

Arizona Housing Analytics Collaborative:

Presentation to the Pinal County Coalition to End Homelessness (PCCEH)

Micaela Mercado, Ph.D., MSW
10/13/26

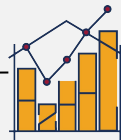
Vision

Improve systems to improve lives

Mission

*Our mission is to partner with
service providers and decision makers,
generate actionable insights to improve systems,
and facilitate change to increase housing security.*

About AzHAC



The Arizona Housing Analytics Collaborative (AzHAC) is a **multidisciplinary team** of faculty, students, and staff from

Arizona State University,

Northern Arizona University, and

the University of Arizona,

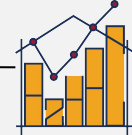
that leverages **cutting-edge data analytics** and

community-based evaluation methods

to provide **actionable insights** into housing and

homelessness service delivery systems in Arizona.

Our Team



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**How can data deep dives
generate actionable insights to inform
*systems change,
service improvements, and
program (re)design*
across the housing service system?**



Homelessness Prevention

Statewide Homeless Prevention Financial Assistance (Flex Funds)

- Identified predictors of risk for homelessness, eviction, and housing insecurity
- Identified service delivery predictors that lower homelessness risk, beyond funding alone

211-HMIS

- Estimated a caller's risk of experiencing homelessness within 30 days of contacting 211

Rental Assistance Effectiveness

- Detected cases likely experiencing housing insecurity, eviction, or homelessness within a year of assistance

Unsheltered Homelessness to Stable Housing

- Housing-focused street outreach works & dedicated vouchers work to resolve homelessness
- Sanctioned encampments can facilitate service engagement
- Punitive responses do not increase shelter uptake
- Identified coordination, navigation, and housing service gaps to improve pathways for PEUH to obtain stable housing

Pathways to Housing

System Modeling

- Developing a system model to visualize how households move through the homelessness response system

Reducing the Family Housing Hub Waitlist

- Analyses aim to examine which strategies may reduce the waitlist to functional zero

Rapid Exit Pilot

- Analyses aim to identify "quick resolvers" and assess long-term effects of exits from emergency shelter

Shared Housing

- Analyses aim to examine feasibility



Coordinated Entry System

- “High Utilizer” analysis informed new assessment MAG created
- Pima and Maricopa County (MAG) replaced the VI-SPDAT with different, locally developed assessment tools designed to improve assessment accuracy & validated by AzHAC
- TPOCH substantially modified their prioritization assessment tool (to reduce mortality among PEH) with support from AzHAC researchers
- [Race Equity Calculator](#) created by AzHAC used by MAG and BoS CoCs

Program (Re) Design

- City of Phoenix used Mighty Merge to advocate for and add case management and financial assistance to a housing instability intervention program
- Using predictive modeling to potentially inform 211-triage process
- Maricopa County used AzHAC Homelessness Prevention “deep dive” to guide theory of change for eviction prevention program

Systems (Re) Design

Encampment resolutions and pathways to housing for persons experiencing unsheltered homelessness (PEUH)

- Efforts to continue, expand, and/or replicate HFSO with dedicated housing vouchers in Tucson
- Service improvements at the Safe Outdoor Space to reduce length of stay, and strengthen pathways to housing
- Dissemination of findings for improving coordination, navigation, and shelter service gaps to improve housing pathways for PEUH

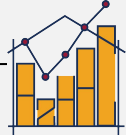
System Change

- System modeling to test the impact of different policy and resource “levers” (e.g., \$10 million in financial assistance → X% reduction in inflow into homelessness)
- Evaluate Prevention Call Center pilot on inflow into homelessness, Pima County

Program Design

- Co-Develop SOP for Rapid Exit, City of Phoenix
- Establish a Statewide Shared Housing Learning Community and SOP
- Co-Develop SOP for Reducing the Family Housing Hub Waitlist

Building Partnerships for Collaborative Data Stewardship



Current projects linking data across systems:

➤ Homelessness Prevention

- Intensive Provider Partnership
- 211-HMIS Predictive Model
- Rental Assistance Effectiveness, City of Phoenix
- Pima County Homeless Prevention Hub
- Prevention Call Center pilot, Pima County

➤ Unsheltered Homelessness to Stable Housing

- Tucson Pima Collaboration to End Homelessness (TPCH) Unsheltered Homelessness Initiative, Tucson
- Safe Outdoor Space, City of Phoenix

➤ Pathways to Housing

- System Modeling
- Rapid Exit Pilot, City of Phoenix
- Shared Housing
- Reducing the Family Housing Hub Waitlist

Current Data Sources

HMIS/Coordinated Entry data
Provider program-level data
Eviction data

Census/ACS data
Participant survey data
211 Arizona data

Data to advance analytics



Health Care Data

(i.e., AHCCCS, Contexture, ADHS, Medicaid, claims, hospital discharge, ED)



Financial Insecurity Data

(i.e., DES, AZ@WORK, UI, SNAP, WIC, childcare subsidy, TANF, rental and utility assistance)



Education Data

(i.e., ADE, K-12 + Adult Education Services, McKinney Vento)



Data on Families and Children

(i.e., DCS, National Youth in Transition Data, foster care)



Criminal Justice Data

(i.e., ADCRR, AOC, MCSO, ADJC)



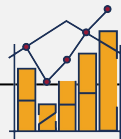
Credit Data

(i.e., Rental applications, moves)



Utility Data

(i.e., Payments, assistance, calls)



Data Security

- Operates in a HIPPA compliant environment within ASU (Knowledge Enterprise Secure Cloud)
- Established security protocols including staff-required trainings
- Access to data is limited (from PII to de-identified aggregated data)
- AzHAC Data Security Officer (i.e., policies, procedures, quality assurance, audits)

Liaising with Community Partners

- Community liaison works with community partners to co-author the analytic plan, ensuring that partners' priority questions are addressed

Data Engineering (data integration) and Data Scientists (data analytics)

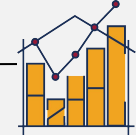
- Established protocols for clarity, direction, efficiencies and effectiveness

Project Management

- Project manager coordinates all aspects of a project, ensuring its timely and successful completion within budget and scope

Homelessness Prevention

Homelessness Prevention – Pinal County



Arizona Rental Assistance Program (ARAP) (historical)



1,481

Total Applications Received



441

Approved Applications



\$2.30M

Assistance Disbursed

ARAP provided eligible households with up to 3 months of rent (capped at \$10,500). The program stopped accepting applications on August 31, 2024.

