INTRODUCTION

The Tulsa community and leadership from A Way Home for Tulsa have demonstrated a strong commitment to preventing and ending homelessness in our community. Achieving this audacious goal is never done alone. It can only be achieved through strong partnerships with service providers, the lived experiences of Tulsans who experience homelessness, public and private partnerships, infrastructure and funding from our local city, county and state government, philanthropic commitment, and strong local leadership.

As we’ve learned through A Way Home for Tulsa, it’s not enough to set a housing target, reach it and call it a day. Solving the issue of homelessness is a process, not an endpoint. Homelessness is a multi-layer issue. That’s what makes it so hard to solve. Even as we house people, other people become homeless.

Tulsa is fortunate to have many talented organizations that use their passion and ingenuity to think creatively and embrace innovative or evidence-based approaches to making homelessness rare, brief and not reoccurring. The collective energy of Tulsa, and commitment and trust among stakeholders are the true building blocks for our city and county to prevent, divert and end homelessness in all forms. Together, Tulsa can set the bold policy and the required vision to make Tulsa a thriving place to live for all citizens, even its most vulnerable and marginalized.

The purpose of this report is not to provide the strategies or solutions to ending homelessness, but to provide a picture of the current state of Tulsa’s homelessness and to be the catalyst to integrate other community initiatives to collectively improve outcomes for the housing and health of our community.

At the Community Service Council, we are committed to increasing our use of available local and state data to: better understand the scope and scale of homelessness; measure and improve system performance; increase and improve our community’s response system; and inform the need for new resources and/or reallocation of existing resources. This report seeks to identify some contributing factors to the state of homelessness and to spotlight subpopulations needing further evaluation and attention.

ACKNOWLEDGEMENTS

This report was created by staff at the Community Service Council in close collaboration with participating A Way Home for Tulsa partner agencies and our contractor Information Services Oklahoma, LLC. We wish to extend special appreciation to the individuals who shared their experiences, needs and hopes through surveys, interviews and group meetings. We would also like to thank the many organizations and Tulsa community workers and volunteers who shared their knowledge and time completing surveys or participating in meetings.

It is expected that our ability to better understand the contributing factors and the experiences and needs of Tulsans experiencing homelessness will evolve as new partners join our efforts, data quality is improved, and the data from the Homeless Management Information System (HMIS) and other programs and services is further analyzed.

The ability to gather aggregate data for this report could not have been completed without the partnership and collaboration with the following A Way Home For Tulsa (AWH4T) partner agencies:

12 and 12, Inc.  
City of Tulsa  
Community Service Council  
Counseling & Recovery Services of Oklahoma  
Dayspring Villa  
Domestic Violence Intervention Services  
Family & Children’s Services  
INCOG  
Iron Gate  
John 3:16 Mission  
Legal Aid Services of Oklahoma  
Mental Health Association Oklahoma  
Morton Comprehensive Health Services  
Restore Hope Ministries  
Salvation Army Center of Hope  
Surayya Anne Foundation  
Tulsa County Social Services  
Tulsa Day Center for the Homeless  
Tulsa Housing Authority  
U.S. Department of Veteran Affairs  
Volunteers of America  
Youth Services of Tulsa

THANK YOU!
2017 COLLECTIVE IMPACT ACCOMPLISHMENTS

Housing and Urban Development (HUD) Continuum of Care

In January 2018, HUD awarded $2.67 million in Continuum of Care Homeless Assistance Grants to several A Way Home for Tulsa area nonprofit organizations. These grants are used to quickly re-house individuals, families and youth, and provide needed support services while hoping to decrease the trauma caused by homelessness and increasing opportunities for self-sufficiency.

1. BUILT FOR ZERO

   Built for Zero (formerly Zero: 2016) is a rigorous national change effort working to help committed communities end veteran and chronic homelessness. Coordinated by Community Solutions, the effort supports communities in developing real time data, optimizing local housing resources, tracking progress against goals, and accelerating proven strategies. Tulsa became a Built for Zero community in 2015. Through this initiative, AHW4T agencies have assisted over 1,000 homeless veterans and individuals experiencing chronic homelessness in achieving a place to call home.

2. AWH4T COORDINATED OUTREACH

   Up to 20 frontline staff from 12 different AWH4T agencies coordinate weekly outreach across Tulsa County. The goal of outreach is to meet emergency needs and help unsheltered Tulsans receive needed services and achieve permanent housing. To minimize barriers and ensure access to housing, coordinated outreach teams enter individuals and families into Tulsa’s Coordinated Entry System.

3. ALL DOORS OPEN, TULSA’S COORDINATED ENTRY SYSTEM

   All Doors Open, a program of the Community Service Council, is Tulsa’s system to prioritize assistance based on vulnerability and acuity of service needs to ensure that Tulsans who need assistance the most can receive it in a timely manner. All Doors Open focuses on prevention and diversion of individuals in a housing crisis. It is intended to increase and streamline access to housing and services for individuals and families experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize individuals and families with severe service needs for the most intensive interventions.

4. TULSA HOUSING AUTHORITY PROJECT-BASED VOUCHERS

   The Tulsa Housing Authority is committed to supporting AWH4T partners in ending homelessness through a new Project-Based Voucher (PBV) program. Under the PBV program, HUD allows Housing Authorities to attach up to 20% of units allocated for its Section 8 Housing Choice Voucher program for program funding to specific housing units. The housing subsidy will remain connected to the unit after a tenant moves out of the unit. Up to 200 PBV will be available through this program.
A Way Home for Tulsa (AWH4T) is a collective impact of 23 voting organizations. AWH4T exists to plan and implement strategies that support a system of outreach, engagement, assessment, prevention and evaluation for those experiencing homelessness, or those persons at risk of homelessness, within Tulsa City/County. AWH4T utilizes the Continuum of Care (CoC) model mandated by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amendment to the McKinney-Vento Homeless Assistance Act as further promulgated by the U.S. Department of Housing and Urban Development (HUD) CoC Interim Rule (24 CFR Part 578) (the Interim Rule).

AWH4T’s primary emphasis is on providing emergency shelter, rapid re-housing, transitional housing and permanent supportive housing under the Housing First concept. The group’s work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implementing strategic responses, and measuring results. It is the mission of AWH4T to prevent and end homelessness in Tulsa County through partnerships among nonprofit providers, private businesses, governmental entities, philanthropic individuals and organizations, the investment community, and citizens.

This 2018 Homeless in Tulsa report was developed by the Community Service Council (CSC). CSC serves as the Tulsa City/County Continuum of Care Lead Planning Agency and Collaborative Applicant for the Housing and Urban Development Continuum of Care Program. It also serves as the administrator for both the Homeless Management Information System (HMIS) and Coordinated Entry System “All Doors Open.” This report can be viewed at csctulsa.org.

Community Service Council (CSC) was founded in 1941 to bring social agencies together to identify issues and explore ways to work cooperatively to better serve people in need. Since then, CSC’s roles have been convener, researcher, forecaster, planner, partner, advisor and catalyst for change. Now more than 75 years later, CSC works not just with social agencies but also with departments of government, legislators, foundations, corporations, civic groups, the media, and leaders from other sectors.

Throughout the years, CSC has been well known for its leadership in tackling difficult, important issues. As new issues arise from the dramatically changing conditions in Oklahoma and the nation, CSC has been there to respond with a focus on serving the community and helping anticipate and address critical, sometimes controversial, needs. We do this through task forces, coalitions, research studies, pilot projects, awareness campaigns, training events, information dissemination, public policy and other activities. Many times, CSC studies have led to the creation of new initiatives to address a critical need. Sometimes we incubate a new effort and help it become a freestanding organization. Other times, we manage it as a partnership initiative on an ongoing basis.

CSC’s Housing & Homelessness Division works with service providers and community stakeholders to determine comprehensive, data-driven strategies to prevent and end homelessness. Our work is grounded in collaborative partnerships, strategic and data-driven decision making, as well as innovation, bold thinking and creativity. We look to national best practices and local research to guide our work, serving our community in three key capacities:

1. **Lead Agency and Collaborative Applicant for A Way Home for Tulsa and the Tulsa City/County Continuum of Care (CoC),** which carries out all activities as specified in 24 CFR part 578.5(b) of the Federal Register of the US Department of Housing and Urban Development (HUD);
2. **CoC Administrator of the Homeless Management Information System (HMIS) Administrator and HUD Grantee** for the Tulsa City/County HUD CoC program which carries out all activities as specified in 24 CFR part 578.5(b) of the Federal Register of the US Department of Housing and Urban Development; and
3. **All Doors Open, Coordinated Entry System CoC HUD Grantee.**

The 2018 Homelessness in Tulsa Report was compiled by the Community Service Council to better equip our community to make data-informed decisions around housing instability and homelessness. Utilizing local data and research, these reports are designed to provide informative and actionable information to providers, funders, public officials, the media and the general population who might have an interest in this work.
**KEY DEFINITIONS**

**360-Degree Referral System.** The web-based software powered by UniteUs used to make and receive referrals to community resources.

**Access Points.** The places—either virtual or physical—where an individual or family in need of assistance accesses the coordinated entry process.

**Adults.** People age 18 or older.

**All Doors Open.** The coordinated entry system for A Way Home for Tulsa City/County Continuum of Care.

**Annual Homeless Assessment Report (AHAR).** A HUD report to the U.S. Congress that provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons.

**Area Median Income (AMI).** A measure used to determine income eligibility for affordable housing programs. AMI is set according to family size and varies by region.

