



DATA BRIEF

Families Using Emergency Shelters in Allegheny County: April 2022 through March 2023

January 2024

In Allegheny County, a network of shelters provides temporary places to stay for people experiencing homelessness. Allegheny County's emergency shelter network includes facilities that serve only adults and others that offer spaces to families with children or other dependents (family shelters). This data brief focuses on the group of approximately 598 people in 184 households that enrolled in one of six family shelters at least once from April 2022 through March 2023. People are eligible for family shelters if they are 1) an adult with a minor child(ren) or a child over 18 years old still enrolled in high school, 2) a woman or couple without a minor child where the woman is in her third trimester of pregnancy, or 3) a couple unable to separate or parent with an adult child where one is caregiving for the other.

See the related [data briefs](#), "People Using Adult-Only Emergency Shelters in Allegheny County" and "People Experiencing Unsheltered Homelessness in Allegheny County," for descriptions of other people served in the homeless system.

KEY FINDINGS

- **Ninety percent (N=165) of heads of household who used family shelters were female and Black individuals were over-represented — 77% of heads of households were Black, but Black individuals only make up 14% of the County.** Most households (71%) consisted of a single adult female head of household and one or more children. Forty-nine percent of children (N=179) were age 5 or younger at the time they entered a family shelter. An additional 35% were ages 6 through 12 and 16% were ages 13 through 17.
- **Most families had not recently used the shelter system and only stayed once.** 84% of families only used shelter once during this period and only 6% had used a shelter or County supportive housing program in the year prior to their first stay.
- **Although half of families stayed in shelter for more than two months, the largest group of families exited within a week of entering. Seventy-nine percent (N=153) of all stays resulted in households exiting to stable housing,** which includes a County housing program (33%), housing with family or friends (27%), or an owned or rented property (19%). An additional 19% exited to another shelter.
- **Income is limited for heads of household using family shelters.** 70% (N=129) of heads of household self-reported income from any source, with an average monthly income of \$923. Additionally, DHS was able to access Pennsylvania Labor and Industry information for 171 individuals in this cohort (93%). Of these heads of household, 47% (N=81) had earnings, with an average monthly income of \$1,243.

- **About a third of Medicaid-enrolled heads of household used behavioral health services, most of which were mental health outpatient services.** The most common diagnosis was acute stress disorder (30% of people with a diagnosis), a short-term mental health condition that can occur within the first months after experiencing a traumatic event.
- **Asthma was the most common chronic condition for Medicaid-enrolled children using shelter and the second most common for heads of household.** Asthma rates for both are twice as high as those in the general Medicaid-enrolled population in the County.
- **Fifteen percent of families using shelter had an active child welfare case in the year prior to their stay.** This could indicate the need for additional support and safety nets within the child welfare system or as families transition out of it.

METHODOLOGY

Facilities that provide emergency shelter collect demographic data on shelter visitors through the County's Homeless Management Information System (HMIS). This information is integrated with other data in Allegheny County's [Data Warehouse](#) to describe these individuals' employment history and their experiences with publicly funded behavioral and physical health services, other social services and the criminal justice system. Some families entered a shelter only once during the study period (4/2022 through 3/2023), while others entered a shelter more than one time, meaning that they stayed in a shelter, left, and then returned to a shelter. All family shelters designate a 'head of household' as the primary adult in the household. We examined data of all people who entered family shelters at least once during the study period and examined the head of household as a primary unit of analysis for most of the report.

Limitations

There are people in the region who may be experiencing homelessness or unstable housing but do not reach out for services. Additionally, shelters that serve survivors of intimate partner violence do not share client-specific information. Thus, the information included in this brief is an undercount of families using shelter during the study period.

This report includes information on early childhood, early intervention, and out-of-school time services but not school-related data, such as attendance and disciplinary actions. The Allegheny County Data Warehouse has incomplete enrollment data and limited attendance/disciplinary information so we chose not to include it here.

Eighty percent (N=147) of heads of household were receiving medical assistance, so we have data that allows us to describe their interactions with the physical and behavioral health system. However, because we do not have information on the 20% of households that were not publicly insured, the health-related metrics only reflect those with medical assistance.