Emergency Rental Assistance Program (ERAP) (historical)



9,126

Total Applications Received



4,474

Approved Applications

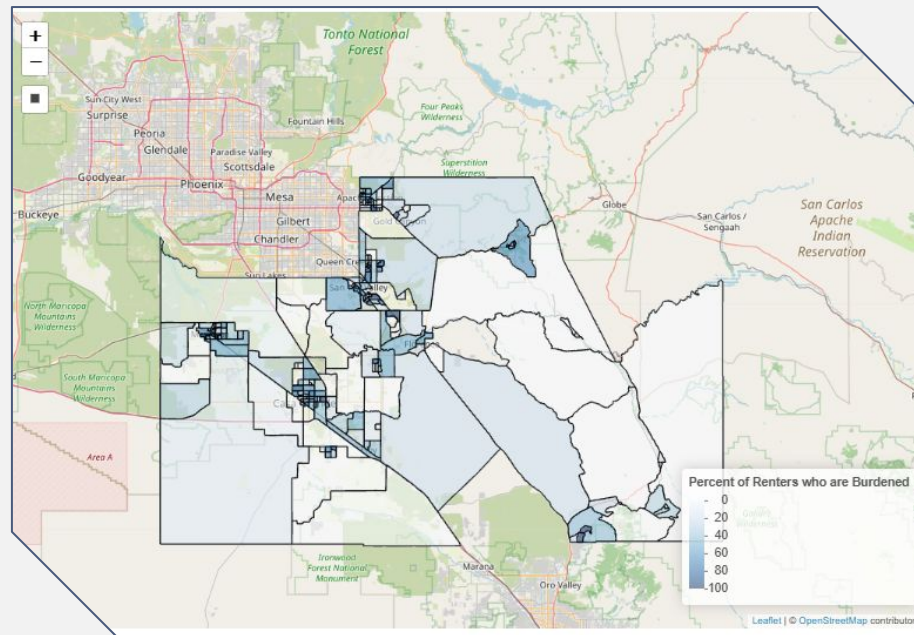


\$62.35M

Assistance Disbursed
(rental + utilities)

ERAP provided rental and utility assistance to households during the COVID-19 pandemic. The program is now closed.

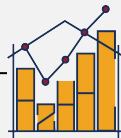
American Community Survey 5-year estimates (2020-2024)



Released by the U.S. Census Bureau on January 29, 2026.

Intensive Provider Partnership (IPP)

— Arizona Homelessness Prevention Evaluation —



Goal: Evaluate how flexible financial assistance programs impact long-term housing status

Current Status:

- Final Cohort 1 presentation - [Link Here](#)
- Cohort 1 infographic - [Link Here](#)
- Cohort 2 in progress - providers wrapping up fund disbursement this year
- Cohort 3 in progress - programs ongoing

Data Sources

- Monthly Provider Uploads
- Participant Surveys
- Participant Interviews
- Provider Interviews & Focus Groups
- HMIS Data
- Social Determinants of Health ([SDOH](#)) Tool

Methods

- Quantitative
- Qualitative
- Process

IPP Cohorts



Cohort 1: GFF

- A New Leaf
- Catholic Charities
- Flagstaff Shelter Services
- Keys to Change
- Solari
- St. Vincent De Paul (SvDP)
- SVdP: Motel Assistance Program (MAP)
- Tempe Community Action Agency
- Tucson Pima Collaboration to End Homelessness

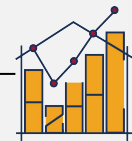
Cohort 2: ADOH

- Az Pet Project
- Coconino County
- Maricopa County
- Flagstaff Shelter Services
- Solari
- Primavera Foundation

Cohort 3: Family Homelessness

- Catholic Charities
- Flagstaff Shelter Services
- Our Family Services
- Primavera Foundation
- SvDP
- SVdP: Motel Assistance Program (MAP)
- UMOM

Cohort 1: Completed Analyses



1,958 total head of household recipients

Recipients received an average of **\$1,893**
(within an average of **7 days** from application)

84% of survey respondents said the funding
solved their problem

84% of housed recipients remained housed
for at least one year

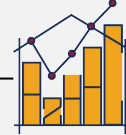
Overall Findings:

- Funding is extremely helpful in the short term and prevents homelessness
- Underlying issues often remain though, and additional case management may be necessary

Deliverables:

- Cohort presentations
- Individual provider reports
- Infographics

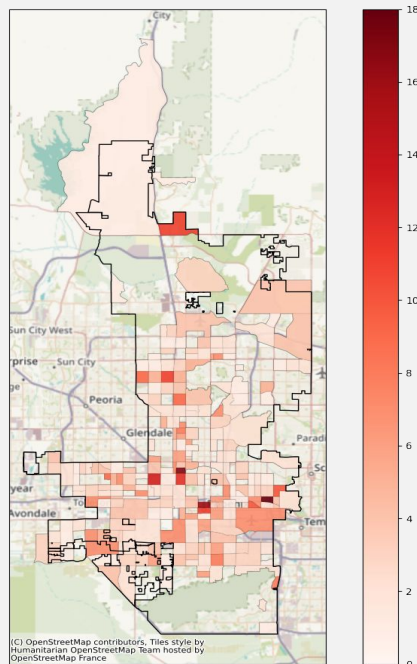
Patterns of Need Across Communities



Example Maps:

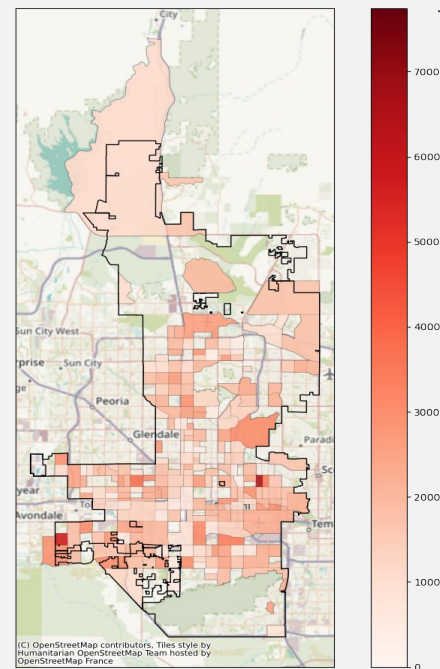
Total number of applicants in Phoenix, 2025*

*Data/maps to be updated for 2026



Average amount received by recipients

Darker shading represents higher average amounts



Key takeaways:

Geographic distribution of the number of applicants and recipients, the amount requested and the amount received as key data points to understand the different patterns of need across a city or county.

Housed Applicants: Predictors of Homelessness Over Time



Funding:

- Awarded – 46% lower risk

Regardless of Funding:

- Housing Type at Time of App
 - Permanent – 53% lower risk
- Prior Homeless HMIS Enrollment
 - Present – 318% higher risk

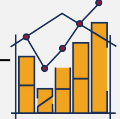
Factors that did not influence housing status*:

- | | |
|-----------------------|------------------|
| • Race | • Disability |
| • Ethnicity | • Family status |
| • Age | • Household size |
| • Gender | • Income |
| • Government benefits | • Amount to pay |

Takeaways:

- Those who received funds or had permanent housing at application were more likely to remain housed.
- Staying in temporary housing at application or having a previous history of homelessness increased risk of becoming unhoused.

Program & Service Predictors Impact Over Time



Significant predictors:

- **Targeted outreach** – 77% lower risk
- **Strategies to reduce amount requested** – 79% lower risk (i.e., Using 2+ strategies)
- **Post-assistance** – 67% lower risk (i.e., offering 3-4 post-assistance services)

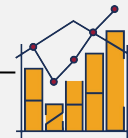
.... & *getting funded remained significant*

Predictors that did not influence housing status*:

- Support with application process
- Offer different ways to apply for funds
- Assess households for “sustainability”
- Engage with landlords
- Offer other sources of financial assistance
- Types of allowable expenses

Takeaways: Targeted outreach, cost-reduction strategies & post-assistance support were linked to significantly lower homelessness risk.