**Built for Zero.** A rigorous national change effort designed to help a core group of committed U.S. communities and chronic and veteran homelessness. AWH4T was selected to participate in 2015.

**By-Name Lists.** List of individuals and families experiencing homelessness in the service area prioritized for housing interventions. All Doors Open maintains individual By-Name Lists for chronic individuals, families, veterans and youth.

**Chronically Homeless.** Individual or head of household with a disability who lives in a place not meant for habitation, a safe haven or in an emergency shelter; and who has either been continuously homeless for at least 12 months or has experienced at least four episodes of homelessness in the last three years where the combined occasions total at least 12 months. Occasions are separated by a break of at least seven nights. Stays in institutions of fewer than 90 days do not constitute a break.

**Common Assessment.** A standard set of questions used by all All Doors Open partner providers by which individuals and families experiencing homelessness are quickly assessed and prioritized based on their unique circumstances and needs. All Doors Open utilizes the Vulnerability Index – Service Prioritization Decision Assistance Tool (Vi-SPDAT) as the common assessment.

**Community Service Council.** The local non-profit organization serving as the Lead Agency for A Way Home for Tulsa and HMIS and Coordinated Entry System Administrator.

**Continuum of Care (CoC).** A program designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by non-profit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

**Coordinated Entry.** The CoC Program interim rule at 24 CFR 578.3 defines centralized or coordinated assessment as the following: “a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.”

**Coordinated Outreach.** A Way Home for Tulsa’s (AWH4T) Coordinated Outreach Task Force provides regular, targeted street outreach and is comprised of a diverse group of AWH4T and external partner-provider staff. Includes all other All Doors Open partner providers providing regular street outreach to individuals and families experiencing unsheltered homelessness.

**Disabling Condition.** A disabling condition is defined by HUD as “a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the cooccurrence of two or more of these conditions.” In addition, “this disability is expected to be long-continuing and of indefinite duration, and substantially impedes his/her ability to live independently. This disability could be improved by the provision of more suitable housing conditions.”

**Diversion.** A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

**Domestic Violence Shelters.** Shelter programs for people who are homeless and are survivors of domestic violence.

**Emergency Shelter.** Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of the homeless.

**Emergency Solutions Grant (ESG).** A program of the U.S. Department of Housing and Urban Development to provide emergency shelter to homeless individuals and families living on the street; rapidly re-house homeless individuals and families; and prevent individuals and families from becoming homeless.

**Family.** A household with at least one adult over the age of 18 and one dependent under the age of 18.

**Family with Children.** A household that has at least one adult (age 18 and older) and one child (under age 18). It does not include households composed of only adults or only children.

**Fair Market Rent (FMR).** Determined by HUD on an annual basis and reflects the cost of housing and utilities for a standard rental unit.

**HEARTH.** The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 that includes Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants.

**HMIS (Homeless Management Information System).** A web-based software application designed to record and store person-level information regarding the service needs and history of households experiencing homelessness throughout the Continuum of Care jurisdiction, as mandated by HUD.

**Homeless.** HUD defines the term “homeless” as: (1) a person sleeping in a place not meant for human habitation (e.g. living on the streets) OR living in a homeless temporary shelter, OR (2) an individual or family who will imminent lose their primary nighttime residence within the next 14 days with no subsequent housing identified, OR (3) families or youth under age 25 who meet other Federal definitions of homelessness, OR (4) a person fleeing or attempting to flee domestic violence.

**Household.** Type refers to the composition of a household upon entering a shelter program. People enter shelter as either an individual or as part of a family with children, but can be served as both individuals or family members within a community during the AHAR reporting year. However, the estimates reported in the AHAR adjust for this overlap and thus provide an unduplicated count of homeless people.

**Housing.** Permanent housing is community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. Individuals and families must be the tenant on a lease (or sublease) and protected by state and federal landlord/tenant laws.

**Housing Inventory Count (HIC).** A report on the number of program beds and/or housing units available and in use on the night of the Point-in-Time Count.

**Housing First.** An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

**Housing Wage.** The estimated full-time hourly wage a household must earn to afford a decent rental home at HUD’s Fair Market Rent while spending no more than 30% of their income on housing costs.

**HUD-Veterans Affairs Supportive Housing (HUD-VASH).** A program for formerly homeless veterans that combines Housing Choice Voucher (HCV) rental assistance provided by HUD with case management and clinical services provided by the Department of Veterans Affairs (VA) through VA medical centers (VAMCs) and community-based outreach clinics.
KEY DEFINITIONS, CONTINUED

**Individual.** A person who is not part of a family with children during an episode of homelessness. Individuals may be homeless as single adults, unaccompanied youth, or in multiple-adult or multiple-child households.

**Location.** The place a person stayed the night before the first homeless episode captured during the AHAR reporting year. For those who were already in an emergency shelter or transitional housing program at the start of the reporting year, it refers to the place they stayed the night before beginning that current episode of homelessness.

**Permanent Supportive Housing (PSH).** Long-term permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

**Prioritization.** People experiencing (or at risk of) homelessness will be prioritized in a transparent, consistent manner that takes into account the individual’s vulnerability and needs. Prioritization will be a transparent process for the benefit of both providers and those seeking assistance.

**Participating Provider or Service Provider.** An organization that provides housing or services to people experiencing or at risk of homelessness.

**Rapid Re-Housing (RRH).** An intervention designed to help individuals and families quickly exit homelessness and return to permanent housing.

**Renter Wage.** The estimated mean hourly wage among renters, based on Bureau of Labor Statistics wage data.

**Safe Haven Housing (SH).** A form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

**Screening Tool.** The common screening tool designed to connect unique populations to specialized services, prioritize prevention referrals, pursue diversion opportunities and refer individuals and families to emergency resources.

**Sheltered Homeless.** The people who are living in a supervised publicly- or privately-operated emergency shelter designated to provide temporary living arrangements.

**Street Outreach.** Mobile assessors contact and engage homeless persons living on the streets, and connect them to housing and other community services. Outreach workers are trained in administering the common assessment tool and enter those customers in HMIS for prioritization and housing referral through Coordinated Entry.

**SSVF.** Supportive Services for Veteran Families, a U.S. Department of Veterans Affairs program that provides grants to assist very low-income Veteran families residing in or transitioning to permanent housing, to promote housing stability.

**Transitional Housing (TH).** A form of supportive housing designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing.

**Unsheltered Homeless.** People with a nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

**Veteran.** Individuals who have served in any branch of the United States Military, regardless of status of discharge.

**VI-SPDAT.** The Vulnerability Index - Service Prioritization Decision Assistance Tool is a survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk-of-homelessness persons.

**Youth.** Individuals or families in which the head of household is 24 years of age or younger who are not accompanied by a parent or guardian during a homelessness episode, including parenting youth. Also referred to as "unaccompanied youth" or "transitional age youth".

INTENDED AUDIENCE

This report is intended for several audiences:

Oklahoma State and Tulsa City and County officials, Tulsa City/County Continuum of Care (CoC), A Way Home for Tulsa partners, leadership and staff at local community organizations, researchers, policy-makers, and community advocates.

At the state and local level, policymakers may use this report to evaluate progress toward Tulsa’s efforts to prevent and end homelessness and how Tulsa has progressed over time on a range of important measures. These measures include household types and homeless sub-populations that require more attention where as a community there may be increased need for improvement or reason for celebration.

At the local level, Tulsa community leaders and service providers can assess how the Tulsa community compares to the nation on certain key measures. This comparison may highlight ways in which the Tulsa community’s homeless population is similar or different from the national profile of homelessness.
REPORT OUTLINE / QUESTIONS ANSWERED

This report aims to answer the following questions surrounding homelessness:

1. How many people experience homelessness in Tulsa in any given year? How has this changed over time? How do we compare nationally and to other cities our size?
2. How many people experience homelessness as individuals, and how many are in families with children?
3. What is the marital status of people who experience homelessness?
4. What is the race and ethnicity of people who experience homelessness in Tulsa? How has this changed over time?
5. Is one race or ethnicity more likely to experience homelessness more than another?
6. What is the rate of disability among people who experience homelessness?
7. What types of disabilities do people who experience homelessness have? How healthy are people experiencing homelessness? What does emergency room and hospital utilization look like for those experiencing homelessness?
8. How many people in Tulsa have chronic patterns of homelessness? How many have a history of domestic violence?
9. Are there more women than men who experience homelessness?
11. How many young adults and parenting teens experience homelessness in Tulsa? How many young adults identify as LGBTQ? Do youth who were in foster care experience more homelessness?
12. How likely are people who experience homelessness to experience trauma? How does this impact their daily lives?
13. Where do people experiencing homelessness stay before they enter the shelter system? Do people who experience homelessness move to Tulsa from out of state to access our homeless services?
14. How long do people stay homeless? In emergency shelter and transitional housing programs? What’s the average number of people who become homeless for the first time, monthly/annually?
15. What is Tulsa’s capacity to sleep people in shelters? What does this look like over time?
16. Are people who are experiencing homelessness jailed at higher rates than people who are not homeless?
17. Does everyone who is homeless sleep in the shelters? What is the number of people sleeping on the street or camping out?
18. How do needs of people experiencing homeless vary by age, race, gender?
19. Are all people experiencing homelessness unemployed? How has this changed over time?
20. How many Tulsa veterans experience homelessness? Who are these veterans? How has that number changed over time?
21. How many people live in permanent supportive housing, and what are their characteristics? Where were they staying before housing?
22. What other types of services are wanted by people experiencing homelessness in Tulsa?
METHODOLOGY

Information presented in this report is based on aggregate information submitted by many of Tulsa’s homeless service providers, and other institutions about Tulsans experiencing homelessness that they encounter and serve. There are two sets of aggregate data that will be referred to:

A SINGLE YEAR
HMIS data estimates the number of people experiencing sheltered homelessness at any time during the year.