Information on gender is derived from Allegheny County's Data Warehouse, which uses the 'best known' information for each person. However, the categories are imperfect for several reasons. First, they do not encompass the full sex/gender continua, for which two discrete categories is insufficient. Second, the local data source uses the terms "male" and "female," which typically describe a person's biological sex

(i.e., a person’s chromosomes, anatomy and hormones) and places these terms in a category called “gender” (i.e., a social construct whereby a society assigns certain behaviors masculine or feminine). As such, the data source conflates the terms and does not allow for the possibility that a given individual’s assigned sex does not correspond with their gender identity. Gender identity is not consistently captured in the Allegheny County Data Warehouse, except in child welfare data.

Finally, Data Warehouse and U.S. Census Bureau categories for race and ethnicity are broad and may not capture identities with which individuals would otherwise more readily identify. Likewise, specific subgroups of a given racial grouping may have differing experiences and outcomes that are masked by their being categorized under a broader group. Though flawed, DHS presents this data because tracking and analyzing the race/ethnicity of people who use human services helps DHS identify areas of disparity and changes over time.

HOUSEHOLDS

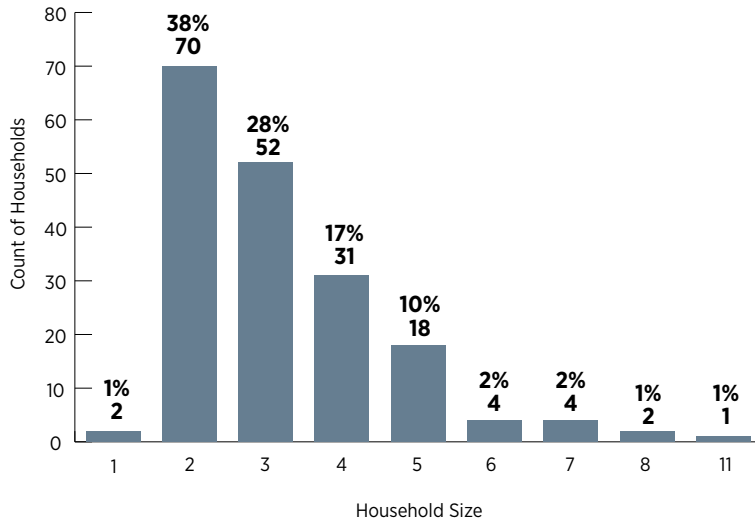
Allegheny County collects data on the household makeup of all families using shelter services. As **Table 1** shows, from April 2022 through March 2023, 598 people in 184 households enrolled in family shelters. Ninety-nine percent (N=182) of these households included children, with 71% (N=131) consisting of one adult female with a child or children, 23% percent (N=42) consisting of two adults with a child or children, 4% (N=8) consisting of a single adult male with a child or children, two households of pregnant women in their third trimester, and one household made up only of children (the head of household was 17 years old).

TABLE 1: Household Makeup of Families Using Shelter

HOUSEHOLD TYPE	NUMBER OF HOUSEHOLDS	% OF HOUSEHOLDS
Single adult female with child/children	131	71%
Two adults with child/children	42	23%
Single adult male with child/children	8	4%
Single pregnant woman	2	1%
Only Children (eldest was 17 years old)	1	<1%

Thirty-eight percent (N=70) of households consisted of two people and 28% (N=52) consisted of three people (Figure 1).

