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Posted By Mike Padgett

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PHOENIX, Ariz. – The young homeless glance over their shoulders and see the ruins of their pasts. Ahead of them, if they cannot obtain assistance, these sidewalk souls may see their yesterdays reflected in their futures.

They likely came from homes where domestic violence, mental illness or substance abuse erased dreams of becoming teachers, preachers, bakers or changemakers. In some cases, studies say, the young homeless were kicked out of their homes by their parents.

Counting homeless youth is challenging, so even estimates are hard to determine, according to various reports. Youth may be deceptive about their age so they can get into shelters, and they are “difficult to distinguish from adults during a street count conducted in the dark of night,” says an annual report on the homeless from the Homeless Coordination Office of the Arizona Department of Economic Security.

The DES report says the best information about Arizona’s homeless youth comes from data collected annually by the Arizona Department of Education, which in 2005 estimated there were more than 17,000 homeless youth in grades K-12 in Arizona schools.

And in March, the National Center on Family Homelessness issued its new state-by-state report card on child homelessness, called “America’s Youngest Outcasts.” Its review of Arizona’s young homeless includes children under 6 years, boosting the number of the state’s homeless children to nearly 33,000. These homeless students likely live with families in temporary housing, shelters, camping grounds, abandoned buildings, motels, city parks or with friends or relatives.

Here are some of the highlights of Arizona’s rankings in the new report:

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Arizona's homeless children:

- **Under 6 years: 13,848**
- **Grades K-8 (enrolled): 14,914**
- **Grades 9-12 (enrolled): 4,209**
- **Total: 32,971**

Arizona's rankings among the 50 states in the national report on child homelessness, with first being the best and 50th being the worst:

- **36th overall ranking nationally.**
- **Third in child well-being.**
- **45th for risk of child homelessness.**
- **Moderate for state policy and planning efforts.**
- **Among the nation's 10 states with the most homeless children.**

Source: America's Youngest Outcasts, prepared largely by the staff of The National Center on Family Homelessness.

Many reasons for young homelessness

In metropolitan Phoenix, the young homeless without families generally are older adolescents and young adults into their early 20s. Alone or in pairs, they survive ugly lives of misery on the sidewalks and in the alleys next to shiny new office towers or high-rise condominiums.

The young homeless are on the streets because of one or more reasons. They include poverty, domestic violence, mental disorders, learning disabilities, or substance abuse by the parents or by the children, says Dr. Randal Christensen, medical director of a program offering medical help to young homeless in metropolitan Phoenix.



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Seeking safety at night behind a dumpster or in a culvert, the young homeless might see a shooting star and wonder if it represents a passing soul. But the homeless are hardly romantics.

When hunger or an addiction becomes unbearable, their inhibitions vanish. A few bucks for survival sex in the shadows will pay for a burger and fries, or for more lightning in pills or a bottle.

The homeless in metro Phoenix sometimes fight among themselves, stealing food, clothes, sleeping bags and backpacks. One young woman showed Christensen where, for safety, she slept in a concrete culvert in a desert area in Tempe. Others know which dumpsters to sleep behind, and where they can find the most protection after dark in isolated areas along the Salt River.

‘Big blue beast’

These and many other gritty stories are old news to Christensen and his medical team. For the past several years, they have offered basic medical care and referral services to homeless youth and families in Phoenix and Tempe. Their mobile clinic is a 38-foot Winnebago.

“Welcome to the big blue beast,” Christensen says, showing his visitor the medical team’s medical van. This doctor’s office on wheels has examining rooms for privacy and cabinets stocked with medical supplies. Those supplies exclude prescription drugs because of security and safety issues.

This is the medical team’s third – and largest – van since the Crews ‘N Healthmobile program started about eight years ago. The medical van is a partnership between Phoenix Children’s Hospital and HomeBase Youth Services. Additional support comes from UMOM New Day Centers and Children’s Health Fund.

The program offers medical care to the young homeless, up to age 24. The medical van makes weekly stops at UMOM, 3320 E. Van Buren St., and on a street just east of downtown Tempe. If the homeless patients qualify, they will be enrolled on the state’s medical insurance program, Arizona Health Care Cost Containment System, or AHCCCS.

In addition, Monday through Thursday, a morning clinic is operated at HomeBase near McDowell Road and 13th Street. The clinic is licensed through Phoenix Children’s Hospital. Participating in the clinics are dentists and podiatrists.

