100%	65%	9%	55%	35%	10%	25%