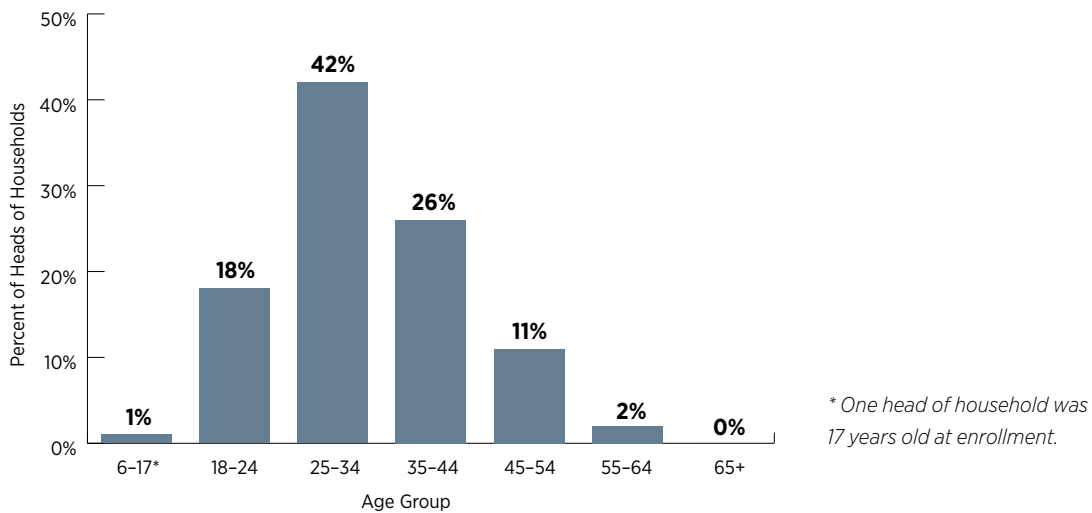
FIGURE 1: Number of People in Each Household for Families Using Shelters



Gender and Age¹

Ninety percent (N=165) of heads of household were female. Eighty-six percent (N=158) of heads of household were 18 through 44 and 42% (N=78) were ages 25 through 34 (Figure 2). Two percent (N=4) of heads of household were 55 or older and none were older than 65.

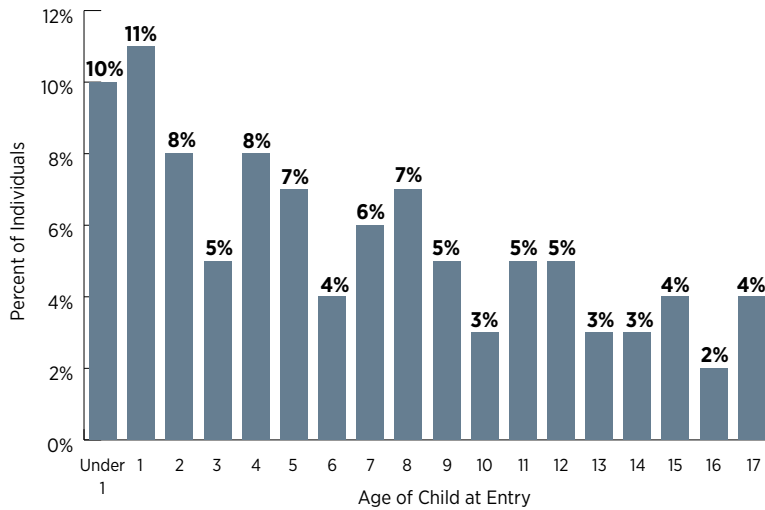
FIGURE 2: Age of Heads of Household Using Family Shelters



1 Age on date of first enrollment within the April-to-March period.

Forty-nine percent of children (N=179) were five or younger at the time they entered a family shelter. An additional 35% were ages 6 through 12 and 16% were ages 13 through 17 (Figure 3).

FIGURE 3: Age Distribution of Children Using Family Shelters



Race and Hispanic Origin

Seventy-seven percent of heads of household were Black, compared to 22% White (Table 2). One percent (N=2) of heads of household self-identified as being of Hispanic/Latino origin.

TABLE 2: Race and Hispanic Origin of Heads of Household Using Family Shelter

	HEADS OF HOUSEHOLD (N=184)		ALLEGHENY COUNTY RESIDENTS ²	
	#	%		%
Black	142	77%		14%
White	41	22%		78%
Other Races <i>Includes Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander groups, people of two or more races</i>	1	1%		8%
Hispanic/Latino <i>Of any race</i>	2	1%		2%

2 U.S. Census Bureau, 2020 Decennial Census

NUMBER OF STAYS AND LENGTHS OF STAY

As shown in **Figure 4**, from 4/2022 through 3/2023, 84% (N=154) of households had only one stay in a family shelter, with a median length of stay of 51 days. There were 219 total stays for these households, 198 of which had exited a shelter by the time of this analysis.

