## Texas Point-in-Time Count Analysis

Disclaimer: This analysis was performed by the Texas Homeless Network ("THN") under contract with the Texas Department of Housing and Community Affairs ("TDHCA") and is based on data collected from Continuum of Care ("CoC") Point-in-Time ("PIT") count surveys; research that adheres to strict statistical processes may or may not result in some of the same findings presented in this study.

Introduction

Each CoC is required by the U.S. Department of Housing and Urban Development ("HUD") to conduct an annual PIT count of people experiencing homelessness during the last week in January. Texas has 11 CoCs: Amarillo, Austin, Brazos Valley, Dallas, El Paso, Fort Worth, Heart of Texas (Waco), Houston, San Antonio, Texas Balance of State, and Homeward Bound (counties surrounding Wichita Falls).

The goal of this analysis was to meet the requirements of Senate Bill 1580 to "summarize the status of the homeless veteran population in this state and note any trends observed in the previous three calendar years." Knowing that the point-in-time survey data would contain year-to-year information on homelessness, THN developed a plan to gather and analyze the data for the years 2014, 2015, and 2016.
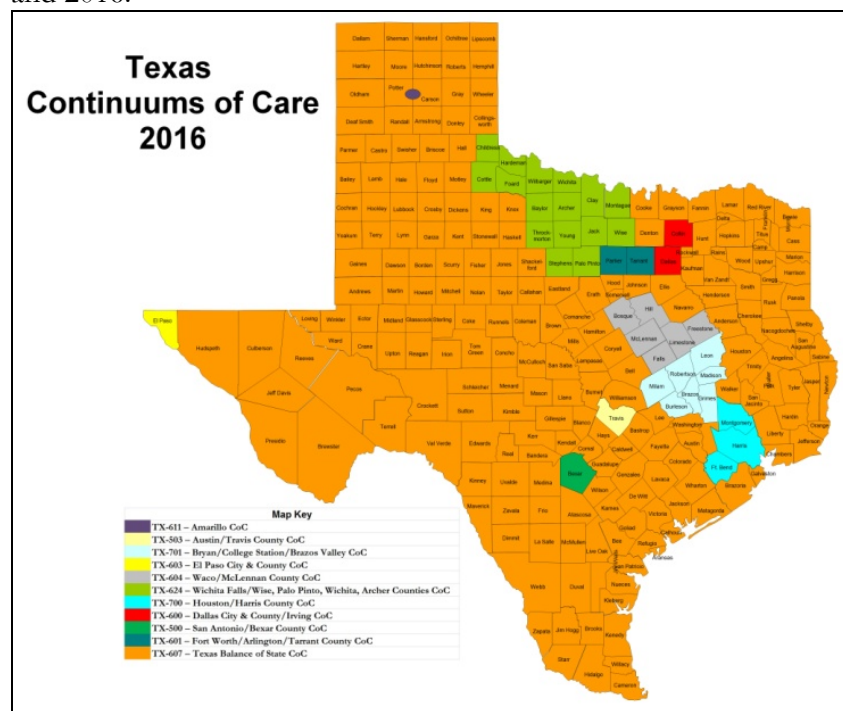

PIT Count Analysis Method

This analysis presented a challenge because each CoC has a different approach to composing the questions for and administering the PIT survey, and storing the resulting data. Despite the differences in survey approaches, HUD requires every CoC to ask a common set of questions to elicit data for annual reporting purposes. Recognizing the need to review data on a case by case basis

rather than in aggregate form, THN informed each Texas CoC of the analysis plan and requested they sign and return a Data Sharing Agreement ("DSA") before proceeding with the work.

Once the DSA was in place, THN asked each CoC lead to submit their (1) survey instrument, (2) PIT data file for years 2014-16, and (3) any data code sheet that may