A SINGLE NIGHT
PIT data estimates the number of people experiencing sheltered homeless and unsheltered homelessness on a single night during the year.

ANNUAL POINT IN TIME (PIT) COUNT

The annual Point-In-Time (PIT) count offers a snapshot of homelessness—of both sheltered and unsheltered homeless populations—on a single night. One night counts are conducted across our nation during the same week in January using the same Department of Housing and Urban Development (HUD) standards. Communities across the nation typically conduct their PIT counts during a defined period of time (e.g., dusk to dawn) on a given night to minimize the risk of counting any person more than once. Many CoCs also collect identifying information to help decrease the likelihood of duplicates. On January 25, 2018, the A Way Home for Tulsa (AWH4T), the Tulsa City/County local Continuum of Care partner organizations and staff with other local organizations and volunteers conducted a Point-In-Time (PIT) survey of homeless and formerly homeless individuals.

In addition to the total counts of homelessness, the PIT count provides Tulsa with an estimate of the number of people experiencing homelessness within particular populations, such as people with chronic patterns of homelessness and veterans. Tulsa conducts a PIT count in shelters and on the street (or unsheltered) every year. PIT counts are reported to HUD nationally by an estimated 403 CoCs, covering virtually the entire United States.

PIT counts are useful because they account for both sheltered and unsheltered people experiencing homelessness. However, the estimates of homeless on a single night can be influenced by changes in local methodologies used to count people experiencing homelessness, especially those in unsheltered locations. In addition, the estimates are not designed to count people who experience homelessness throughout the year, and thus provides limited information on how people use the homeless service system.

Participating agencies and local institutions conducted the surveys of homeless and formerly homeless individuals, youth and families experiencing homelessness. In accordance with HUD, the count did not include individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (often referred to as “doubled up” or “couch surfing”) or those living in hotels, motels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations.

As required by HUD, minimal modifications were made to the survey instruments and the instrument was approved by A Way Home for Tulsa Governance Council in January 2018. The Community Service Council held PIT coordination and training sessions with partnering agencies, staff and community volunteers. The unsheltered street count was coordinated with the A Way Home for Tulsa Coordinated Outreach Team Committee Chair and members. New to the January 2018 PIT process was the choice for volunteers to capture the PIT survey responses through an electronic survey rather than paper in an effort to streamline the process and improve data collection.
ADDITIONAL NOTES

- PIT estimates reported in previous years are subject to change in the analysis of year-to-year trends if communities have adjusted methods and previous years’ counts.

- PIT data does not rely solely on the PIT surveys. HMIS data for five emergency shelters and the majority of the areas’ transitional, permanent and safe housing programs data were relied upon to account for the variance between surveys completed and number of individuals residing in the above programs at the time of PIT. Overnight surveys by domestic violence shelters are also utilized. As a result, the overall count of individuals is highly accurate and verifiable but will not match the total number of individuals surveyed.

- PIT data relies heavily on self-report from the individuals surveyed.

- PIT data for Tulsans residing in jail include Tulsans who have resided in jail for 90 days or less and are only included in total count, race, ethnicity, and gender and not included in any sub-population reporting since counts were based on Tulsa County Sheriff Office reporting and not survey self-report or HMIS data.

- For all sub-population reporting, Tulsans surveyed who were living in permanent supported housing were not included. Subpopulation reporting only reflects Tulsans maintaining a status of “homeless.”

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

The one-year Homeless Management Information System (HMIS) estimates provide unduplicated counts of homeless people who use an emergency shelter or transitional housing program at any time from October through September of the following year – A Single Year. The full Tulsa CoC Annual Homeless Assessment Report, which includes other portions and programs, counts for rapid re-housing, or Permanent Supportive Housing (PSH) programs is available at csctulsa.org.

To end homelessness, Tulsa must know the scope of the problem, the characteristics of those who find themselves homeless, and understand what is working in Tulsa and what is not. Solid data enables our community and state to work toward goals as we measure outputs, outcomes and impacts. HMIS is the information system designated by A Way Home for Tulsa to comply with the requirements of HUD CoC Program rules. Administered locally, the system is used to record and analyze client, service and housing data for individuals, youth and families who are homeless or at risk of homelessness.

The Community Service Council (CSC) is the HMIS administrator and HUD grantee. CSC has proven HMIS is a valuable resource because of its capacity to integrate and unduplicate data across projects in our community. Aggregate HMIS data can be used to understand the size, characteristics, and needs of the homeless population at multiple levels: project, system, local, state and national. The Annual Homeless Assessment Report (AHAR) is HUD’s annual report that provides Congress with detailed data on individuals and households experiencing homelessness across the country each year. This report could not be produced if we were not able to provide HUD with reliable, aggregate data on the individuals, youth and families our community serve. In 2010, the U.S. Interagency Council on Homelessness (USICH) affirmed HMIS as the official method of measuring outcomes in its Opening Doors: Federal Strategic Plan to Prevent and End Homelessness.

Many of the federal agencies that provide McKinney-Vento Act and other sources of funding for services to specific homeless populations have joined together and are working with HUD to coordinate the effort. These partnerships include the integration into the HMIS of data for the Veterans Affairs Supportive Services for Veteran Families (SSVF) program, U.S. Department of Health and Human Services’ Runaway and Homeless Youth (RHY) programs, and HHS’ Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) program. These efforts have improved HUD’s homelessness estimates and will continue to contribute to our understanding of homelessness in this nation.

OTHER DATA SOURCES

Other data sources are sited directly in this report.
UNDERSTANDING THE DEFINITION OF HOMELESS

Why don't Tulsa's homeless numbers always add up?

Understanding homeless assistance programs through the Tulsa Continuum of Care, funded by the U.S. Department of Housing and Urban Development (HUD), as well as local homeless education programs like State Coordinators for Homeless Education and local homeless education liaisons who operate under the guidance of the U.S. Department of Education (ED) can be utterly confusing.

The report by the National Center for Homeless Education Services, Housing and Education Collaborations to Serve Homeless Children, Youth and Families can help shed some light on the different definitions of homelessness used between the two federal departments and programs they support. The following information was taken directly from the above mentioned report and can be found at nche.ed.gov.

While both ED and HUD base their services and eligibility criteria on the McKinney-Vento Homeless Assistance Act, each agency uses a different definition of homeless. Both agencies consider people who lack a fixed, regular and adequate nighttime residence to be homeless, and includes the following living situations:

- Public or private places not designed for or ordinarily used as a regular sleeping accommodation for human beings
- Camping grounds
- Emergency shelters
- Transitional housing
- Cars
- Parks
- Abandoned buildings
- Bus or train stations

However, several significant differences exist between the definitions of homeless used by these agencies. In addition to the situations described above, the U.S. Department of Education considers persons in the following situations to be homeless:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (often referred to as “doubled up” or “couch surfing”)
- Living in hotels, motels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations
- Living in substandard housing

The U.S. Department of Housing and Urban Development organizes the definition of homeless around four categories:

1. Literal homelessness (i.e. living in camping grounds, emergency shelters, transitional housing, public or private places not designed for or ordinarily used as a regular sleeping accommodation for human beings, cars, parks, abandoned buildings, and bus or train stations);
2. Individuals and families who will imminently (within 14 days) lose their primary nighttime residence with no subsequent residence, resources, or support networks;
3. Unaccompanied youth or families with children or youth who meet the homeless definition under another federal statute and three additional criteria; or
4. Individuals and families fleeing or attempting to flee domestic violence with no subsequent residence, resources or support networks.

These variances make it more challenging for Tulsa to produce an accurate count of homelessness that encompasses both ED and HUD definitions of homelessness. For the purpose of this report, and to meet regulatory requirements for the HUD Continuum of Care Program all counts reported by our local public schools are included in a Single Year reporting but do not accurately reflect a total estimated count of Tulsa’s state of homelessness.
According to the U.S. Department of Housing and Urban Development 2017 Annual Homeless Assessment Report to Congress:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Individuals and Families Residing in Tulsa County Emergency Shelter and Transitional Housing Programs</th>
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<td>2007</td>
<td>5,496</td>
</tr>
<tr>
<td>2017</td>
<td>5,854</td>
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</tbody>
</table>

11 out of every 10,000 Oklahomans experienced homelessness in 2017. Number of individuals and families residing in Tulsa County emergency shelter and transitional housing programs between October 2016-September 2017.

The number of Tulsans experiencing homelessness in Tulsa County has remained fairly steady. Despite Tulsa’s improved collaboration, data integration and use of evidence-based and innovative practices, and scaling up programming for rapid re-housing and permanent supportive housing, we have seen a 7% increase of Tulsans experiencing homelessness over the last 10 years.

While the percentage of increase may seem relatively low, this is quite the contrary. Historical data from the Tulsa CoC Housing Inventory chart and HMIS shelter utilization data indicates that Tulsa’s available shelter beds remained full throughout 2017, with an average of 96% occupancy.

In the same way a heart attack is a symptom of diet, smoking, genetics, lifestyle, etc., the factors that contribute to people becoming homeless for the first time similarly is a symptom of deeper system challenges...