FIGURE 4: Number of Shelter Stays per Household, 4/2022 through 3/2023

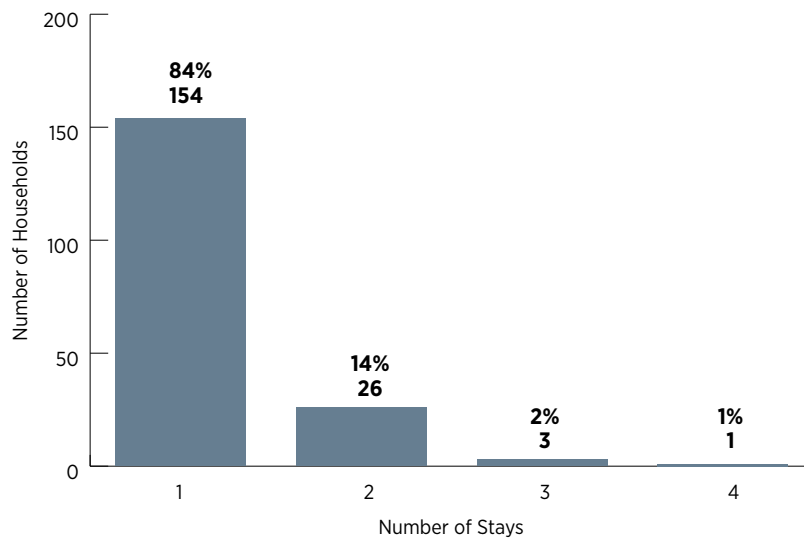
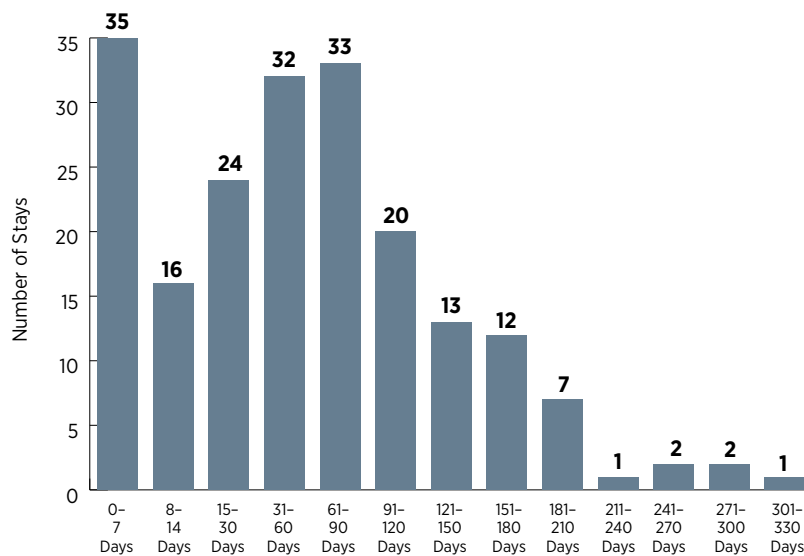


Figure 5 shows length of stay for the 198 shelter stays. The most common length of stay was a week or less, accounting for 18% (N=35) of households. Thirty-eight percent (N=75) of stays were less than a month. Only 7% of stays lasted more than six months.

FIGURE 5: Household Stays by Length of Stay in Shelter, 4/2022 through 3/2023 (N=198 stays)



EXIT DESTINATIONS

Information about where people leaving shelter are going is collected by the shelter provider as part of a household’s exit assessment. There was a combined total of 219 stays for these households, but only 198 of them had an exit date by the time of this analysis. **Table 3** summarizes the exit destinations for those 198 stays with exit dates. Exit destination data were missing for 3% of stays.

When leaving an emergency shelter, 79% (N=153) exited to stable housing, most often exiting to a County-administered housing program such as subsidized rapid rehousing rental, transitional housing, or permanent supportive housing for formerly homeless people (33% of exits, N=64). Other frequent destinations were other housing with family or friends (27%) or exits to owned or rental properties (19%). An additional 19% (N=37) of exits were to another emergency shelter. Most of these were among households that first stayed in an overflow location (hotel paid for with an emergency shelter voucher) and then moved to a traditional shelter once space was available.