have been used. This data gathering step began in early February 2016 and was completed in May 2016. THN then reviewed each year's survey instruments for all participating CoCs to identify common questions that could lead to matching data points. Ten of the eleven CoC participated (Homeward Bound CoC did not participate). This process resulted in the elimination of several sets of data because the direct comparison between CoCs was not always possible. However, there were enough matches to create aggregate datasets for each year's PIT data, and later for the combined three-year period. The data matching process took staff three months to complete.
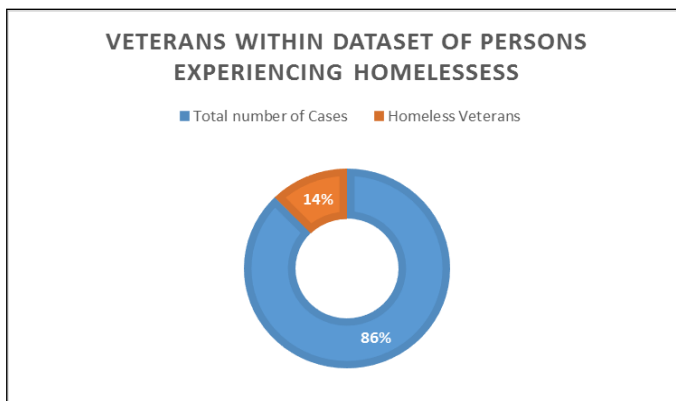
Once the data was aggregated, THN staff transferred it to the statistical package software SPSS so that analyses of the data could be conducted. The transfer resulted in a large dataset that contained information on 33,771 cases, each case representing a respondent providing information during one of the PIT surveys conducted in Texas from 2014-16. Fourteen percent of those respondents indicated they had served in the military.
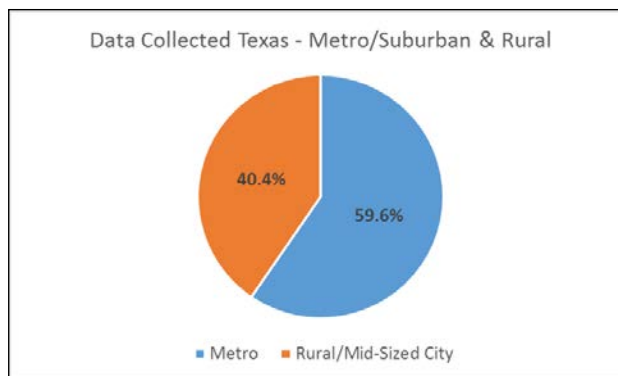
After removing the cases that indicated the respondent was sleeping in a location that did not meet the HUD definition of homelessness, the total number of cases was reduced to 21,220, of which 2,979 were identified as homeless Veterans. The number of surveys for Veterans experiencing homelessness is 1,114 for 2014, 1,056 for 2015, and 809 for 2016. These were the two final datasets used for the analyses. Please note that the number of surveys may be lower than the number of Veterans identified as experiencing homelessness in each PIT, since some Veterans refused to take the surveys.

Results

The results of the analyses on the final data sets were consistent with past analyses on persons experiencing homelessness and specifically Veterans. Nonetheless, the results were useful in the examination of characteristics and histories of Veterans experiencing homelessness in Texas. At the very least, the results point to the need to examine specific aspects of homelessness among Veterans, to determine preventive measures.

Examination of Trends

The goal of this analysis was to identify trends. However, any trends identified should be considered in context of the limitations of the data. There was a lack of comparable data in terms of similarity in the phrasing of questions. For example, it would have been clearer to identify trends about homelessness if all the PIT surveys had asked the same questions about reasons for becoming homeless, length of homelessness, and where the person lived before experiencing homelessness. In addition, the time period of three years is a relatively short interval to identify trends.

Taking into consideration the limitations of the data, the information gathered suggests that the percentage of homeless Veterans that served in Vietnam is being surpassed by Veterans from the most recent gulf wars. Further analysis on this specific group may give insight to their specific needs which, in turn, could influence strategic planning on ending Veteran homelessness.
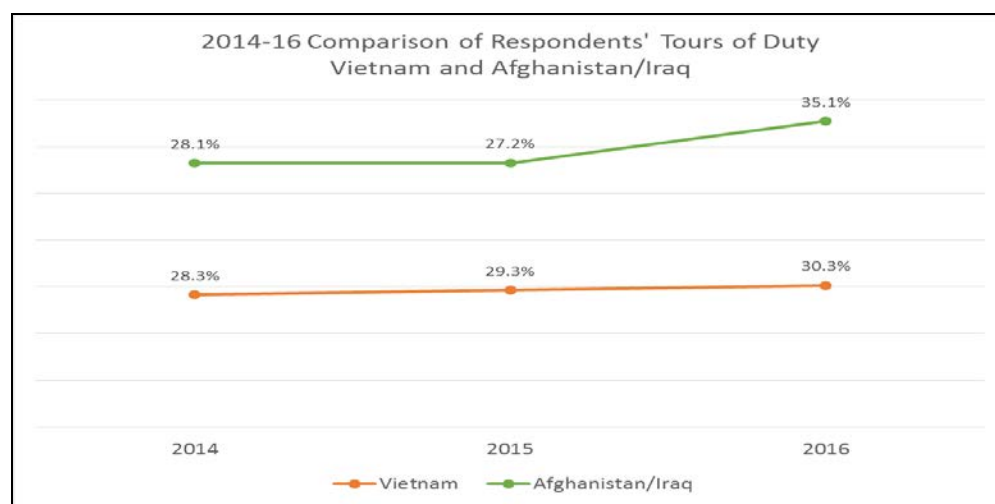