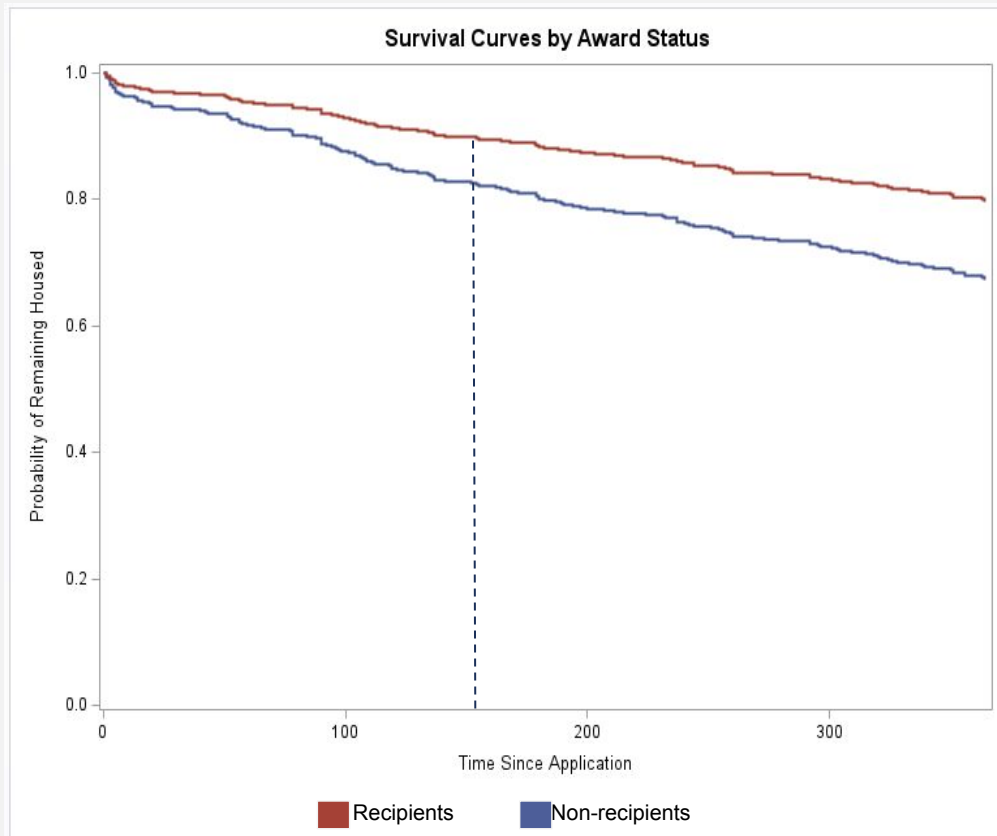
Housed Applicants: Risk of Homelessness Over Time



16% of housed recipients became unhoused across the 365 day window.

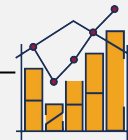
Total	Number of recipients who became unhoused	Average time to becoming unhoused
1,173	184	146 days

Takeaways: Recipients remained housed for a longer period of time compared to non-recipients. Providing post-assistance services is key to lowering homelessness risk.



211-HMIS Predictive Model

Project Overview: 211-HMIS Predictive Model



Goal: Identify callers who are housed and most likely to become homeless after calling 211

Current Status:

- Applying learning to other predictive modeling projects
- Leverage findings from these analyses and the predictive model to inform the implementation and improvement of resource navigation and referral services

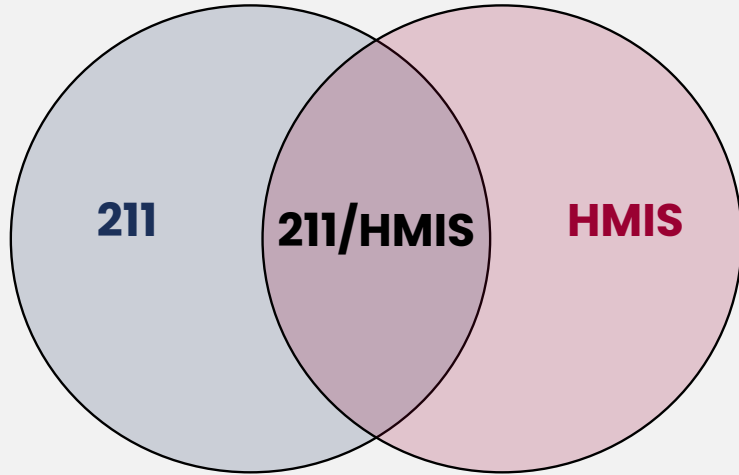
Data Sources

- 211 call data
- HMIS Data

Methods

- Fuzzy matching
- Descriptive statistics
- Quantitative/Predictive modeling

Predictive Modeling



Takeaway: Determining caller's risk of experiencing homelessness to inform program (re)design and monitor HMIS inflow.

211 Homelessness Prediction Tool



This tool estimates a caller's risk of experiencing homelessness within 30 days of contacting 211. A red outcome box indicates that the caller is flagged as higher risk based on the model threshold, while a green box indicates lower risk. The risk percentile provides additional detail by showing how the caller compares to past cases. Higher percentiles are associated with higher likelihood of homelessness, even among callers in the same risk category.

Demographics

Status

History

Current call

Age

25

Gender

Man

Race

Black, African American, or African

Ethnicity

Not Hispanic/Latin(a)(o)(x)

County

Maricopa

Calculate Risk

Predicted to become homeless within one month

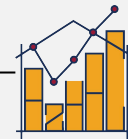
Caller is in the 87th percentile based on historical cases

Rental Assistance Effectiveness

(The Mighty Merge)

City of Phoenix

Project Overview: Mighty Merge



Goal: Develop a predictive model that can assist how the Human Services Department at the City of Phoenix can direct funds.

Current Status:

- Completed person-level matching across four data sources to produce descriptive information.
- Updating model with new iterations of the four data sources for predictive modeling.

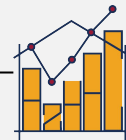
Data Sources

- HMIS
- 211
- City of Phoenix Emergency Rental Assistance data
- Maricopa County Evictions

Methods

- Fuzzy Matching
- Quantitative/Predictive Modeling

Project: Mighty Merge



Work in Progress:

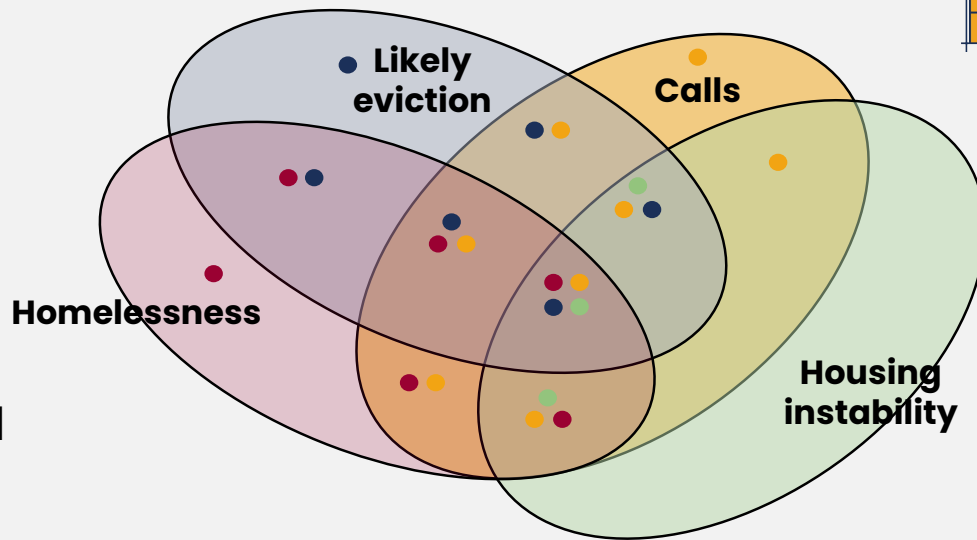
- Brief report of findings
- Predictive model

Within one year of receiving rental assistance funds from City of Phoenix, analyses could tell us:

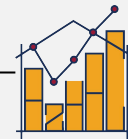
% of cases where **housing instability** (as indicated by interactions with evictions, 211, HMIS) was detected.