- Lack of Affordable Housing
- Traumatic Experiences
- Unemployment
- Poverty
- Domestic Violence
- Mental and Physical Disabilities
- Substance Use
- Foster Care
- Lack of Available Health & Mental Health Care Services

### Contributing Factors Toward Homelessness

#### Economic Environmental Factors
- Stagnant Wages
- Limited job skills
- Limited affordable housing
- Increased cost of living (e.g. medical, rent, transportation)
- Displacement after divorce, disaster, loss of job

#### Lack of Family or Support Networks
- Mental health or substance use challenges
- Family conflict
- Divorce or separation
- Lack of support networks
- Domestic violence or abuse
- Substance use
- Rejection of youth by parent or guardian due to sexual orientation, gender or pregnancy
- Adverse childhood experiences

#### Inadequate Supportive Services
- Insufficient mental health and substance use treatment services
- Insufficient basic healthcare
- Exit from foster care with no income or housing support
- Difficulty navigating resources or services
- Lack of formal education and support to help youth stay in school
- Culturally competent service provision
- Trauma informed care

#### Criminal Justice Involvement
- Limited access to jobs and housing after incarceration
- Systemic racial discrimination for African Americans who are incarcerated at higher rates and receive longer sentences than persons of other races
- Criminalization of substance use disorders
- Accumulation of court costs
- Criminalization of homelessness
A SINGLE YEAR DATA

CHILDREN

<table>
<thead>
<tr>
<th>Number of unaccompanied youth and young adults experiencing homelessness that Youth Services of Tulsa reported serving in 2017.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Combined total number of students at Union and Tulsa Public Schools experiencing homelessness at the end of FY 2016.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,727</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent of all Oklahoma students enrolled in public school identified as homeless during SY 2014-2015, according to the National Center for Education Statistics. Homelessness is often a reoccurring issue with many experiencing homelessness more than once.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent of homeless students in Oklahoma’s public schools who stayed with others while homeless. For students, homelessness is not a homogenous experience. Students may be homeless with their families, on their own, or both. They may stay in a shelter, motel, car or with other people because they have nowhere else to go.</th>
</tr>
</thead>
<tbody>
<tr>
<td>81%</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Tulsa Public Schools</th>
<th>Union Public Schools</th>
<th>Total</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,233</td>
<td>1,099</td>
<td>3,332</td>
<td></td>
</tr>
<tr>
<td>2,180</td>
<td>1,159</td>
<td>3,339</td>
<td></td>
</tr>
</tbody>
</table>

The total number of Tulsa students identified as homeless under the guidance of the U.S. Department of Education and McKinney-Vento Homeless Assistance Act in Tulsa Public Schools and Union Public Schools decreased 5% from 2014 to 2016.

HOMELESSNESS & EDUCATION

A quality education is essential to producing fiscally-stable adults and preventing children and youth from becoming homeless in the future. School can be at the forefront of preventing and ending student homelessness.

According to federal education law (the McKinney-Vento Act), a student is considered homeless who “lacks a fixed, regular and adequate night-time residence.” This definition specifically includes children and youth living in: emergency shelters and transitional housing; cars, campgrounds and other places not meant for human habitation; hotels or motels due to lack of adequate alternative arrangements; and sharing the housing of others temporarily due to loss of housing, economic hardships, or similar reasons. Public schools, Head Start/Early Head Start Programs, programs that receive Child Care and Development Fund (CCDF subsidies, institutions of higher education and school meal programs) are required under federal law or regulation to use this definition of homelessness.

- Half of children who are homeless are held back for one grade.
- Nearly a quarter (22%) who are homeless are held back for multiple grades.
  
  Source: Grothaus, Lorelle, Anderson, & Knight, 2011

- Likelihood of children who are homeless to have learning disabilities.
- Likelihood of children who are homeless to suffer from emotional trauma.
  
  Source: Better Homes Fund, 1999
**OKLAHOMA POVERTY RATE FOR CHILDREN**

<table>
<thead>
<tr>
<th></th>
<th>Children under 18</th>
<th>Children under 5 years</th>
<th>Children ages 5-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2017</td>
<td>21%</td>
<td>25%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Source: Child Welfare League of America, Oklahoma’s Children at a Glance, 2017

**ILLNESS**

Children who are homeless are sick 4x more often than other children.

Source: familyhomelessness.org

**FOOD INSECURITIES**

Nearly 1 out of 4 children and more than 1 out of 6 households in Oklahoma experience food insecurity.

Food insecurity in Oklahoma has increased since 2010 while the national average has declined. Food insecurity has a larger negative impact on the economy by weakening the labor force, decreasing educational attainment and increasing health care costs. Source: Hunger Free Oklahoma

**A SINGLE YEAR DATA**

**UNEMPLOYMENT**

30,000 Number of unemployed people in the Tulsa Metropolitan Area

52% Percent of families in Tulsa who rely on public assistance to meet basic needs


**A SINGLE YEAR DATA**

**LACK OF AFFORDABLE HOUSING**

Finding decent affordable housing is a challenge for most Tulsans once they experience homelessness. The solution isn’t just finding a job, but rather the ability to obtain a livable wage to afford a place of your own. According to the National Low Income Housing Coalition in 2017, Oklahoma’s Fair Market Rent (FMR) for a two-bedroom apartment is $768. In order to afford this level of rent and utilities, without paying more than 30% of income on housing, a household must earn $2,561 monthly or $30,732 annually.

Assuming a 40-hour work week, 52 weeks per year, this level of income translates into an hourly housing wage of $14.48 per hour.

**REQUIREMENTS TO AFFORD A RENTAL HOME AT FMR**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$14.48</td>
<td>Oklahoma State Housing Hourly Wage</td>
</tr>
<tr>
<td>29%</td>
<td>Percent of jobs in Oklahoma that are low-wage</td>
</tr>
<tr>
<td>29%</td>
<td>Percent of renters in Oklahoma who are cost burdened</td>
</tr>
</tbody>
</table>

Work hours/week at minimum wage to afford a 2-bedroom rental home:
- 82

Work hours/week at minimum wage to afford a 1-bedroom rental home:
- 63

Number of full-time jobs at minimum wage to afford a 2-bedroom rental home:
- 2

Number of full-time jobs at minimum wage to afford a 1-bedroom rental home:
- 16

*At Fair Market Rent (FMR)*

The need for housing assistance is in high demand. Community Service Council’s 211 Oklahoma program received 25,150 housing related requests in Eastern Oklahoma during the last 12 months.
LACK OF AFFORDABLE HOUSING, CONTINUED

4,968
Housing Choice Vouchers provided in Tulsa County by the Tulsa Housing Authority, April 2018.

8,554
Individuals & families waiting for an available Housing Choice Voucher in Tulsa County.

2,262
Public housing units occupied in Tulsa County reported by the Tulsa Housing Authority.

4,254
Individuals & families on waitlists at 13 Tulsa Housing Authority public housing sites.*

* Possible duplication of individuals; Each Tulsa Housing Authority Public Housing site manages its own waitlist.

A SINGLE YEAR DATA

Oklahoma hospitals provide more than $550 Million in uncompensated care annually, according to the American Hospital Association’s 2016 annual hospital survey. Uncompensated care includes the cost of charity and bad debt. These short falls shift to insurance companies, self-insured businesses, and others who pay for health care services. While Oklahoma has achieved some reductions in emergency room use by high utilizers and Oklahomans with disabilities, they continue to remain high as self-reported by individuals experiencing homelessness.

3X
Likelihood of people who experience homelessness to use an emergency room at least once in a year. According to the results of the community-based study “Emergency Department Use Among the Homeless and Marginally Housed,” among other studies, homeless persons have high rates of emergency department use compared with the general population. Source: Kushel, Perry, Bangsberg, Clark, Moss.

This study further explains that people who experience homelessness are at high risk for requiring emergency room services because of their elevated rates both of unintentional injuries and of traumatic injuries from assault and because of their poor health status and high rates of morbidity. Factors commonly associated with homeless individuals’ receipt of non-urgent medical care in emergency rooms include:

- Lack of health insurance
- Lack of transportation
- Poor access to primary care
- Minority status
- Chronic substance use and mental illness.

These factors may contribute both to the high utilization and repeated use of the emergency room seen by people experiencing homelessness. Source: Kushel, Perry, Bangsberg, Clark, Moss.

COSTS ASSOCIATED WITH HIGH RATES OF EMERGENCY ROOM USE

<table>
<thead>
<tr>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,060</td>
<td>Average cost of an emergency department visit per SoonerCare member ages 19-65, according to Oklahoma Health Care Authority Emergency Department Fast Facts FY 2016.</td>
</tr>
<tr>
<td>407</td>
<td>Number of individuals surveyed during the 2018 January Point In Time Count who reported utilizing the emergency room, totaling 1,117 times during the last 12 months.</td>
</tr>
<tr>
<td>$1,184,020</td>
<td>Cost of 1,117 emergency room visits.</td>
</tr>
<tr>
<td>$1,798</td>
<td>Average hospital expense per inpatient day, according to the Oklahoma Hospital Association.</td>
</tr>
<tr>
<td>264</td>
<td>Number of individuals surveyed who reported an additional 627 hospital admissions during the last 12 months.</td>
</tr>
<tr>
<td>$1,127,346</td>
<td>Cost of 627 hospital admissions.</td>
</tr>
</tbody>
</table>
According to the Prevention, Treatment and Recovery: Toward a 10 Year Plan for Improving Mental Health and Wellness in Tulsa recently completed by the Urban Institute...

Tulsans living with mental illness and or substance use disorder have a life expectancy of under 50 years and die 27 years earlier than all other Oklahoma residents.

