Who Are the Colorado Springs Homeless, Part One?

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Homelessness is a pervasive trend in just about every U.S. city. In struggling regions, homelessness is blamed on faltering economies that are a result of globalization, declining industries, automation and other rapid technological changes. The rustbelt is the proverbial example. In thriving regions, homelessness is largely blamed on the rapid escalation in housing costs. If you've been to San Francisco lately, you know that beautiful city has a severe homelessness problem. Colorado Springs is more in the thriving-city category. Both our state and region have had growth rates that outpace the nation in terms of GSP/GMP growth, productivity, labor participation and employment levels. We have also outpaced the nation in terms of housing price appreciation. Times are good in Colorado Springs, but not for everyone.

This begs the question, how much of the homelessness problem is due to the current shortage of affordable housing and other economic factors? How much of the problem is due to the personal challenges of the homeless population itself? How pervasive is mental illness? Alcohol and drug abuse? Are there truly many professional panhandlers? Many point out that with such low unemployment (3.3% for El Paso County in April 2019) and with high demand across the skill spectrum, we really shouldn't have so many homeless. These are uncomfortable questions because homelessness seems unfathomable to most of us who have shelter, food, warmth and even health care on demand. Can we do anything as individuals or as a community to alleviate homelessness? Would our efforts make a difference? In order to answer these questions and to know how to potentially make a difference, it makes sense to better understand the characteristics of the homeless population in our own community.

With the generous support of the Colorado Springs Health Foundation, Homeward Pikes Peak (HPP) and the UCCS Economic Forum decided to partner on a project that evaluates the characteristics of HPP's homeless clients. We sought a better understanding not only of the current circumstances of our region's chronically homeless, but also the history of HPP's clients. The mission of Homeward Pikes Peak is to help individuals achieve their full potential through substance abuse recovery so they can exit homelessness and move towards permanent, stable housing. HPP has one outpatient program and five programs that provide housing. All offer substance abuse treatment, help with obtaining social aid including health care coverage, mental health counseling, and where applicable, assistance with obtaining temporary or permanent housing.

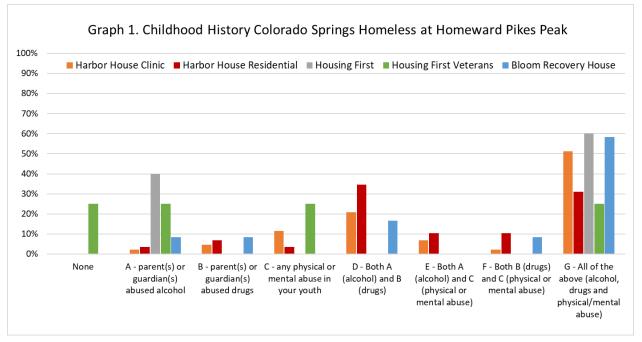
HPP case managers fill out extensive intake forms when a new client presents at their offices. The information helps case managers know how to best help the client. Many of the forms are also required by Housing and Urban Development or other funding/partner organizations. It was determined that amidst all the paperwork, there were some key questions missing related to the client's childhood. Specifically, no information was consistently gathered about parental or other caregiver's alcohol or drug abuse and/or any infliction of physical or mental abuse. Also missing was information about adult violent experiences and jail or prison time. We added the relevant questions to the intake process during 2018.

Client data from five HPP programs was analyzed. Harbor House Clinic (HHC), the largest and only outpatient program, had 57 clients in 2018, and Harbor House Residential (HHR) had 53 clients. For the other three HPP programs, data includes two years (2017 and 2018) because there were a small number of clients in these

programs and we were able to retrieve information for those clients who were still participating in HPP programs throughout the two-year span. Housing First (HF), and Housing First Veterans (HFV), which serves individuals with a dual diagnosis of a disability and severe mental illness, each had 7 clients. Bloom Recovery House, which focuses on expectant mothers, had 12 clients. Although sample sizes are not large for any of the HPP programs, the information is still useful from the perspective that it a) describes present and past key characteristics of the homeless population, b) tells us about the homeless population in our own community, and c) potentially reveals what traits or circumstances may have led to homelessness.

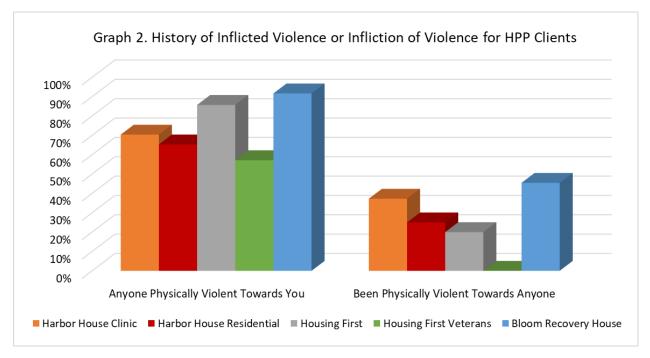
It is important to note that for some metrics, data is not available for all clients because either the client refused to answer or the clinician failed to collect the information.

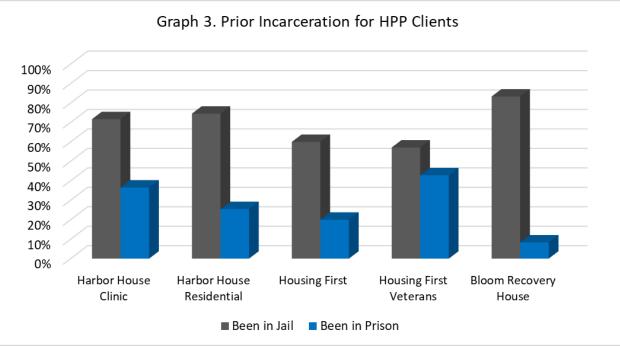
Certain patterns emerged across all programs even though each program targets different populations (see <u>https://homewardpp.org/</u>). Several themes are discussed in two articles. The first theme centers on clients' childhood experiences. Although one could postulate that homeless individuals have less-than-ideal upbringings, the pervasiveness of parental/caregiver substance abuse, and/or mental or physical abuse is striking. For all HPP programs, the majority of homeless clients have grown up in homes with some kind of substances abuse and/or physical or mental abuse. Many Colorado Springs homeless have experienced some combination of these traumas or even all of the childhood traumas. Graph one highlights the starkness of the data.



Sample sizes for this question were: HHC n=43, HHR n=29, HF n=5, HFV n=4, BRH n=12

The pattern of violence continues beyond youth, which is another pervasive theme. The majority of clients in all five HPP programs state that they have had someone be violent towards them at some point during their lives. Similarly, a high percentage of clients state that they, in turn, have been violent towards someone. Graph 2* shows the percentage of clients who answered affirmatively to these two separate questions. Given this history and these tendencies, it is not surprising that many HPP clients have experienced jail or prison time (see Graph 3*). The patterns of trauma and violence start young and persist throughout the homeless clients' lives.





The next article will focus on the educational attainment level of HPP clients, the marital and parental status of clients, the prevalence of substance abuse, mental and physical health status, and whether clients are accessing behavioral or physical health services. There will also be a brief summary of all findings as well as some possible implications from the data.

*For specific sample sizes for the array of questions in graphs 2 and 3, please email the author at *tbailey6@uccs.edu*.