% of cases where a **likely eviction** was detected.

% of cases where **homelessness** (as indicated by interactions with 211 and HMIS) was detected.

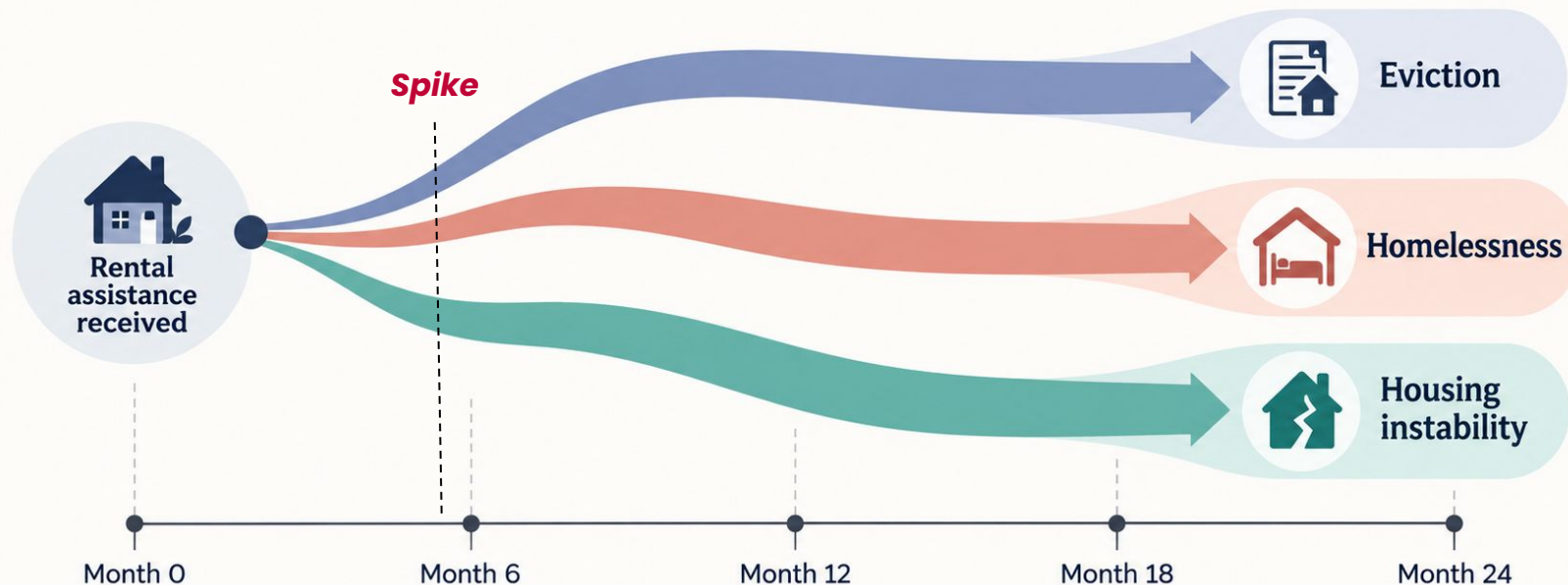


Illustrative Example



Housing Outcomes Following Emergency Rental Assistance

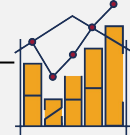
Illustrative 24-Month Follow-Up



5-minute break

Moving from Unsheltered Homelessness to Housing

Pinal County 2026 PIT Count



Pinal County 2026 Unsheltered Point in Time Count

Arizona Balance of State Continuum of Care | Conducted July 2026



PINAL COUNTY
COALITION TO
END HOMELESSNESS

Total Count



206

People

156

Households
(surveys)

Count by City

City	Households (surveys)	People
Apache Junction	47	49
Casa Grande	74	106
Coolidge	4	4
Eloy	8	10
Mammoth	1	1
Maricopa	1	1
Oracle	1	2
San Manuel	2	2
Stanfield	1	1
Unincorporated	17	30
Pinal County Total	156	206

Pinal County in Arizona



Key Takeaway



206 people were experiencing unsheltered homelessness in Pinal County during the 2026 PIT count.

These data provide a snapshot of unhoused individuals and help inform planning, resource allocation, and strategies to prevent and end homelessness in Pinal County.

Veterans



17

People (10.9%) served in the U.S. Armed Forces

10

(58.8%) of veterans are eligible for VA healthcare

Where People Stayed on January 27th



72

46.2% Camping



23

14.7% Stayed in a vehicle (car, van, trailer)



55

35.3% Town/area (park, alley, building)



6

3.8% Unofficial shelter

Length of Time Without Permanent Housing



< 1 month	8	5.1%
31–180 days	33	21.2%
> 6 months – < 1 year	16	10.3%
1–3 years	44	28.2%
> 3 years	53	34.0%
Not sure	1	0.6%
Blank	1	0.6%



Length of Time in Pinal County

< 1 month	4	2.6%
31–180 days	18	11.5%
> 6 months – < 1 year	6	3.8%
1–3 years	21	13.5%
> 3 years	106	68.0%
Blank	1	0.6%



First Time Experiencing Homelessness?

Yes	74	47.4%
No	81	51.9%
Not sure	1	0.6%

If No, How Many Times?

Two to three times	42	26.9%
Four to five times	33	21.2%
Six to ten times or more	1	0.6%
Not sure	7	4.5%

Survivors of Domestic Violence



60

Households (38.5%) are survivors of domestic violence.

36

(60.0%) reported that domestic violence contributed to their current situation.

Disabilities



83

Households (53.2%) have a disability.

Health Care Insurance



107

Households (68.6%) have health care insurance.

Chronic Homelessness



50

Households (32.1%) meet the chronic homelessness definition (66 people).

Project Overview and Lessons from Arizona



1) Experiences of Unsheltered Homelessness

- 269 interviews with PEUH in Maricopa (n = 157), Pima (n = 88), & Yuma (n = 24) Counties

2) An Overview of Encampment Resolution Strategies in Arizona and the United States

- Scoping review of encampment resolution strategies in the United States between 2018-2026, & interviews with homelessness services system leaders and providers

3) Program Evaluations

- Safe Outdoor Space (Phoenix)
- TPOCH Unsheltered Homelessness (Tucson)
- Street Outreach (Yuma)

What We Learned

1. PEUH want housing and employment, contrary to narratives that homelessness is a “choice.”
2. Homeless response systems expect “stability” from people in unstable living conditions, while complex systems and requirements create barriers to housing.
3. Emergency-response-style outreach worked: a combination of intensive street outreach, housing, and supportive services helped PEUH move into housing.

