

# HOMELESSNESS IN TUCSON & PIMA COUNTY

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Myths, Facts & Evidence-Based Solutions  
Community Fact Sheet (Expanded Edition)

## The Big Picture

Homelessness is primarily a housing issue.

While mental illness, trauma, physical health challenges, and substance use can increase vulnerability, research consistently shows that the strongest drivers of homelessness are lack of affordable housing, rising rents and housing costs, poverty and low wages, economic instability, health and financial crises, and domestic violence.

Communities with greater housing affordability generally experience lower rates of homelessness. Communities with severe housing shortages experience higher rates of homelessness regardless of mental health or substance use rates.

## Tucson & Pima County Snapshot

People Experiencing Homelessness: 2,218

Children: 118

Young Adults (18–24): 121

Veterans: 95

Seniors (62+): 239

Chronically Homeless Individuals: 532

Affordable Homes Needed: ~22,000

Shelter Beds Available: ~881

### What These Numbers Tell Us:

Homelessness affects families, children, veterans, seniors, people with disabilities, and working adults. The data suggest that the challenge facing Tucson and Pima County is not simply a lack of services. The region faces a significant mismatch between the number of people who need housing and the supply of affordable housing available to them.

\*Figures should be verified before publication.

## **Causes vs. Vulnerability Factors**

Primary Causes: Lack of affordable housing, rising rents, poverty and low wages, economic instability, domestic violence.

Vulnerability Factors: Mental illness, physical illness, trauma, substance use disorders, and limited family or social support.

Key Message: Housing affordability and economic hardship are the primary drivers of homelessness. Other challenges can increase vulnerability and make recovery more difficult.

## **MYTH: Most People Experiencing Homelessness Are Mentally Ill**

### **REALITY**

Mental illness can increase a person's vulnerability to homelessness, but it is not the primary cause of homelessness. Research consistently shows that housing affordability, poverty, and economic hardship are the strongest drivers of homelessness at the community level.

The experience of homelessness itself can also worsen mental health. Living without stable housing often means chronic stress, poor sleep, lack of safety, social isolation, and difficulty accessing healthcare and medications. Many people who experience mental health challenges are able to live successfully and independently when they have stable housing, treatment, and community support.

## **MYTH: People Are Homeless Because They Use Drugs or Alcohol**

### **REALITY**

Substance use disorders can both precede and follow homelessness, but they do not explain why homelessness rises or falls across entire communities. Research consistently identifies housing affordability, poverty, domestic violence, and economic instability as stronger predictors.

For some individuals, substance use develops or worsens after they become homeless due to the trauma, fear, isolation, and instability associated with life on the streets. Housing, treatment, healthcare, and recovery supports together produce the best outcomes.

## **MYTH: People Don't Want Help**

### **REALITY**

Most people experiencing homelessness want housing, safety, stability, and support. What is often described as service resistance is frequently a response to barriers such as long waiting lists, lack of available housing, transportation challenges, trauma, or previous negative experiences with systems of care.

Building trust takes time. Research shows that people are more likely to engage successfully when services are respectful, accessible, trauma-informed, and tailored to individual needs.

## **MYTH: Most People Came Here From Somewhere Else**

### **REALITY**

Most people experiencing homelessness lived in the community before they lost housing. Family relationships, employment, schools, healthcare providers, and support networks are often located where people previously lived, making relocation difficult.

While some people move between communities, research from all across the country shows that homelessness is primarily a local challenge affecting local residents. Understanding this helps communities focus on local solutions rather than assuming homelessness is being imported from elsewhere.

## **MYTH: Housing First Is Just Giving People Housing Without Accountability**

### **REALITY**

Housing First is one of the most extensively researched approaches to addressing homelessness. It combines permanent housing with supportive services, including healthcare, mental health treatment, substance use treatment, employment support, and case management.

Research has found that Housing First helps people exit homelessness more quickly, remain housed longer, reduce emergency room visits and hospitalizations, and improve overall quality of life. Housing First is not housing only - it is housing plus support.

## **What Works**

Housing First, Harm Reduction, and Trauma-Informed Care are evidence-based approaches associated with improved housing stability, health outcomes, and lower public costs.

Research shows:

- Higher housing retention rates
- Faster exits from homelessness
- Reduced emergency room use
- Reduced hospitalizations
- Improved quality of life
- Lower public costs

## **What Success Looks Like**

- ✓ Fewer people living outdoors
- ✓ More permanent housing placements
- ✓ Higher housing retention
- ✓ Improved health outcomes
- ✓ Reduced emergency room utilization
- ✓ Reduced public costs
- ✓ Stronger neighborhoods

## **References & Sources**

TPCH, HUD AHAR, National Low Income Housing Coalition, Harvard Joint Center for Housing Studies, National Alliance to End Homelessness, SAMHSA, CDC, NAMI, National Health Care for the Homeless Council. Full URLs available in the companion booklet.