Special attention should be paid to these numbers over the next few years to attempt to ascertain the effectiveness of the robust response to Veteran homelessness by the HUD-Veterans Affairs Supportive Housing ("HUD-VASH") and the U.S. Department of Veteran Affairs' Supportive Services for Veteran Families ("SSVF") programs.
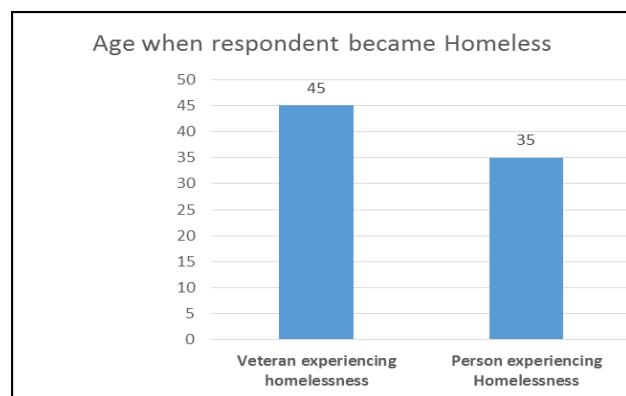
Similarities between Homeless Veterans and non-Veterans

Reviewing the data, it is evident that there are more differences than similarities between Veterans experiencing homelessness and the overall population experiencing homelessness in this analysis. However, one overriding similarity is that the reason given for becoming homeless is a lack of affordable housing. Other common characteristics included the consistency of the racial makeup. (Note that race and ethnicity questions were not standardized in the PIT surveys; when respondents indicated more than one race, these responses were grouped under "two or more" races.) In general, for both the general homeless population and the homeless veteran population two-thirds of the respondents were White while one-quarter was African-American. Most respondents – whether veteran or non-veteran - were from the city or the surrounding county where the survey took place

before they became homeless. Additionally, the ethnicity of the entire dataset was one-quarter Hispanic as it was for the subset of homeless Veterans alone.
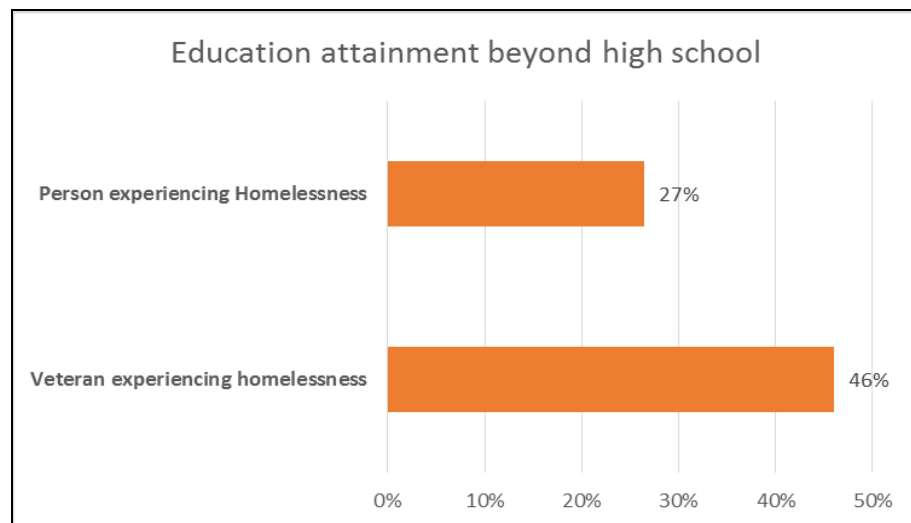

Beyond basic demographics, there are a few other similarities. The length of unemployment for Veterans and non-Veterans experiencing homelessness is one year. Slightly less than two-thirds of the respondents indicated they were unemployed at the time of the survey but one-third indicated they were working full-time, part-time, or in temporary jobs. Less than half of all people surveyed reported a separate instance of homelessness sometime in the past 12 months; Veterans experienced this at a slightly higher rate but not significantly so. Finally, both groups reported the same likelihood (1 in 5) of experiencing physical or sexual violence.

Differences between Homeless Veterans and non-Veterans

As stated above, differences between Veterans and the overall population experiencing homelessness were observed in the data. Results that indicated at least a six percentage point difference were noted as disparate. Demographically speaking, Veterans experiencing homelessness are more likely to be male with a median age of 54, than the overall homeless population which is 60% male with a median age of 42. (Note that while this analysis shows that the Veteran homeless population was 70% male, this may be due to the small sample size. This gender ratio does not

mirror national ratios of gender during the 2015 PIT count, which shows that the Veteran homeless population is 91% male.[1]) Nearly 90% of Veterans are single without household members with them. Interestingly, the educational attainment level of Veterans is higher than the overall population measured, nearly 20% more homeless Veterans were educated beyond the high