Strategies in Arizona and the United States



Strategies	Short-Term (0-6 months)	Medium-Term (6-24 months)	Long-Term (2+years)
Housing Strategies	Emergency shelter & low barrier shelter Transportation to shelter or within existing networks Coordinated entry	Vouchers, Rapid Rehousing Engaging landlords Wrap-around housing & social services Interim & transitional housing; Non-traditional housing	Expanding multifamily & permanent housing options Permanent supportive housing; Section 8 Housing Integrated coordination between housing, service, & government providers
Encampment Resolution Strategies	Sanctioned encampments & safe parking Addressing basic needs Street outreach Sweeps Citations & criminalization	Encampment resolution task force Wrap-around housing & social services Planned, methodical removals Encampment prioritization & planned closures	Tenant owned housing Available, safe, & affordable housing Universal basic income Homelessness prevention Workforce development
Support Services	Peer support & navigation Property storage Pet support Transportation to shelter or other services	Wrap-around housing & social services Ongoing case management Access to documents	Recognition of housing as human right Therapy & trauma informed care Available, affordable, quality health care services



Responding to Encampments: What Works—& What Doesn't



Housing-Focused Street Outreach + Supportive Services

- Street outreach, low-barrier shelter/housing, & supportive services
- Most promising strategy in literature, when all components available

Sanctioned Encampments

- Areas where people are legally allowed to camp
- Increasingly popular, wide variation
- Effectiveness depends on services & management

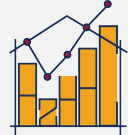
Displacement & Punitive Responses

- Responses to dismantle encampments through the dispersion of residents, citations, fines, & arrest
- Do not promote entry into housing or shelter, worsen health, & increase barriers to shelter

Key Takeaways

- Housing-focused street outreach works
- Sanctioned encampments can facilitate service engagement
- Punitive responses do not increase shelter uptake

Unsheltered Homelessness Resources



Unsheltered Homelessness & Substance Use:

What is Known & What Works?



Overview

Substance use (SU) is both a contributor and consequence of homelessness.^{1,2,3} While not all individuals experiencing homelessness use substances, rates of SU are disproportionately higher among unsheltered populations (i.e., people who sleep outside). Sobriety requirements in some shelters and housing programs may drive some people who use substances to remain unsheltered.² Despite the common assumption, drug use is not a primary reason individuals live in encampments⁴. However, the lack of access to shelters and housing programs may be one reason why encampments are concentrated sites of SU.⁵ Notably, overdose is the leading cause of death among people experiencing homelessness (PEH).^{6,7}

Engagement strategies should consider the needs of PEH who use substances. Encampment resolution efforts should integrate services that address housing instability and substance use.⁴

What evidence-based strategies exist for serving people who are unsheltered and use drugs?

Harm reduction (e.g., opioid substitution therapy [OST], syringe programs) can decrease SU & reduce hospital visits.¹²

Case management (esp. Critical Time Intervention & Intensive Case Management) can improve SU, MH, & housing outcomes.²²

Outreach (esp. Assertive outreach) can improve mental health (MH), SU & physical health (PH) outcomes.^{23,24}

Access to primary care, including street medicine, can increase housing engagement.^{25,26,27}

Attention to the **composition & training of outreach teams** to match PEH may increase engagement.^{28,29}

Street medicine has promising early results for PEH & health system efficiencies.^{30,31}



Encampment Resolution Strategies in Arizona & Beyond

Overview

Homelessness remains a persistent social and public health challenge in our communities. The 2023 U.S. Housing and Urban Development (HUD) point-in-time count reports that over 14,200 individuals in Arizona experienced homelessness on a given night, 54% of whom are unsheltered and approximately 20% of whom are chronically homeless.

This infographic summarizes what is known about encampment resolution strategies in Maricopa, Pima, Yuma Counties and beyond.

Encampments are spaces not meant for human habitation where groups experiencing unsheltered homelessness sleep, also known as homeless camps.

Methods

- 14 interviews with homeless service providers and administrators about current encampment resolution strategies in Maricopa, Pima, and Yuma Counties
- Review of literature related to encampment resolution strategies & outcomes

Encampment resolution strategies:

Practices or policies used to support and serve people and/or reduce and remove homeless encampments. Goals of encampment resolution may prioritize safe and stable pathways to housing, the reduction of unsheltered homelessness, and/or the removal of encampments

Prepared by: Arizona Housing Analytics Collaborative (AzHAC)
Funding provided by: The U.S. Department of Housing and Urban Development
Contact: azhac@asu.edu



Pathways from Homeless Encampments to Housing: A Review of the Evidence

A summary of what works—and what doesn't—to move people from encampments to housing | June 2026

What Works?

01. Housing-Focused Street Outreach + Supportive Services

Definition: A collaborative approach using outreach workers to engage & connect encampment residents with low-barrier housing options (i.e., minimal entry requirements, harm reduction approach, pet-friendly, supportive of families & couples, and personal storage) in combination with the provision of health & other supportive services.

Effectiveness: An effective strategy to move people into shelter &/or housing, can also improve health.

02. Sanctioned Encampments

Definition: Areas where people are legally allowed to camp, usually in tents, cars, or other non-permanent shelters. Also called safe outdoor spaces, safe stay communities, safe parking programs, & managed tent cities.

Effectiveness: Varies depending on the services provided & the management approach. Works best when pathways to housing and support services are provided rapidly & consistently.



What Doesn't?

03. Forced Displacement

Definition: Police or authority-led responses to dismantle encampments through the dispersion of residents. Also referred to as involuntary displacement, abatements, sweeps, street evictions, &/or clearances.

04. Other Punitive Criminal-Legal Responses

Definition: Examples include camping bans and "sit-lie" policies that restrict sleeping, sitting, and storage of belongings in public spaces. Enforcement often includes forced displacement, citations, tickets, fines, & arrests.

Effectiveness: Forced displacement & other punitive policies do not promote entry into housing or shelter, worsen health, & increase barriers to shelter (e.g., loss of ID). They lead to the displacement, but not the resolution, of encampments.



Takeaways

- Street outreach with consistent engagement, low-barrier and affordable housing options, & supportive services (e.g., healthcare) work best to reduce encampments.
- Sanctioned encampments can lower barriers to shelter & facilitate engagement with services. However, pairing these sites with quality services and clear pathways to permanent housing is essential to prevent long-term stays.
- Forced displacement, camping bans, and sit-lie policies may disperse encampments or the people who live there temporarily, but do not increase shelter uptake or lessen homelessness.

Prepared by: Arizona Housing Analytics Collaborative (AzHAC)

Funding provided by: The U.S. Department of Housing and Urban Development

Contact: azhac@asu.edu



TPCH Unsheltered Homelessness Initiative

Tucson, AZ

TPCH Unsheltered Homelessness Initiative in Tucson, AZ



TPCH US, formerly Housing Command Center (HCC) Initiative is a coordinated disaster-response approach to resolve encampments in Tucson.

The aim is to provide stable housing & ongoing supportive services to all PEUH, encampment by encampment through an on-site intensive engagement model. Housing placements & vouchers were available for PEUH.