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The medical team's records show it had 2,273 visits in 2007. In 2008, that number shot up 32 percent to 2,992. Christensen says he could double that number if he could double his staff.

The typical ailments are colds, sore throats, ear infections, pneumonia, bronchitis, dislocated fingers, infected cuts, sexually transmitted diseases, and persistent rashes. People with broken ribs or jaws are sent to the nearest emergency room.

In late March, Christensen gave a hospital referral to a 20-year-old homeless woman with a skin infection that resembled MRSA, a staph infection resistant to all but two powerful antibiotics. Christensen calls it "one of the worst things coming down the pike" because of concern it could become resistant to all known antibiotics.

Survival is a challenge

The questionnaire completed by homeless patients asks questions to help determine whether they use drugs or carry weapons. It asks about their self esteem, criminal history, medical history and mental health needs. It asks if they have been forced to have sex. The medical team, after determining whether the homeless patients need counseling or additional medical treatment, will refer them to the appropriate agencies.

Many of the young female homeless – and probably some of the males – "are raped or forced to have sex or are in survival sex" for food, drugs, money or a place to stay, Christensen says.

Ask Christensen, 42, about the team's frustrations, and he may tell you about one woman in her early 20s who visited the medical van regularly for about two years. She was taking medications for a seizure disorder. He says she "had a lot of problems," including multiple personalities.

"She would show up every single day we were out there," he says. "She would come in and she'd be all bandaged up (on a forearm) and she would say, 'I burned myself.' So we would say okay and we would take off the bandage, and there was no redness there at all. And then we realized that she was coming in because she thought of us as her family."

One day, Christensen saw the woman's name in a news story. Her body had been found in an alley. He suspects she had a fatal seizure and no one was around to help her. "I don't know if she stopped taking her meds one time, or she lost her meds, or the meds got stolen."

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Family drug abuse

Christensen also mentioned two homeless sisters. One is approaching 20. The other is a few years younger.

“They were just the nicest people, just friendly and happy and very charismatic and everybody liked them. And very smart, brilliant. They’re still on the street, as far as I know. I’ve been looking for them for a while now. Very smart, very well educated.”

Christensen suspects the sisters and their parents used drugs. Substance abuse among the homeless includes marijuana, prescription drugs and alcohol. Meth and ecstasy use is down. If they use heroin, it probably is black tar heroin imported from Mexico.

At one of his recent mobile clinics, the young homeless asking for medical help included a 20-year-old man. He was struggling with a persistent cough. He was staying with a friend and working in construction. He doesn’t know how long the job will last. He lived on the Valley streets for about a year. He slept on cardboard in a culvert in Peoria. He has family in Arizona, but he says their personal disputes keep them apart.

E-mails for help

A new phenomenon occurring in metro Phoenix is homeless shelters receiving e-mails from families seeking help. The families say they’re jobless and facing foreclosure, they’ve always had a home or an apartment, and they’re not familiar with how the shelters work, says Darlene Newsom, chief executive officer at UMOM.

UMOM is a Phoenix agency dedicated to helping homeless families achieve self sufficiency. UMOM is separate from Central Arizona Shelter Services, which offers a variety of social services to homeless single men.

“What we have seen is a new segment of the homeless that’s kind of emerging,” Newsom says. “These are families with adjustable mortgages with zero-based interest rates. So they exhaust their savings in trying to save their house, and they end up losing their house, moving to an apartment and then one day they lose their job.”

Every Friday, Newsom and her staff welcome 15 new families to orientation meetings to explain UMOM’s services. A year ago, half that number of families attended the meetings. On the agency’s waiting list today are about 90 families seeking shelter at UMOM. Some of the families, while on the waiting list, have lived in parks or in their cars in local parking lots.

A one-day count of homeless families in metro Phoenix, conducted early this year by the Maricopa Association of Governments, found 230 families living on the Valley’s streets,

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up from 49 families a year ago. The survey also found 139 youths living on their own, up from 40 last year. While those one-year increases are significant, Christensen believes the numbers are low, since they came out of a one-day survey.

Christensen and Newsom agree with warnings from real estate analysts that in the near future, more families will lose their homes because of sudden joblessness, little or no savings, and the resetting of their exotic mortgages to higher payments. Waves of those unconventional mortgages are scheduled to reset to higher interest rates between 2010 and 2012.