The report states that people with severe mental illness do not receive the same quality of physical health care as the general population does. Tulsa has only 103 beds available to public mental health clients, which is less than 1/4 of the public beds needed in Greater Tulsa.

Homelessness is traumatic as it often involves the loss of a home, community stability, safety, relationships and health. Trauma is a prevalent health problem that impacts all of us. It has devastating effects on the individual experiencing trauma and society as a whole. It affects people of all ages, socioeconomic status, race, ethnicity and gender. Almost everyone with a mental illness or substance use disorder has experienced trauma. People with traumatic experiences, aren’t just found in the mental health system. Traumatic stress responses often manifest in behaviors that result in involvement with the child welfare and the criminal and juvenile justice systems, or in troubles at school or work, or in the health care system with chronic health conditions.

During the 2016 PIT Count, 58% of all individuals surveyed reported having experienced trauma or witnessed an event or circumstance that was physically or emotionally harmful or threatening.

Of those, 85% reported that the experience impacted their physical, social, emotional or spiritual well-being.

Trauma occurs as a result of violence, abuse, neglect, loss, disasters, abandonment, war, and even chronic stressors in everyday life. Trauma can also be secondary to witnessing a harmful event or interacting with trauma survivors. These events can be a one-time occurrence or happen repeatedly over time.

Oklahoma national ranking for youth mental illness and access to care

45

Oklahoma national ranking for youth with severe depression who do not receive some type of consistent treatment.

43

According to the Prevention, Treatment and Recovery: Toward a 10 Year Plan for Improving Mental Health and Wellness in Tulsa recently completed by the Urban Institute...

Tulsans living with mental illness and or substance use have a life expectancy of under 50 years and die 27 years earlier than all other Oklahoma residents.

The report states that people with severe mental illness do not receive the same quality of physical health care as the general population does. Tulsa has only 103 beds available to public mental health clients, which is less than 1/4 of the public beds needed in Greater Tulsa.

Number of individuals in Oklahoma ages 12 - 17 years who needed but did not receive treatment for alcohol use in 2014, according to the Oklahoma Department of Mental Health and Substance Abuse Services.

8,000
**A SINGLE YEAR DATA**

**INCARCERATION**

**OVERLAP BETWEEN HOMELESSNESS AND INCARCERATION**

- **1,199**
  Number of individuals in Tulsa County jail who were identified as homeless upon arrest in 2017.

- **1,458**
  Number of arrests of individuals experiencing homelessness in 2017.

- **76%**
  Tulsa Police Department rate of arrests, the highest rate of all other arresting entities.

- **23 days**
  Average length of stay in Tulsa County jail.

- **$69**
  Average cost per night in Tulsa County jail.*

- **$2,313,846**
  Total cost to our community.

*This daily cost does not include other city or county related expenditures such as law enforcement and or related emergency response systems. Source: Tulsa County Sheriff’s Office, Tulsa County Jail, 2017.

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**A SINGLE YEAR DATA**

**SUMMARY**

While these statistics are not meant to represent a comprehensive picture of the economic, social, health and overall wellbeing of our community or state, it is not difficult to understand how the number of Tulsans experiencing homelessness has remained relatively the same. This is despite the great strides we have made in collaborating and investing significant resources into ending homelessness. Without the commitment and leadership from our City, County and State to address and positively impact the many underlying factors that lead to homelessness, Tulsa will continue to see only small gains in our work to end homelessness.

Through our work with Community Solutions and their national campaign Built for Zero, A Way Home for Tulsa has begun to reframe our thinking. Built for Zero is helping us embrace and better understand these inflows (people becoming homeless) and outflows (people getting housed). It sounds painfully obvious, but ending homelessness is simply creating a system where outflow is equal to or greater than the inflow.

*Ending homelessness is simply creating a system where outflow (people getting housed) is equal to or greater than the inflow (people becoming homeless).*
One night counts are conducted across the nation during the same week in January using the same U.S. Department of Housing and Urban Development (HUD) standards by local Continuums of Care (CoC) to estimate the number of people experiencing sheltered homeless and unsheltered homelessness on a single night. On January 25, 2018, A Way Home for Tulsa (AWH4T), Tulsa’s local Continuum of Care partner organizations and staff, other local institutions and volunteers conducted an annual Point-In-Time (PIT) survey of homeless and formerly homeless individuals.

The annual PIT count is useful because it accounts for estimates of both sheltered and unsheltered people experiencing homelessness. The estimates included in this PIT count are based on a single night and not designed to count Tulsans who experience homelessness throughout the year. Thus, it provides only limited information on how Tulsans use the homeless service system.

Throughout Oklahoma on a single night in 2017, 4,199 people were identified as experiencing homelessness. In Tulsa on a single night in 2018, 1,083 people were identified as experiencing homelessness, residing in unsheltered locations, emergency shelters and transitional housing.

How does Tulsa compare to other cities in our region?

<table>
<thead>
<tr>
<th>Continuum of Care</th>
<th>A Single Night – 2017/2018 Total Homeless Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa City/County, Oklahoma</td>
<td>1,083*</td>
</tr>
<tr>
<td>Oklahoma City, Oklahoma</td>
<td>1,368</td>
</tr>
<tr>
<td>St. Louis City, Missouri</td>
<td>1,336</td>
</tr>
<tr>
<td>Little Rock/Central, Arkansas</td>
<td>1,006</td>
</tr>
<tr>
<td>El Paso City &amp; County, Texas</td>
<td>1,193</td>
</tr>
<tr>
<td>Albuquerque, New Mexico</td>
<td>1,318</td>
</tr>
</tbody>
</table>

*2018

Tulsa Single Night Count Highlights

- 21% of Tulsans experiencing homelessness were living in unsheltered locations, a 30% increase from the previous year of 174.
- 74% were in residing in emergency shelter locations, a decrease of nearly 4% from 2017.
- 21% were living in Safe Havens and Transitional Housing, an increase of 8% from 2017. Tulsans in transitional settings are included in the count as transitional living is temporary and not considered permanent housing.
- 150 individuals were residing in detox and/or other institutions (12) and jail for less than 90 days (138) were counted but not included in the total count of 1,083. While these numbers have not historically been included in the annual reporting of the number of individuals experiencing homelessness during the PIT, reporting these counts are important to understanding the contributing factors to inflow and recidivism of Tulsans experiencing homelessness.
- 138 individuals were counted in jail, an increase of 106% from 67 individuals in 2017.
- 156 Tulsans were experiencing chronic homelessness, a 19% increase from 2017.
- 113 veterans represented 10% of the total count, an increase of 7% from 2017.
The following PIT data is based upon self-report gathered from PIT surveys. Not included in this data are individuals residing in jail. PIT survey data for individuals residing in permanent supportive housing are reported under a subpopulation category and are not included in the following report. Please note, totals of any particular percentages will not always equal 100% as they are based upon total number of individuals completing the survey not the total number that responded to a single survey.

Total number survey respondents on January 25, 2018: 933

**Race**
- African American: 169
- Asian: 221
- Native American: 17
- Caucasian: 12
- Multi-Racial: 15
- Hawaiian: 0
- No Response: 8%

7% of the population being Hispanic.

**Age Range**
- Under 18: 7
- 18-20: 60
- 21-30: 164
- 31-40: 172
- 41-50: 167
- 51-65: 30
- 66+: 73

Median Age: 42

78% first became homeless in Oklahoma.

**Gender**
- Female: 29%
- Male: 67%

43% identify as a minority population.

**Length of Homelessness**
- Less than 30 days: 106
- 1-6 months: 116
- 7-11 months: 210
- 1-3 years: 138
- >3 years: 80
- Unknown/No Response: 167

47% have been homeless 4+ times.

**Has a mental illness**
- Yes: 44%

17% are domestic violence survivors; 61% attribute their homelessness to this.

**Engage in substance use**
- Yes: 26%

14% identify as a veteran.

**Has a physical disability**
- Yes: 32%
A SINGLE NIGHT DATA

TOP FIVE REQUESTED NEEDS

- Housing
- Transportation
- Dental
- Healthcare
- Food

Total Surveyed Employment

- Employed
- Unemployed
- No Response

22% are employed
(44% full-time, 35% part-time, 18% temporary)

Total Surveyed Marital Status

- Never Married
- Married
- Living Together
- Separated
- Divorced
- Widowed
- No Response

12% were in Foster Care, of which 38% exited between ages 16-18.

48% report having never married.

Total Surveyed Age of Children

- Age 0-3
- Age 4-6
- Age 7-9
- Age 10-12
- Age 13-15
- Age 16-17
- Age 18-24
- No Response

Median age of children is 8 years old.

EMERGENCY ROOM UTILIZATION

Over the last 12 months, individuals experiencing homelessness, both sheltered and unsheltered, reported high ER utilization. For those sheltered, a total of 289 individuals reported a combined total of 715 ER visits in the last 12 months. For those unsheltered, a total of 118 individuals reported a combined total of 407 ER visits in the past 12 months, almost 2x higher than those who were sheltered.

Average cost ER Visit = $1,060
Total ER Visits = 1,117
Total cost = $1.2 Million

Over the last 12 months, individuals experiencing homelessness, both sheltered and unsheltered, reported high hospital admission. For those sheltered, a total of 190 individuals reported a combined total of 426 hospital admissions in the last 12 months, 2x higher than those unsheltered. For those unsheltered, a total of 74 individuals reported a combined total of 201 hospital admissions in the past 12 months.