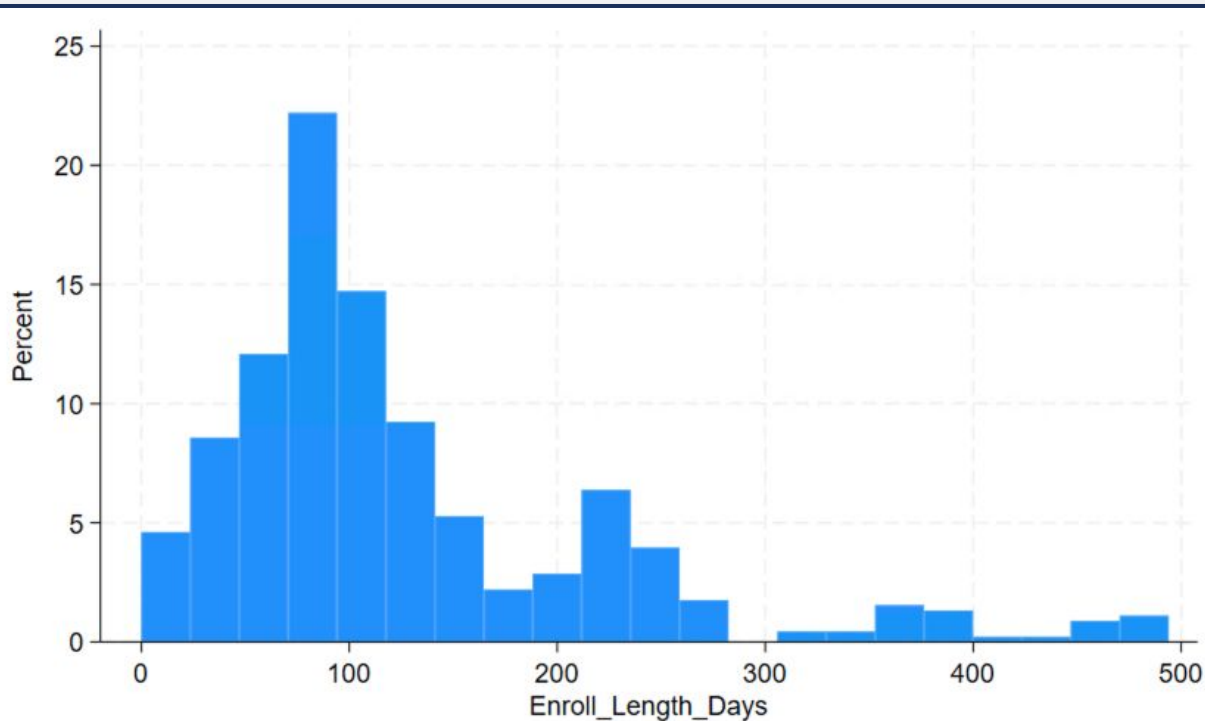
- The Field Team
- The Housing Engagement & Acquisition Team
- The Navigation and Housing Placement Team
- The Stabilization Team
- The Data Team



TPCH Project: Length of Stay (HMIS)



Total Enrollments in TPCH Unsheltered Initiative– SO
HMIS entries 12/4/23 - 8/4/26



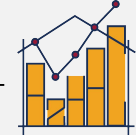
Total Enrollments: 527

Mean = 129 Days
(about 4.3 months)

SD = 94 Days

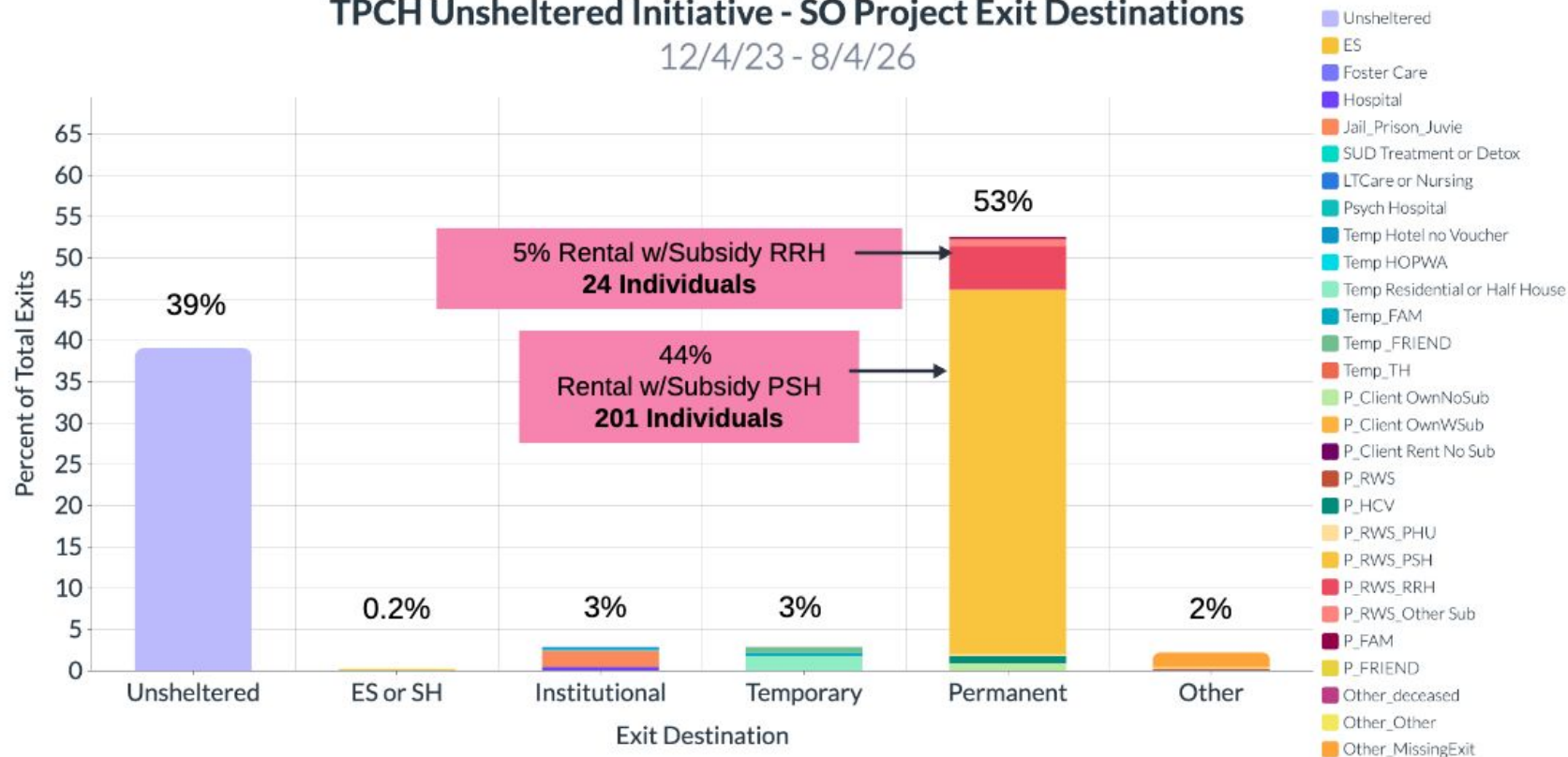
Range = 0- 494 days

TPCH Project: Exit Destinations (HMIS)