Homelessness growing, economy blamed

The extent of the homeless issue is uncertain because of the difficulty in counting those without shelter. Some of the new homeless families are turning to friends and relatives for temporary shelter. Others are reluctant to seek help from shelters, or they don't know who to ask.

In January, the National Alliance to End Homelessness began predicting an increase in young homeless families. It said that because of young families losing their homes due to job loss or foreclosure, about "1.5 million additional Americans are likely to experience homelessness over the next two years, over and above the number who usually become homeless."

And if that isn't bad enough, these waves of job layoffs and home foreclosures are occurring just as agencies are downsizing their services because of significant reductions in donations from corporate, philanthropic and private sources.

"We are already seeing tent cities forming, shelters turning people away, cities reporting increased numbers of homeless people, and local schools struggling to establish educational continuity for homeless children," the National Alliance to End Homelessness says. "Without intervention, the situation is only likely to get worse."

In March, the National Center on Family Homelessness issued its own report. It warns that the collective effects "of our nation's economic downturn – including increasing numbers of foreclosures, job layoffs, rising food and fuel prices, and inadequate supplies of low-cost housing – will surely add to the legions of children who are homeless."

Homelessness increasing nationwide

The National Center's 220-page report, using 2005-2006 numbers, is a state-by-state report card on child homelessness, focusing on families with children. It says about 1.5

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million children, or about one in every 50 children, experience homelessness in America each year. It does not include unaccompanied children or youth, sometimes referred to as runaway or throwaway youth.

In the studies of homelessness, according to the new National Center report, people who are homeless are listed in three categories: single adults, which includes the chronically homeless; unaccompanied youth; and families with children.

Christensen says the homeless often are reluctant to ask for medical help because of their upbringing. Some suffer from poor self images. Maybe they were bullied by abusive parents. Maybe they're embarrassed about their current situation. Some don't know the importance of eye contact, or they never learned to shake hands.

"They're scared," Christensen says. "They're scared of 'The Man' (police). They're scared that somebody will take advantage of them. They're embarrassed because they're wearing the same clothes and they haven't taken a shower in a while."

To boost their self image, Christensen and his team remind the young homeless that they are stronger than they think. They tell them that it takes strength to survive on the streets.

"Many of us would not be able to survive the same dark streets that they (the homeless) are," Christensen says, adding that hitting the streets generally is out of desperation from dysfunctional family situations.

"They've actually had some horrible, horrible things happen to them," he continues. "Maybe some of their own choosing, but probably mostly perpetuated from family to family to family, generation after generation."

Medical residents in the Valley rotate through Christensen's medical team. Even though he warns them what they are likely to hear from the young homeless, the medical students sometimes are stunned. After a medical resident interviews a homeless youth in an examination room in the van, "the next thing I know, I'll find them in front of the van, crying," Christensen says.

Doctor making street calls

Christensen says everyone, including the homeless, is entitled to quality medical care. The day he received his medical degree in 1995 from Tufts University near Boston, he thought he would become a program director training residents. But soon after graduation, he started a one-day-a-week clinic at Maricopa County's school for homeless children, which has since closed. That work with homeless students started changing his career goals.

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“I like the clinics, and every step that I’ve ever taken has drawn me closer and closer to the streets,” he says.

He says that the more he worked with the needy, the more he wanted to help them, instead of becoming a medical program director. He recalls philosophic discussions in his master’s of public health studies in medical school. Those discussions focused on what it means to save people, and how that goal can be achieved.

“Take one person who’s going to spend a year in the Peace Corps building an irrigation and water supply so that the kids don’t die from diarrhea in an underdeveloped country,” Christensen says. “You’ll find out that the person who does this one little thing saves more children than the best cardiothoracic surgeon.”

Homeless treated with respect

As homeless individuals arrive at the mobile clinic, they are invited inside. If they are new to the clinic, they are handed a questionnaire to complete. If they are returning patients, the medical team talks with them to learn more about their behavior and history.

Solutions to getting the homeless youth off the streets can be complex or easy, depending on each person’s situation. In the best of worlds, it can be as easy as telling them they are important.

“Sometimes it can be as simple as sort of planting a seed that lets them know that they’re worth it and we can help them start to speak for themselves,” Christensen says. “

“Each and every one of them I think is valuable. If given a chance, because of that ability to survive (on the street), because they’ve been able to do that, I think they’re worth the effort. They can succeed and become productive members of society.”

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