Average cost of Hospital Admission (1 Day) = $1,798
Total Hospital Admissions (1 Day) = 627
Total cost = $1.1 Million
SUB-Populations Data

The next few pages of this report will take a deeper look at findings associated with eight subpopulations of individuals who were identified as experiencing homelessness in Tulsa on the night of January 25, 2018. These are:

- Young Adults 17-24
- Females
- Veterans
- Chronically Homeless
- Families
- Unsheltered
- Domestic Violence
- Minority Populations
Gathering and completing Point In Time (PIT) surveys is challenging and our local counting methodologies are still improving. In order to provide our community with deeper insight into the various sub populations who experience homelessness, CSC utilized the completed January 2018 PIT surveys to create a single night snapshot for various subpopulations. Totals for subpopulation do not reflect the totals for the single night count. Subpopulation data is based solely on completed surveys.

**Number of respondents aged 17-24:** 133

- **Median Age:** 21
- **>1% Transgender**
- **43% Female**
- **55% Male**

85% of the young adults first became homeless in Oklahoma.

1/3 were in foster care, of which 40% exited between ages 16-18.

**Young Adults (17-24)**

- **Location:**
  - Emergency Shelter: 34
  - Transitional Housing: 49
  - HUD Safe Haven: 51
  - Unsheltered: 1
  - Detox/Short Term Treatment: 1
  - MHAOK VA SH Per diem: 0

- **Race:**
  - African American: 35%
  - Asian: 15%
  - Native American: 26%
  - Caucasian: 12%
  - Multi-Racial: 1%
  - Hawaiian: 1%
  - No Response: 1%

- **Occasions of Homelessness for Young Adults (17-24):**
  - 1 Time: 35%
  - 2 Times: 21%
  - 3 Times: 10%
  - 4+ Times: 22%
  - Unknown/No Response: 12%

11% of the population being Hispanic.

**TOP FIVE REQUESTED NEEDS: YOUNG ADULTS**

- Transportation
- Housing
- Healthcare
- Dental
- Food

46% Have a mental illness

23% Are domestic violence survivors. 61% attribute their homelessness to this

22% Engage in substance use

10% Have a physical disability

Young Adults (17-24) Median Age

- Young Adults (17-24)
  - Less than 30 days: 20
  - 1-6 months: 14
  - 7-11 months: 25
  - 1-3 years: 10
  - >3 years: 9
  - Unk/No Response: 0

55% of respondents aged 17-24.
EMERGENCY ROOM UTILIZATION

Over the last 12 months, young adults experiencing homelessness, both sheltered and unsheltered, reported high ER utilization. For those sheltered, a total of 18 individuals reported a combined total of 43 ER visits in the past 12 months. For those young adults who are unsheltered, a total of 29 individuals reported a combined total of 85 ER visits in the past 12 months, 2x higher than those who were sheltered.

Average cost of ER Visit = $1,060
Total ER Visits = 128
Total cost = $135,680

HOSPITAL ADMISSIONS

Over the last 12 months, young adults experiencing chronic homelessness, both sheltered and unsheltered, reported high hospital admissions. For those sheltered, a total of 9 individuals reported a combined total of 21 hospitalizations in the past 12 months. For those young adults who are unsheltered, a total of 16 individuals reported a combined total of 48 hospitalizations in the past 12 months, 2x higher than of sheltered young adults.

Average cost of Hospital Admission (1 Day) = $1,798
Total Hospital Admissions (1 Day) = 69
Total cost = $124,062

37% of young adults are employed.
34% full-time
42% part-time
22% temporary
Gathering and completing Point In Time (PIT) surveys is challenging and our local counting methodologies are still improving. In order to provide our community with deeper insight into the various sub-populations who experience homelessness, CSC utilized the completed January 2018 PIT surveys to create a single night snapshot for various sub-populations. Totals for sub-population do not reflect the totals for the single night count. Sub-population data is based solely on completed surveys.

- **Number of female respondents:** 271
- **Median Age:** 36
- **83%** of females first became homeless in Oklahoma.
- **18%** were in foster care, of which **42%** exited between ages 16-18.
- **2%** identify as a veteran.

### Females Location

- **African American:** 165
- **Asian:** 42
- **Native American:** 4
- **Caucasian:** 56
- **Multi-Racial:** 3
- **Hawaiian:** 1
- **No Response:**

### Females Race

- **African American:** 46%
- **Asian:** 22%
- **Native American:** 15%
- **Caucasian:** 11%
- **Multi-Racial:** 4%
- **Hawaiian:** 1%
- **No Response:**

### Females Length of Homelessness

- **Less than 30 days:** 98
- **1-6 months:** 44
- **7-11 months:** 30
- **1-3 years:** 54
- **>3 years:** 34
- **Unknown/No Response:** 11

### Occurrences of Homelessness for Females

- **1 Time:** 11%
- **2 Times:** 14%
- **3 Times:** 16%
- **4+ Times:** 8%
- **Unknown/No Response:** 51%

### Top Five Requested Needs: Females

1. Housing
2. Dental
3. Transportation
4. Healthcare
5. Food
EMERGENCY ROOM UTILIZATION

Over the last 12 months, women experiencing homelessness both sheltered and unsheltered reported high ER utilization. For those sheltered, a total of **116 (43%)** women reported a combined total of **298** ER visits in the last 12 months, **2x** higher than women unsheltered. For those unsheltered, a total of **35** women reported a combined total of **119** ER visits in the past 12 months.

Average cost of ER Visit = **$1,060**

Total ER Visits = **417**

Total cost = **$442,020**

HOSPITAL ADMISSIONS

Over the last 12 months, women experiencing homelessness both sheltered and unsheltered reported high hospital admission. For those sheltered, a total of **65** women reported a combined total of **173** hospital admissions in the last 12 months. For those unsheltered, **17** women reported **32** hospital admissions.

Average cost of Hospital Admission (1 Day) = **$1,798**

Total Hospital Admissions (1 Day) = **205**

Total cost = **$368,590**
Gathering and completing Point In Time (PIT) surveys is challenging and our local counting methodologies are still improving. In order to provide our community with deeper insight into the various sub populations who experience homelessness, CSC utilized the completed January 2018 PIT surveys to create a single night snapshot for various subpopulations. Totals for subpopulation do not reflect the totals for the single night count. Subpopulation data is based solely on completed surveys.

### VETERANS

**Number of respondents:** 126

**Median Age:** 54

**Female:** 5%

**Male:** 95%

85% of the veterans first became homeless in Oklahoma.

1/20 were in foster care, of which 0% exited between ages 16-18.

32% Have a mental illness.

7% Engage in substance use

4% Are domestic violence survivors; 54% attribute their homelessness to this

18% Have a physical disability

**Veterans Location**

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>48</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>39</td>
</tr>
<tr>
<td>HUD Safe Haven</td>
<td>2</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>24</td>
</tr>
<tr>
<td>Dacea/Short Term Treatment</td>
<td>0</td>
</tr>
<tr>
<td>VA SH Per diem</td>
<td>13</td>
</tr>
</tbody>
</table>

**Veterans Race**

- African American: 1%
- Asian: 8%
- Native American: 19%
- Caucasian: 63%
- Multi-Racial: 6%
- Hawaiian: 1%
- No Response: 1%

4% of the population being Hispanic.

**Veterans Length of Homelessness**

<table>
<thead>
<tr>
<th>Length</th>
<th>Number of individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 days</td>
<td>15</td>
</tr>
<tr>
<td>1-6 months</td>
<td>45</td>
</tr>
<tr>
<td>7-11 months</td>
<td>14</td>
</tr>
<tr>
<td>1-3 years</td>
<td>31</td>
</tr>
<tr>
<td>&gt;5 years</td>
<td>17</td>
</tr>
<tr>
<td>Unk/No Response</td>
<td>4</td>
</tr>
</tbody>
</table>

**Occurrences of Homelessness for Veterans**

- 1 Time: 39%
- 2 Times: 13%
- 3 Times: 14%
- 4+ Times: 11%
- Unknown/No Response: 23%

**TOP FIVE REQUESTED NEEDS: VETERANS**

- Housing
- Dental
- Optical
- Transportation
- Healthcare
EMERGENCY ROOM UTILIZATION

Over the last 12 months, veterans experiencing homelessness, both sheltered and unsheltered, reported ER utilization. For those sheltered, a total of 20 veterans reported a combined total of 50 ER visits in the last 12 months for their family. For those unsheltered, a total of 15 veterans reported a combined total of 48 ER visits in the past 12 months.

Average cost of ER Visit = $1,060
Total ER Visits = 98
Total cost = $103,880

HOSPITAL ADMISSIONS

Over the last 12 months, veterans experiencing homelessness, both sheltered and unsheltered, hospital admission. For those sheltered, a total of 13 veterans reported a combined total of 28 hospital admissions in the last 12 months. For those unsheltered, 13 veterans reported 29 hospital admissions.

Average cost of Hospital Admission (1 Day) = $1,798
Total Hospital Admissions (1 Day) = 57
Total cost = $102,486

21% of veterans reported being employed.
54% are full-time
39% are part-time
8% are temporary
Gathering and completing Point In Time (PIT) surveys is challenging and our local counting methodologies are still improving. In order to provide our community with deeper insight into the various sub populations who experience homelessness, CSC utilized the completed January 2018 PIT surveys to create a single night snapshot for various subpopulations. Totals for subpopulation do not reflect the totals for the single night count. Subpopulation data is based solely on completed surveys.

Tulsans experiencing chronic homelessness often have serious medical conditions and are vulnerable to early death. They also tend to cycle in and out of emergency rooms, hospitals and other institutions, such as jail.