TABLE 3: Exit Destinations of Households from Family Shelters

	# EXITS TO KNOWN DESTINATION REPORTED AT EXIT	% OF STAYS WITH KNOWN EXIT DESTINATION
Stable housing	153	79%
Housing Program	64	33%
Staying or living with family or friends	52	27%
Owned/Rental, with subsidy	26	13%
Owned/Rental, no subsidy	11	6%
Other shelter or hotel/motel	37	19%
Institution	2	1%
Unsheltered³	1	1%
Total with a known exit destination	193	

EXIT CATEGORY DEFINITIONS

Housing program: includes non-emergency housing services such as subsidized rapid rehousing rentals; transitional housing; and permanent supportive housing for formerly homeless people

Institution: includes jail, prison, or juvenile detention facility; hospital or psychiatric facility; and substance abuse treatment or detox facility

Missing: exit destination not collected; unknown; or declined to answer

Other housing: includes permanent or temporary housing with family or friend; long-term care facilities;

non-crisis host home; foster care and nursing homes; and residential project or halfway house

Other shelter or hotel/motel: includes shelter; hotel/motel with or without a voucher; and Safe Haven

Owned/rental: includes rent paid for by a client with or without a voucher or subsidy; rental in a public housing unit; and a unit owned by client with or without housing subsidy

Unsheltered: a place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

³ One family (two adults and three teenage children) declined to transfer from a hotel to

a traditional shelter space, planning to stay in a vehicle (which was not verified).

PRIORITIZATION OF HOUSEHOLDS FOR COUNTY HOUSING PROGRAMS

Allegheny County has a limited supply of supportive housing beds (permanent supportive housing and rapid rehousing programs) and must prioritize those most in need of this type of housing. However, the County is much more likely to be able to serve families with children than single adults. [Read more here about how the county prioritizes who receives housing programs.](#)

INCOME OF HEADS OF HOUSEHOLD

Most heads of household (and their family members) were enrolled in Medicaid and received public benefits during the year prior to their shelter stay (**Table 4**). Thirteen percent (N=24) of the cohort received Supplemental Security Income (SSI), which is designed to help older people and those with disabilities who have limited income to meet basic needs for food, clothing and shelter. Seventy percent (N=129) of heads of household self-reported income from any source, with an average monthly income of \$923.

DHS was able to access Pennsylvania Labor and Industry information for 171 individuals in this cohort (93%). Of these heads of household, 47% (N=81) had earnings from the second quarter of 2022,⁴ with an average monthly income of \$1,243.⁵

TABLE 4: Public Benefit Receipt During the Year Prior to First Shelter Enrollment within the Study Period, by Head of Household (N=184)

SERVICE CATEGORY	HEADS OF HOUSEHOLD	% OF TOTAL
Medicaid	147	80%
Public Benefit	165	90%
SNAP	151	82%
SSI	24	13%
TANF	48	26%

4 The most recent quarter for which data was available to DHS; although it is not concurrent with shelter enrollment, it provides some insight into earnings.

5 For comparison, according to American Community Survey 2022 5-year estimates, the median household income in Allegheny County is \$72,537, which is \$6,045 monthly.

SERVICE AND SYSTEM INVOLVEMENT

The Allegheny County Data Warehouse integrates client and service data from a wide variety of sources to describe individuals’ experiences with publicly funded behavioral and physical health services, other social services and the criminal justice system.

Housing-Related Services

About a third of heads of household that used emergency shelter received DHS-administered housing supports during the year leading up to their shelter stay. Most of these people received rental supports, with very few (6%, N=11) using shelter or supportive housing in the year prior to their shelter stay (Table 5).⁶

TABLE 5: DHS Housing Supports During the Year Prior to First Shelter Enrollment within the Study Period

SERVICE CATEGORY	HEADS OF HOUSEHOLD	% OF TOTAL
DHS Housing Supports	64	35%
Homeless Prevention/Rental Assistance	5	3%
COVID-19 Rent Relief	44	24%
Homeless Services — Emergency Shelter	1	1%
Homeless Services — Transitional Housing	0	0%
Permanent Housing for Formerly Homeless	10	5%
Permanent Housing	3	2%
Rapid Rehousing	7	4%