TPCH Unsheltered Initiative - SO Project Exit Destinations

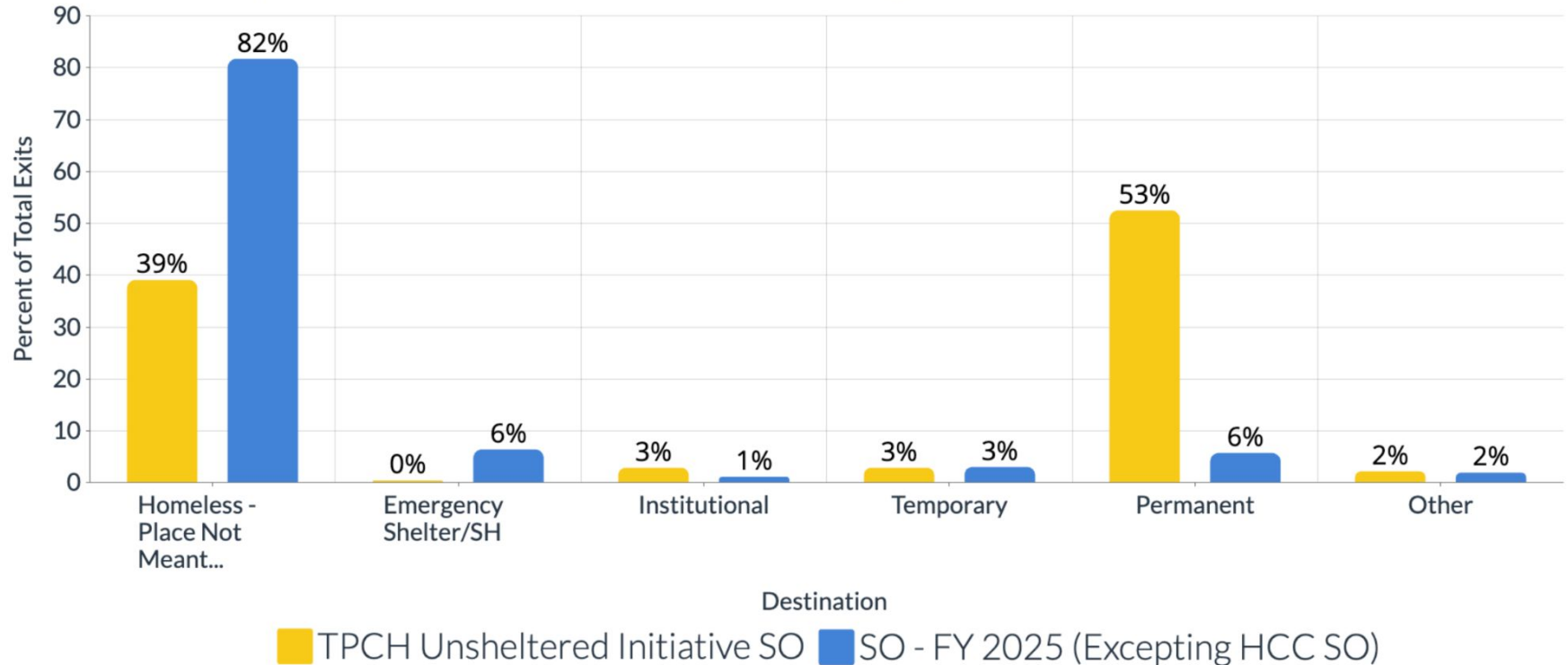
12/4/23 - 8/4/26



TPCH Project Exits Relative to Other SO Projects (HMIS)



TPCH Unsheltered Initiative "HCC" SO Project Exits Relative to all other TPCH SO Projects
Comparison of All HCC Exits to All (Non-missing/Non-HCC) SO Exits in FY2025



Safe Outdoor Space

Office of Homeless Solutions

City of Phoenix

Sanctioned Campground: The Safe Outdoor Space (SOS) in Phoenix, AZ

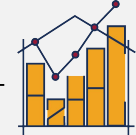


Features:

- Serves approx 250/night
- Tents & converted shipping containers
- Services
 - Basic needs
 - Workforce development
 - Case management
 - Housing support
 - Healthcare services
 - Transportation
 - Heat relief
 - Security



“X-Wing” ES Rooms



Participant Characteristics

N = 53



GENDER



Female
19 (36%)



Male
32 (60%)



Other
2 (4%)

RACE/ ETHNICITY



Hispanic
7 (13%)



AI/AN
2 (4%)



Asian/AA
N/A



Black/African/AA
7 (13%)



White
28 (53%)



Multiracial/Multiethnic
8 (15%)

EDUCATION



GED or less
17 (32%)

AGE



20 to 77
years old



49
(avg. age)

CJ INVOLVEMENT



Foster care involvement
16 (30%)

Justice system involvement
38 (72%)

Felony conviction
28 (53%)

SOS Study Participant Service Use Experiences



SOS reached both first-time service users
and individuals with prolonged homelessness.



43% had **never** engaged
with homelessness
housing services before SOS.

FIRST-TIME SERVICE USERS

35%

had been
homeless
≤12 months



65%

had been
homeless
>1 year



57% had **previously** engaged
with homelessness
housing services.

PRIOR SERVICE USERS

43%

had been
homeless
≤12 months



57%

had been
homeless
>1 year

Reducing Day-to-Day Survival Demands



Why Participants Chose SOS



PRIMARY REASONS:



Safety and security

Feels safe and secure from harm, theft, and violence.



No other housing options

Often the only viable option after prior program discharges or rule violations.



Private space and sense of stability

Provides a consistent place to sleep and the privacy of a tent.



Access to services and opportunities

Connects to employment, housing, healthcare, transportation, and case management.



Meets basic needs

Provides meals, showers, restrooms, laundry, and a place to sleep.



Able to keep pet

Welcomes and accommodates participants' pets.



Relief from environmental elements

Protection from extreme heat, cold, rain, wind, and the elements.



Supportive, caring staff

Staff are understanding, respectful, and help navigate resources.

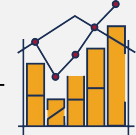
“

SOS is one of the most stable situations I've had in years. The staff helps with case management and they are very on top of everything... As long as you are being open and honest with the staff here, they will help you with as much as they can.

”



A Sense of Safety



SAFETY:



Physical safety from violence, fights, theft, and crime



Safety from police harassment or criminalization



Safety from an abusive partner



Safety from environmental hazards



Safety of personal belongings



Psychological safety and peace of mind



A calmer, more orderly environment

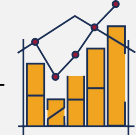
“

‘The fact that I get my own tent and my own space.’

”



SOS Study Participants



94%

have goals for
permanent housing



Transition out of SOS



Achieve financial stability



Secure housing assistance



Find housing that meets needs

"I'm not feeling great about being at SOS for so long. I appreciate being here over being on the street... I comply with all the SOS program rules, so I **don't know why I haven't gotten housing yet.**"

Male, 50 yrs old, living with family at 8 mo

"I would like to **get out of SOS as soon as possible.** Hopefully before the summer."