PTSD Prevalence

school level than homeless non-Veterans. The majority of Veteran respondents in this group (26%) listed "some college" as their advanced education.
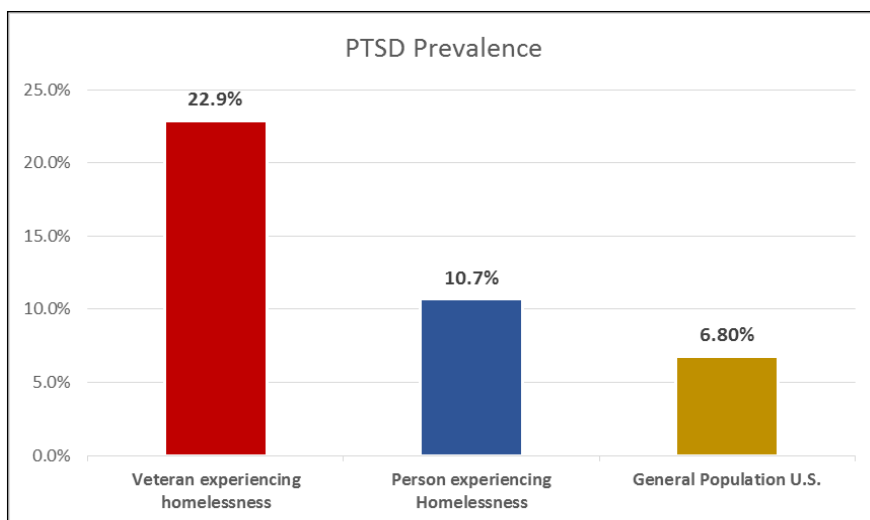
The histories of Veterans experiencing homelessness, as compared to the overall group of respondents, indicate they became homeless at a later age and remain homeless longer than their non-Veteran counterparts. Veterans tend to first became homeless at approximately age 45 and the median time they experienced homelessness at the time of their survey response was one year. The overall population first became homeless at approximately age 35 and remain homeless for three months fewer than the Veterans. Forty-two percent of Veterans are more likely to experience repeated episodes of homelessness (4 or more times over 3 years) and/or to have been continuously homeless for a year or longer, while only 35% of people in the overall population fall into these categories.

Veterans in this analysis reported sleeping outdoors at a higher level than the general homeless population. On average, 42% percent of Veterans in this analysis reported sleeping outdoors. This contrasts with the non-Veteran homeless population, two-thirds of which reported sleeping in Emergency Shelter or Transitional Housing. Additionally, over one-third of Veteran respondents reported having one or more of the following conditions: substance use disorder, mental illness, and physical disability. By contrast, only one-quarter of the non-Veteran homeless population reported having one or more of those conditions. Staying outdoors contributes to the vulnerability of persons experiencing homelessness and exacerbates existing health issues. These results indicate Veterans experiencing homelessness have significant health care needs than the general population experiencing homelessness.

While having a disability was cited as a significant reason for a Veteran becoming homeless, unemployment was actually listed as the greatest factor lack of affordable housing. Forty-six percent of Veterans in this analysis cited unemployment as the reason for their homelessness, and almost 50% of those unemployed Veterans indicated that disabilities prevented them from having a job. This differs from the non-Veteran homeless population of which 38% cited unemployment as the reason for their homelessness, and of which 36% indicated that disabilities prevented them from

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[1] United States Department of Housing and Urban Development, November, 2015, p. 50.

having a job. Finally, Veterans reported a higher preponderance of Post-Traumatic Stress Disorders ("PTSD") than all respondents this analysis. Homeless Veterans are almost 4 times more likely to be affected by PTSD than all people experiencing homelessness. In comparison, approximately 7% of the general population in the U.S. suffers from PTSD.

Conclusion

The results of the analyses on the Point-in-Time data from Texas CoCs for the years 2014, 2015, and 2016 were limited because of the inability to aggregate large amounts of data. This was due to differences in data collection and methods used by individual CoCs. However, the data that could be aggregated yielded information that can be useful to the analysis of characteristics and challenges of Homeless Veterans. While the overwhelming need for anyone experiencing homelessness is a need for affordable housing, the differences between Veterans and others experiencing homelessness can be used to inform strategic responses to Veteran homelessness in the future. For example, the health needs of Veterans appear evident from the results, as were the employment challenges respondents indicated.

This analysis demonstrates that there is the potential for significant data available each year through the PIT data collection process. The quality of data would depend on each CoC agreeing to use common survey questions and consistent response categories. The data collected could result in greater insight into homelessness and Veteran homelessness in Texas. Furthermore, efforts such as this analysis could be replicated using HMIS data if data sharing agreements could be put into place between CoC agencies and one entity that could collect and analyze the data. Examining aggregate data from HMIS could yield potentially even more meaningful results for planning efforts.