Health-Related Services

Of those with Medicaid (80%, N=147), 36% (53) of heads of household used behavioral health services in the year prior to their stay. The most common service was mental health outpatient treatment. An additional 10% (N=57) of people used mental health inpatient or crisis services. Eleven percent (N=16) used a drug and alcohol service (Table 6).⁷

Use of behavioral health services for children in the households was relatively rare. Ten percent (N=29) of children in these Medicaid-enrolled households used a behavioral health service⁸ and 24 of these 29 were served in outpatient treatment. Nine received a mental health crisis service and one a drug and alcohol service.

6 Our related [data brief](#) on individuals using adult-only shelter suggests that adults are more likely to have had prior shelter and housing program involvement than families (26% of the adult-only shelter cohort) but less likely to have accessed rental assistance/relief (about 5%).

7 Medicaid-enrolled individuals using adult-only shelters were more likely to access drug and alcohol services (35%).

8 For comparison, in 2022, 16% of Medicaid-enrolled individuals under age 18 accessed behavioral health services in the County.

As shown in **Table 6**, a majority of the Medicaid-enrolled heads of household (76%) used an emergency department in the year prior to their stay, as did 49% of the children. Almost all (96% and 87% respectively) heads of household and children were connected to outpatient physical health services in the year prior to their stay. The most common chronic condition among Medicaid-enrolled heads of household was hypertension, followed by asthma (**Table 7**). For children, asthma was the most common chronic condition. Asthma rates for adults and children in this cohort are twice as high as those in the general Medicaid-enrolled population in Allegheny County.

TABLE 6: Health-Related Service Involvement During the Year Prior to First Shelter Enrollment within the Study Period, Heads of Household and Children in Household

SERVICE CATEGORY	HEADS OF HOUSEHOLD		CHILDREN IN THE HOUSEHOLD	
	PEOPLE	% OF TOTAL	PEOPLE	% OF TOTAL
Behavioral Health Services	53	36%	29	10%
Drug / Alcohol Services**	16	11%	1	3%
Mental Health (MH) Services	47	32%	29	10%
MH Crisis Services	10	7%	9	3%
MH Inpatient Treatment	4	3%	1	0%
MH Outpatient Treatment	33	22%	24	8%
Physical Health Services	142	97%	248	88%
Outpatient	141	96%	246	87%
Emergency Dept. Visits	111	76%	139	49%
ED visits NOT resulting in inpatient stay	110	75%	139	49%
Inpatient hospitalization, inc. ED	31	21%	32	11%

** Age eligibility for drug/alcohol services is 14+. Percentages only reflect those eligible for the service.

TABLE 7: Top Chronic Disease Diagnoses of Heads of Household⁹

CHRONIC DISEASE	HEADS OF HOUSEHOLD	% OF PEOPLE WITH A DIAGNOSIS	COMPARISON GROUP: MEDICAID-ENROLLED ADULTS 2022 (N=200,676)
Hypertension	36	24.5%	21.7%
Asthma	30	20.4%	8.9%
Chronic Kidney Disease	12	8.2%	10.8%
Diabetes	11	7.5%	12.3%
Liver Disease	10	6.8%	7.6%

9 We did not include a table for children, as asthma was the main condition by far at 12.3% (N=35); all other conditions were experienced by fewer than four children.

Table 8 shows that the most common mental health diagnosis for Medicaid-enrolled heads of household was acute stress disorder (ASD), representing 30% of people with a diagnosis. ASD is a short-term mental health condition that can occur within the first months after experiencing a traumatic event. Fifty-six percent (N=9) of those with a substance use disorder diagnosis had an opioid use disorder.