Male, 49 yrs old, sanctioned campground at 8 mo

64%

have goals for
employment



45% obtain, return to, or maintain employment



25% health conditions/ disability limits work

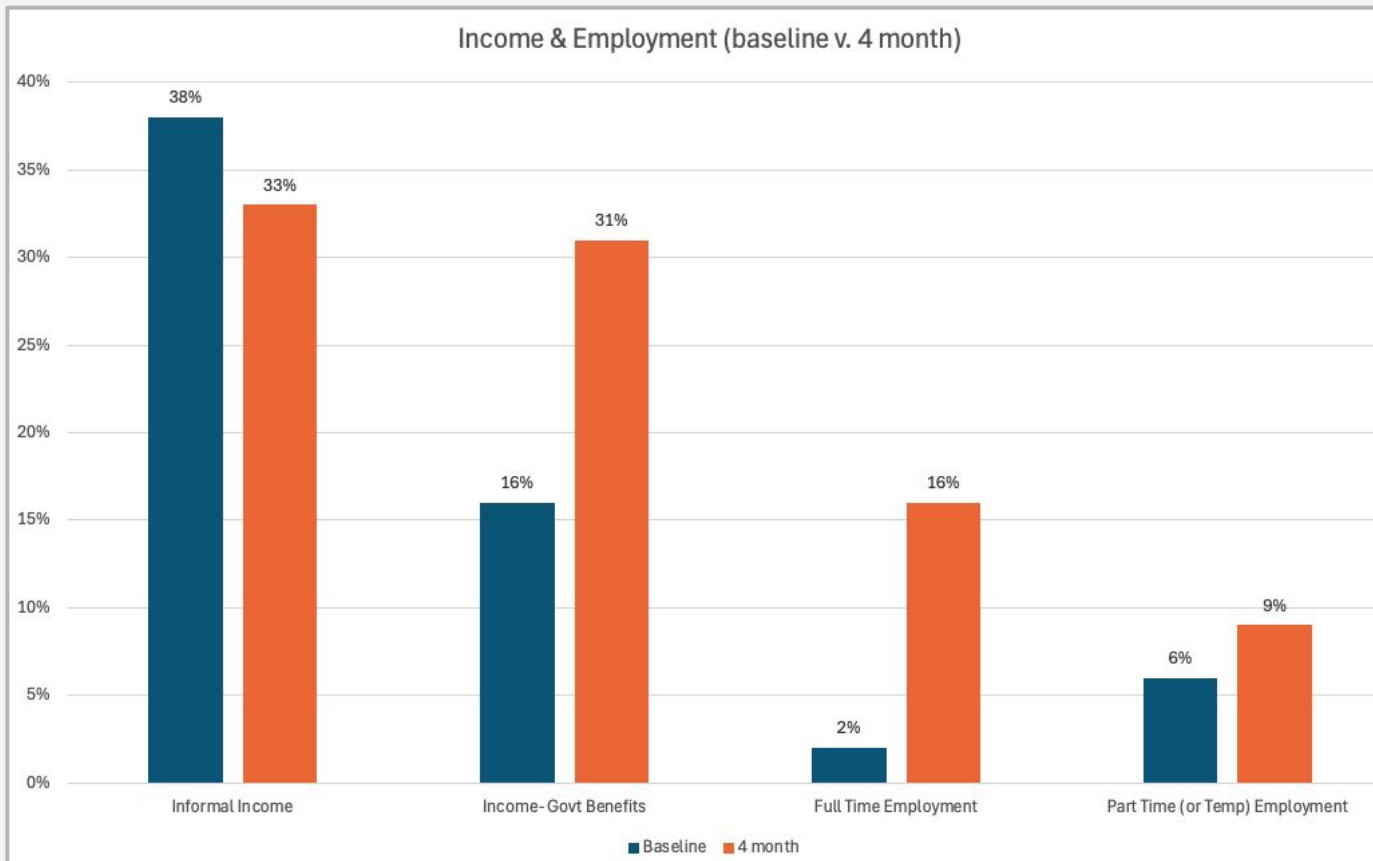


19% focus on education, job training



11% report no employment goals or were unsure

SOS Study Participants



Creating Safety and A Sense of Stability to Support Pathways Out of Homelessness



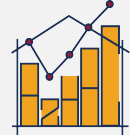
Successes

1. Provides **life saving services** & healthcare
2. Increases **safety & security** compared to unsheltered homelessness
3. **Project improvement** & opportunity for participant feedback

Program Redesign: Recommendations

1. Integrate **housing placements** & dedicated vouchers
2. **Workforce development** that results in employment, especially for justice-impacted &/or disabled populations
3. High quality **case management** & housing support, along with working conditions that promote retention

SOS is the Starting Point



Creating the Conditions for Housing First to be Realized

HOUSING FIRST PRINCIPLES IN ACTION



PRIORITIZING HOUSING

Housing is the foundation.
People are connected to
permanent housing as
quickly as possible.



CONNECTIONS TO THE COMMUNITY

Support meaningful relationships,
social inclusion, and community
integration.



RECOVERY-ORIENTED SERVICES

Person-centered, trauma-informed
services that meet people where
they are and support their goals.

THE SOS PROVIDES AN ENTRY POINT INTO A COORDINATED HOUSING FIRST SYSTEM



SAFETY

A physically and
emotionally safe
environment.



A SENSE OF STABILITY

Reduced chaos and
uncertainty allow
space to focus on
next steps.



REDUCED SURVIVAL DEMANDS

Basic needs and immediate
risks are addressed,
freeing up capacity
to engage.



PERMANENT HOUSING

Sustained stability
and long-term
housing outcomes.



ENGAGEMENT

Participants engage
with housing,
healthcare, behavioral
health, and employment
services.



RECOVERY & CONNECTION

Build trust, pursue
recovery, strengthen
relationships, and
reconnect to
community.



SAFE OUTDOOR SPACES CAN BE THE STARTING POINT.

HOUSING FIRST IS THE PATHWAY.

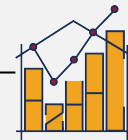
CROSS-SECTOR COLLABORATION IS THE KEY TO LASTING OUTCOMES.

5-minute break

Pathways to Housing

System Modeling

System Modeling



Goal: Develop and test an expanded system model that builds on Stella M and Stella P to

- visualize how households move through the homelessness response system,
- assess system performance and capacity, and
- simulate how changes to programs, services, and resources could affect system outcomes.

Current Status:

- Creating first version of the model

It helps answer key questions. For example, "If we invest \$1 million in prevention, how will it impact the number of people entering homelessness?"

Data Sources

HMIS Data

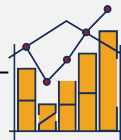
Methods

Quantitative

Rapid Exit Pilot

City of Phoenix

Rapid Exit: Supporting Quicker Exits from ES



Goal: Evaluate the implementation and effectiveness of a Rapid Exit pilot aimed to identify “quick resolvers” and facilitate their exit from emergency shelter (ES) with flexible funds and other supports.

COP learned that 71% of HoHs entering the system use only emergency shelter, staying an average of 119 days—suggesting shelter functions more as a holding environment than rapid triage.

Current Status:

- Co-developing SOP for Rapid Exit
- Key Performance Outcomes:
 - Reduce number of people in shelter
 - Reduce length of stay
 - Reduce returns to homelessness

Data Sources

- HMIS Data
- Partner Shelters
 - SVDP (Washington shelter)
 - CABI (Navigation Center)
 - CASS

Methods

- Quantitative
- Process

Shared Housing

SVDP

City of Phoenix

Facilitating Exits from ES via a Shared Housing Approach



Goal: Understand the feasibility of implementing a Shared Housing Approach with PEH in emergency shelter settings.

Current Status:

- Trainings provided to 1) providers and 2) clients
- Implementing a Statewide Learning Community
- Preliminary report scheduled for 2027
- Co-developing SOP with partners

Data Sources

- Provider focus groups
- Tenant baseline and follow-up interviews and surveys
- Landlord focus groups

Methods

- Quantitative
- Qualitative
- Process

Reducing the Family Housing Hub Waitlist

Project Overview: Reducing the Waitlist



Goal: Evaluate the implementation and effectiveness of strategies to reduce the *Family Housing Hub Waitlist* and achieve functional zero.

Current Status:

- Identifying “next level strategies” for prioritization and implementation
- Preliminary results in late January 2027
- Key Performance Outcomes:
 - Reduce number of families in shelter
 - Increase numbers of diversion
 - Increase numbers of rapid resolution
 - Reduce returns to homelessness

Data Sources

- HMIS Data
- Partner/Provider-level program data

Methods

- Quantitative
- Process



Questions and Discussion

Our Website:

[Arizona Housing Analytics Collaborative](#)

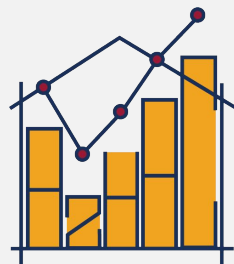
Contact us at:

azhac@asu.edu



"Improve systems to improve lives"

Thank you!



AzHAC

Arizona Housing Analytics Collaborative

“Direct Analytics to Decision-making and Care Coordination”