- **292** Number of respondents, 2 of which were under 18.
- **Median Age 47**
- **28% Female**
- **71% Male**
- **83% first became homeless in Oklahoma.**
- **1/5 were in foster care, of which 36% exited between ages 16-18.**

**76% Have a mental illness**
- **24% Are domestic violence survivors**
- **53% Have a physical disability**
- **44% Engage in substance use**

**17% identify as a veteran**

**8% of the population being Hispanic.**

**Chronic Race**
- African American 13%
- Asian 2%
- Native American 0%
- Caucasian 20%
- Multi-Racial 54%
- Hawaiian 11%
- No Response 0%

**Occurrences of Homelessness for Chronic**
- 1 Time 33%
- 2 Times 38%
- 1 Time 13%
- 4+ Times 9%
- Unknown/No Response 7%

**TOP FIVE REQUESTED NEEDS: CHRONICALLY HOMELESS**
- Housing
- Dental
- Transportation
- Healthcare
- Optical
EMERGENCY ROOM UTILIZATION

Over the last 12 months, individuals experiencing chronic homelessness, both sheltered and unsheltered, reported high ER utilization. For those sheltered, a total of 99 individuals reported a combined total of 263 ER visits in the last 12 months. For those unsheltered, a total of 63 individuals reported a combined total 284 ER visits in the past 12 months, nearly the same as those who were sheltered.

Average cost of ER Visit = $1,060
Total ER Visits = 547
Total cost = $579,820

HOSPITAL ADMISSIONS

Over the last 12 months, individuals experiencing chronic homelessness, both sheltered and unsheltered, reported high hospital admission. For those sheltered, a total of 67 individuals reported a combined total of 163 hospital admissions in the last 12 months. For those unsheltered, a total of 44 individuals reported a combined total of 131 hospital admissions in the past 12 months. 2x higher than those sheltered.

Average cost of Hospital Admision (1 Day) = $1,798
Total Hospital Admissions = 294
Total cost = $528,612

18% of the chronically homeless population reported being employed.

32% are full-time
34% are part-time
28% are temporary
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- **Median Age**: 33
- **Number of respondents**: 83
  - 67 families, 124 children.
  - 72% Male, 27% Female
- **83% of families first became homeless in Oklahoma.**
- **Families with Children**
  - **Race**: 61% African American, 18% Asian, 10% Native American, 18% Caucasian, 28% Multi-Racial, 4% Hawaiian, 0% No Response
  - **Gender**: 32% Female, 68% Male
  - **Median Age**: 33
  - **Gender**: 33% Female, 67% Male
  - **Number of respondents**: 83
  - **67 families, 124 children.**
- **7/10 were in foster care, of which 40% exited between ages 16-18.**
- **32% Have a mental illness**
- **7% Engage in substance use**
- **30% Are domestic violence survivors; 96% attribute their homelessness to this**
- **18% Have a physical disability**

### A SINGLE NIGHT DATA

- **Number of Individuals**: 47
  - Emergency Shelter: 26
  - Transitional Housing: 30
  - HUD Safe Haven: 15
  - Unsheltered: 9
  - Detox/Short Term Treatment: 2
  - MH/ADQ VA SH Per diem: 1

### Length of Homelessness

- **Less than 30 days**: 13%
- **1-6 months**: 19%
- **7-11 months**: 64%
- **1-3 years**: 13%
- **>3 years**: 1%
- **Unknown/No Response**: 1%

### Top Five Requested Needs: Families

- **Dental**
- **Housing**
- **Transportation**
- **Case Management**
- **Healthcare**
EMERGENCY ROOM UTILIZATION

Over the last 12 months, families experiencing homelessness, both sheltered and unsheltered, reported the lowest ER utilization across all subpopulations. For those sheltered, a total of approximately 30 individuals reported a combined total of 53 ER visits in the last 12 months for their family. For those unsheltered, a total of adults reported a 1 ER visit in the past 12 months.

Average cost of ER Visit = $1,060
Total ER Visits = 54
Total cost = $57,240

HOSPITAL ADMISSIONS

Over the last 12 months, families experiencing homelessness, both sheltered and unsheltered, reported the lowest hospital admission rate for all subpopulations. For those sheltered, a total of 14 adults reported a combined total of 21 hospital admissions in the last 12 months. For those unsheltered, adults reported no hospital admissions.

Average cost of Hospital Admissions (1 Day) = $1,798
Total Hospital Admissions (1 Day) = 35
Total cost = $37,758
Gathering and completing Point In Time (PIT) surveys is challenging and our local counting methodologies are still improving. In order to provide our community with deeper insight into the various sub populations who experience homelessness, CSC utilized the completed January 2018 PIT surveys to create a single night snapshot for various subpopulations. Totals for subpopulation do not reflect the totals for the single night count. Subpopulation data is based solely on completed surveys.

**A SINGLE NIGHT DATA**

**UNSHeltered**

- **221** Number of respondents.
- **38** Median Age
- **25%** Female
- **67%** Male
- **70%** of the unsheltered first became homeless in Oklahoma.
- **1/5** were in foster care, of which **32%** exited between ages 16-18.

**46%** Have a mental illness

**18%** Are domestic violence survivors

**33%** Have a physical disability

**29%** Engage in substance use

**TOP FIVE REQUESTED NEEDS: UNSheltered SUB-POPULATION**

- **Housing**
- **Transportation**
- **Food**
- **Dental**
- **Healthcare**
EMERGENCY ROOM UTILIZATION

Over the last 12 months, nearly 50% of all unsheltered individuals experiencing homelessness reported high ER utilization. A total of 108 individuals reported a combined total of 402 ER visits in the last 12 months.

Average cost of ER Visit = $1,060
Total ER Visits = 402
Total cost = $426,120

HOSPITAL ADMISSIONS

Over the last 12 months, 33% of all unsheltered individuals experiencing homelessness reported high hospital admission. A total of 74 individuals reported a combined total of 201 hospital admissions in the last 12 months.

Average cost of Hospital Admission (1 Day) = $1,798
Total Hospital Admissions (1 Day) = 201
Total cost = $361,398

12% of the unsheltered population reported being employed.

35% are full-time
31% are part time
31% are temporary

43% reported they never married; 8% reported being married.
Gathering and completing Point In Time (PIT) surveys is challenging and our local counting methodologies are still improving. In order to provide our community with deeper insight into the various sub populations who experience homelessness, CSC utilized the completed January 2018 PIT surveys to create a single night snapshot for various subpopulations. Totals for subpopulation do not reflect the totals for the single night count. Subpopulation data is based solely on completed surveys.

### A SINGLE NIGHT DATA

<table>
<thead>
<tr>
<th>Number of</th>
<th>Median Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>respondents</td>
<td>36</td>
</tr>
</tbody>
</table>

1% Doesn’t identify

84% Female

90% first became homeless in Oklahoma.

Nearly 1/3 were in foster care, of which 43% exited between ages 16-18.

63% Have a mental illness

26% Engage in substance abuse

100% Are domestic violence survivors; 35% Have a physical disability

### TOP FIVE REQUESTED NEEDS: DOMESTIC VIOLENCE SURVIVORS

- Housing
- Mental Health Treatment
- Transportation
- Food
- Dental

### Affected by Domestic Violence Location

- **Emergency Shelter**: 61
- **Transitional Housing**: 14
- **HUD Safe Haven**: 0
- **Unsheltered**: 21
- **Detox/Short Term Treatment**: 1
- **MHAOK VA SH Per diem**: 0

### Affected by Domestic Violence

- **Race**: 38%
  - African American
  - Asian
  - Native American
  - Caucasian
  - Multi-Racial
  - Hawaiian
  - No Response

- **Occurences of Homelessness for Those Affected by Domestic Violence**
  - **1 Time**: 40%
  - **2 Times**: 20%
  - **3 Times**: 10%
  - **4+ Times**: 5%
  - **Unknown/No Response**: 20%
EMERGENCY ROOM UTILIZATION

Over the last 12 months, survivors of domestic violence who are experiencing homelessness, both sheltered and unsheltered, reported high ER utilization. For those sheltered, a total of 49 sheltered individuals reported a combined total of 141 ER visits in the last 12 months, over 2x higher than individuals unsheltered. For those unsheltered, a total of 17 individuals reported a combined total of 61 ER visits in the past 12 months.

Average cost of ER Visit = $1,060
Total ER Visits = 202
Total cost = $214,120

HOSPITAL ADMISSIONS

Over the last 12 months, survivors of domestic violence who are experiencing homelessness, both sheltered and unsheltered, reported high hospital admission. For those sheltered, a total of 28 individuals reported a combined total of 67 hospital admissions in the last 12 months. For those unsheltered, 13 individuals reported 29 hospital admissions.

Average cost of Hospital Admission (1 Day) = $1,798
Total Hospital Admissions (1 Day) = 96
Total cost = $172,608

37% of survivors reported being employed.
47% are full-time
36% are part-time
17% are temporary
Gathering and completing Point In Time (PIT) surveys is challenging and our local counting methodologies are still improving. In order to provide our community with deeper insight into the various sub-populations who experience homelessness, CSC utilized the completed January 2018 PIT surveys to create a single night snapshot for various sub-populations. Totals for subpopulation do not reflect the totals for the single night count. Subpopulation data is based solely on completed surveys.

209 Number of respondents
Median Age 39
28% Female
72% Male

80% first became homeless in Oklahoma.
14% were in foster care, of which 52% exited between ages 16-18.