TABLE 8: Top Behavioral Health Diagnoses of Heads of Household Accessing Services

TOP MENTAL HEALTH DIAGNOSES	HEADS OF HOUSEHOLD	% OF PEOPLE WITH A DIAGNOSIS	TOP SUBSTANCE USE DISORDERS	HEADS OF HOUSEHOLD	% OF PEOPLE WITH A DIAGNOSIS
Acute Stress disorder	16	30%	Opioid	9	56%
Depressive disorder	14	26%	Cannabis	6	38%
Anxiety disorder	11	21%	Alcohol	4	25%
Adjustment disorder	9	17%	Cocaine	3	19%
Bipolar disorder	4	8%			

Criminal Justice System Involvement

About a quarter of heads of household were involved with the adult criminal justice system in the year prior to their stay; only 2% had a jail booking (**Table 9**).¹⁰ No children or youth had adult criminal justice involvement. Two of 105 age-eligible youth were involved in the juvenile justice system.

TABLE 9: Criminal Justice System Involvement During the Year Prior to First Shelter Enrollment within the Study Period for Heads of Household

SERVICE CATEGORY	HEADS OF HOUSEHOLD	% OF TOTAL
Adult Criminal Justice System ^a	47	26%
New Criminal Filing	39	21%
Jail Booking	4	2%
Adult Probation	22	12%

¹⁰ For comparison, 15% of individuals using adult-only shelters had a jail booking in the year prior to shelter enrollment.

Services for Children

In the year prior to their shelter stay, 17% (N=22) of age-eligible children and youth received developmental support and resources through early intervention services, 13% (N=11) had a Head Start enrollment, and 8% (N=19) attended out of school time programming (**Table 10**). If we compare these enrollment rates with those of all Medicaid-enrolled age-eligible children, rates for children using shelter are similar or slightly higher.

TABLE 10: Early Childhood, Early Intervention, and Out of School Time Engagement During the Year Prior to First Shelter Enrollment within the Study Period¹¹

SERVICE CATEGORY	PEOPLE	# ELIGIBLE IN LAST YEAR	% ACTIVE IN LAST YEAR	ELIGIBILITY CRITERIA
Early Intervention Services	22	126	17%	Children under 3 years old
Head Start	11	86	13%	Children ages 3 through 5
Out of School Time	19	242	8%	Children and youth ages 5-21

Fifteen percent of heads of household (N=28) and 18% (N=63) of children had an active child welfare case in the year prior to their stay. Sixty of the 63 children remained in their home and were served with in-home supports (**Table 11**). Children are placed in out-of-home placement when they cannot remain safely at home and removal is necessary. Whenever possible, out-of-home placements are in homes of relatives or friends of the family (known as kinship care) or in foster care homes. Less often, children are placed in congregate care, which is a group setting. Of the three children who had been in an out-of-home placement in the year prior to their shelter enrollment, two were placed with kin and one was in a congregate setting. None of the children were in placement at the time of their shelter stay.

TABLE 11: Child Welfare Involvement During the Year Prior to First Shelter Enrollment within the Study Period

SERVICE CATEGORY	PEOPLE	# ELIGIBLE	% ACTIVE IN LAST YEAR
Child welfare as a Parent (heads of household)	28	184	15%
Child welfare as a child (children in household)	63	348	18%
Out-of-Home Placement (children in household)	3	348	1%

¹¹ The Data Warehouse has incomplete enrollment data and limited attendance/disciplinary information so we chose to focus on early education and out of school time here.

NEXT STEPS

Family and single adult users of the emergency shelter system are very different. Family shelters are used most by women with children, with the largest group of children five years old or younger. This system is disproportionately used by Black women. Most had very limited income, with average income between \$923 and \$1,243 a month, well below federal poverty lines of \$1,526 per month for a family of 2 and \$1,919 for a family of three. About a third of heads of household used the behavioral health system, most frequently in mental health outpatient treatment. Substance use disorder diagnoses are rare for this group. For those with a diagnosis, more than half had an opioid use disorder. It should be noted that the County does not have identified data on people using domestic violence shelters, who are more likely to be female and to have children. As such, this analysis is only part of the story of the needs of families around the County.

Allegheny County strives to ensure that any episode of homelessness is rare, brief and non-recurring. For families, this appears to be mostly true. For the 184 families who used the shelter system during this period, most stayed only once, half stayed for less than two months with the largest group exiting within a week, and most had not used DHS-administered housing supports in the year prior to their stay. When leaving shelter, families with children were most likely to exit to a housing program, followed by an exit to housing with family or friends. DHS is continuing to monitor capacity in the family shelter system and work with families toward housing stability.