37% Have a mental illness
14% Are domestic violence survivors; 66% attribute their homelessness to this
23% Engage in substance abuse
27% Have a physical disability

African American Location

African American Length of Homelessness

Occurrences of Homelessness for African Americans

TOP FIVE REQUESTED NEEDS: AFRICAN AMERICAN SUB-POPULATION
Housing
Transportation
Healthcare
Dental
Optical
EMERGENCY ROOM UTILIZATION

Over the last 12 months, African Americans experiencing homelessness, both sheltered and unsheltered, reported high ER utilization. For those sheltered, a total of 63 (30%) reported a combined total of 142 ER visits in the last 12 months, nearly 2x higher than individuals who were unsheltered. For those unsheltered, a total of 28 reported a combined total of 78 ER visits in the past 12 months.

Average cost of ER Visit = $1,060
Total ER Visits = 220
Total cost = $233,320

HOSPITAL ADMISSIONS

Over the last 12 months, African Americans experiencing homelessness both sheltered and unsheltered reported high hospital admission. For those sheltered, a total of 37 individuals reported a combined total of 80 hospital admissions in the last 12 months, 2x higher those who were unsheltered. For those unsheltered, 21 reported 43 hospital admissions.

Average cost of Hospital Admission (1 Day) = $1,798
Total Hospital Admissions (1 Day) = 123
Total cost = $221,154
Gathering and completing Point In Time (PIT) surveys is challenging and our local counting methodologies are still improving. In order to provide our community with deeper insight into the various sub populations who experience homelessness, CSC utilized the completed January 2018 PIT surveys to create a single night snapshot for various subpopulations. Totals for subpopulation do not reflect the totals for the single night count. Subpopulation data is based solely on completed surveys.

45% of the population being Hispanic.

9% were in foster care, of which 50% exited between ages 16-18.

49% Have a mental illness

33% Are domestic violence survivors; 73% attribute their homelessness to this

25% Engage in substance abuse

40% Have a physical disability

9% identify as a veteran

8% first became homeless in Oklahoma.

TOP FIVE REQUESTED NEEDS: NATIVE AMERICAN SUB-POPULATION

- Housing
- Transportation
- Food
- Dental
- Optical
EMERGENCY ROOM UTILIZATION

Over the last 12 months, Native Americans experiencing homelessness, both sheltered and unsheltered, reported high ER utilization. For those sheltered, a total of 35 reported a combined total of 79 ER visits in the last 12 months. For those unsheltered, a total of 16 reported a combined total of 61 ER visits in the past 12 months.

- Average cost of ER Visit = $1,060
- Total ER Visits = 140
- Total cost = $148,400

HOSPITAL ADMISSIONS

Over the last 12 months, Native Americans experiencing homelessness, both sheltered and unsheltered, reported high hospital admission. For those sheltered, a total of 22 individuals reported a combined total of 46 hospital admissions in the last 12 months. For those unsheltered, 12 reported 36 hospital admissions.

- Average cost of Hospital Admission (1 Day) = $1,798
- Total Hospital Admissions (1 Day) = 82
- Total cost = $147,436

18% reported being employed.
- 53% are full-time
- 24% are part-time
- 24% are temporary

22 children total
Gathering and completing Point In Time (PIT) surveys is challenging and our local counting methodologies are still improving. In order to provide our community with deeper insight into the various sub populations who experience homelessness, CSC utilized the completed January 2018 PIT surveys to create a single night snapshot for various subpopulations. Totals for subpopulation do not reflect the totals for the single night count. Subpopulation data is based solely on completed surveys.

- **Median Age**: 35
- **Number of respondents**: 89
- **63% Male**
- **35% Female**
- **82% first became homeless in Oklahoma.**
- **19% were in foster care, of which 24% exited between ages 16-18.**

### Top Five Requested Needs: Multi-Racial Sub-Population

- Housing
- Transportation
- Dental
- Healthcare
- Optical

### Minorities Populations Multi-Racial

- **57% Have a mental illness**
- **27% Are domestic violence survivors; 67% attribute their homelessness to this**
- **20% Engage in substance abuse**
- **31% Have a physical disability**
- **24% of the population being Hispanic.**
- **11% identify as a veteran**

#### Multi Racial Location

- Emergency Shelter: 46
- Transitional Housing: 15
- HUD Safe Haven: 1
- Unsheltered: 25
- Detox/Short Term Treatment: 1
- MHAOK VA SH Per diem: 1

#### Multi Racial Length of Homelessness

- Less than 30 days: 5
- 1-6 months: 24
- 7-11 months: 15
- 1-3 years: 27
- >3 years: 15
- Unknown/No Response: 3

#### Occurrences of Homelessness for Multi Racial Individuals

- 1 Time: 43%
- 2 Times: 21%
- 3 Times: 16%
- 4 Times: 9%
- Unknown/No Response: 11%
EMERGENCY ROOM UTILIZATION

Over the last 12 months, multi-racial individuals experiencing homelessness, both sheltered and unsheltered, reported high ER utilization. For those sheltered, a total of 28 reported a combined total of 83 ER visits in the last 12 months, nearly 2x higher than individuals who were unsheltered. For those unsheltered, a total of 14 reported a combined total of 42 ER visits in the past 12 months.

Average cost of ER Visit = $1,060
Total ER Visits = 125
Total cost = $132,500

HOSPITAL ADMISSIONS

Over the last 12 months, multi-racial individuals experiencing homelessness, both sheltered and unsheltered, reported high hospital admission. For those sheltered, a total of 18 individuals reported a combined total of 46 hospital admissions in the last 12 months, 3x higher than those who were unsheltered. For those unsheltered, 6 reported 14 hospital admissions.

Average cost of Hospital Admission (1 Day) = $1,798
Total Hospital Admissions (1 Day) = 60
Total cost = $107,880

MINORITY POPULATIONS
MULTI RACIAL

16% reported being employed.

50% are full-time

29% are part-time

21% are temporary
Gathering and completing Point In Time (PIT) surveys is challenging and our local counting methodologies are still improving. In order to provide our community with deeper insight into the various sub populations who experience homelessness, CSC utilized the completed January 2018 PIT surveys to create a single night snapshot for various subpopulations. Totals for subpopulation do not reflect the totals for the single night count. Subpopulation data is based solely on completed surveys.

- 85% first became homeless in Oklahoma.
- 22% were in foster care, of which 29% exited between ages 16-18.

**A SINGLE NIGHT DATA**

- Median Age: 38
- 52% Male
- 45% Female
- 65 Number of respondents

**MINORITY POPULATIONS**

- **HISPANIC**

**TOP FIVE REQUESTED NEEDS: HISPANIC SUB-POPULATION**

- Housing
- Transportation
- Healthcare
- Food
- Dental

**Hispanic Race**

- 100% of the population being Hispanic.
- Hispanic have a mental illness.
- Hispanic are domestic violence survivors; 50% attribute their homelessness to this.
- Hispanic engage in substance abuse.
- Hispanic have a physical disability.

**Hispanic Location**

- Hispanic Length of Homelessness

**Occurrences of Homelessness for Hispanics**

- 1 Time: 11%
- 2 Times: 9%
- 3 Times: 8%
- 4+ Times: 55%

- 6% were in foster care, of which 29% exited between ages 16-18.
EMERGENCY ROOM UTILIZATION

Over the last 12 months, Hispanic individuals experiencing homelessness, both sheltered and unsheltered, reported high ER utilization. For those sheltered, a total of 23 reported a combined total of 45 ER visits in the last 12 months. For those unsheltered, a total of 13 reported a combined total of 32 ER visits in the past 12 months.

Average cost of ER Visit = $1,060
Total ER Visits = 77
Total cost = $81,620

HOSPITAL ADMISSIONS

Over the last 12 months, Hispanic individuals experiencing homelessness both sheltered and unsheltered reported high hospital admission. For those sheltered, a total of 11 individuals reported a combined total of 25 hospital admissions in the last 12 months, close to 2x higher than those sheltered. For those unsheltered, 10 reported 14 hospital admissions.

Average cost of Hospital Admission (1 Day) = $1,798
Total Hospital Admissions (1 Day) = 39
Total cost = $70,122
Gathering and completing Point In Time (PIT) surveys is challenging and our local counting methodologies are still improving. In order to provide our community with deeper insight into the various sub populations who experience homelessness, CSC utilized the completed January 2018 PIT surveys to create a single night snapshot for various subpopulations. Totals for subpopulation do not reflect the totals for the single night count. Subpopulation data is based solely on completed surveys.

Those surveyed in Permanent Supportive Housing had the highest rate of No Response/No Survey Answer of all individuals surveyed.
EMERGENCY ROOM UTILIZATION

Over the last 12 months, formerly homeless individuals living in permanent supportive housing reported high ER utilization. A total of 114 (42%) reported a combined total of 298 ER visits in the last 12 months. (17% no response)

Average cost of ER Visit = $1,060
Total ER Visits = 298
Total cost = $315,880

HOSPITAL ADMISSIONS

Over the last 12 months, formerly homeless individuals living in permanent supportive housing reported high hospital admission. A total of 77 individuals reported a combined total of 169 hospital admissions in the last 12 months. (18% no response)

Average cost of Hospital Admission (1 Day) = $1,798
Total Hospital Admissions (1 Day) = 169
Total cost = $303,862
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A SINGLE YEAR

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FOR MORE INFORMATION

Community Service Council
Housing & Homelessness Division
918-585-5551

Raw data used to produce this report are available: 
csctulsa.org/housing-homelessness

A digital copy of this report is available: 
csctulsa.org/housing-homelessness

Learn more about the Community Service Council
and our work throughout Oklahoma at csctulsa.org