A Needs Assessment of Unsheltered Homeless Individuals In Gainesville, Florida

Presentation to Joint Gainesville and Alachua County Commission Meeting - August 30, 2010

Background

- More than 3.5 million are homeless in a given year in the U.S. (Urban Institute 2000).
- The age adjusted mortality rate for homeless people is 4 times that of housed populations (Hibbs et al. 1994; Barrow et al. 1999). The average age at death is approximately 47 years old (CDC 1987; Hwang et al. 1997).
- Homeless service providers normally use general descriptive data to determine the needs of their clients rather than formal needs assessments. Such information is often incomplete and can be misleading.

Methods and Setting

- This study conducted a needs assessment of unsheltered homeless individuals in Gainesville, FL using a sample of 30 people (5.7% of the population) in order to develop a quantitative understanding of this population's need for services, difficulty obtaining services, utilization of services, and satisfaction with those services.
- There are about 947 people without housing in Gainesville on a given night. There are 333 shelter and transitional housing beds.
- All subjects were recruited and surveyed in the downtown area (Plaza, Library, Sweetwater Branch Park).

Results and Recommendations

- Food, Clothing, and Restrooms
    - These services, while important, are also significantly easier to obtain suggesting that the community is doing a good job meeting the most basic survival needs.
    - <u>This result does not mean that everyone is well-fed and adequately clothed or that funding for such activities should be reduced; these needs are ongoing and have been increasing.</u>
- Mental Health and Drug/Alcohol Treatment
    - These services are considered significantly less important than most others and are also relatively easy to obtain.
    - Those who have been homeless for a longer period of time and those who are frequently incarcerated find these services to be more important.
    - <u>The centralized intake of the GRACE Marketplace should target these services to these sub-populations.</u>
- Transportation
    - This service is one of the most important but is also relatively easier to obtain.
    - <u>For the GRACE Marketplace to be accessible to this population there must be regular, frequent transportation to and from downtown.</u>
- Physical Healthcare
    - This service is important but is also relatively easier to obtain.
    - Lack of health insurance is correlated with lower healthcare utilization and increased use of more expensive emergency care relative to outpatient care.
    - <u>To increase utilization and reduce costs, a free health clinic should be included in GRACE Marketplace focused on preventive care.</u>
- Dental Care
    - This service was ranked high in need and difficulty to obtain.
    - <u>The inclusion of a low-cost clinic in the GRACE Marketplace would centralize services and reduce significant financial and transportation barriers.</u>
- Shelter and Housing
    - These and related services are among the highest ranked in terms of need and difficulty to obtain showing that this need is not being met.
    - Shelter services had the lowest satisfaction ratings of all types of services.
    - <u>The GRACE Marketplace will fill a significant gap in services by providing low barrier shelter, transitional housing, a drop-in/day center, and financial assistance. It should also establish a formal, transparent, and impartial procedure for handling complaints and grievances.</u>
    - <u>Shift focus to permanent supportive housing, a proven and cost-effective strategy for re-housing chronic homeless people (more than 30% of Gainesville's unsheltered homeless population).</u>

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Tables

Table 1: Beds available for different groups of the homeless population.*

Subgroup	# of Beds Available	% of Total Beds
Families	85	26%
Veterans	76	23%
Unaccompanied Youth	40	12%
Domestic Violence	37	11%
Various	50	15%
Other Adults (Non-Vet, Non-DV, Non-Family)	45	13%
Total	**333**	**100%**

*Source: ACCHH 2010

Table 2: Demographic characteristics for the sample population compared to the total population.

	Sample Pop.	Total Pop.*
Age	46	43
Male	80%	76%
Female	20%	24%
White	70%	63%
Black	30%	29%
Other	0%	8%

*Source: ACCHH 2010

Table 3: General demographics and other characteristics.

	n	%		n	%
Time Homeless			**Veteran**		
Less than 1 year	10	33%	Yes	4	13%
1-2 Years	7	23%	No	26	87%
More than 2 years	13	44%	**Education**		
Cause of Homelessness			Less than 12 years	8	28%
Employment Issues	12	40%	12-15 years	16	55%
Medical Problems	8	27%	16 years or more	5	17%
Housing Issues	5	17%	**Chronic Medical Condition**		
Jail/Prison	4	13%	Yes	14	47%
Domestic Violence	1	3%	No	16	53%
Age			**Receiving Treatment**		
18-35	4	13%	Yes	6	43%
36-45	9	30%	No	8	57%
46-55	11	37%	**Health Insurance**		
55 and over	6	20%	None	22	73%
Gender			Medicaid	5	17%
Male	24	80%	VA	2	7%
Female	6	20%	Medicare	1	3%
Race			**Time in Jail/Prison**		
White	21	70%	None	14	47%
Black	9	30%	Less than 3 weeks	10	33%
Income			More than 3 weeks	6	20%
$0	10	33%	**Victimization**		
$1-$200	8	27%	Yes	9	30%
$201-400	4	13%	No	21	70%
$401-$600	3	10%			
$600 or more	5	17%			

Table 4. Means (± SE) for Need and Difficulty by service.

	Need		**Difficulty**	
Rank	**Services**	**Mean ± SE[1]**	**Services**	**Mean ± SE[1]**
1	Perm./Aff. Housing	3.9 ± 0.1 a	Perm./Aff. Housing	3.9 ± 0.1 a
2	Free Meals	3.7 ± 0.1 ab	Trans./P.S. Housing	3.8 ± 0.1 a
3	Trans./P.S. Housing	3.6 ± 0.1 abc	Fin. Ass. (Utilities)	3.8 ± 0.2 a
4	Fin. Ass. (Rent, SD)	3.6 ± 0.1 abc	Emergency Shelter	3.7 ± 0.2 a
5	Transportation	3.4 ± 0.2 abcd	Fin. Ass. (Rent, SD)	3.6 ± 0.2 ab
6	Drop In/Day Center	3.4 ± 0.2 abcde	Drop In/Day Center	3.5 ± 0.2 abc
7	Physical Healthcare	3.3 ± 0.2 abcde	Job Training/Placement	3.3 ± 0.2 abcd
8	Emergency Shelter	3.2 ± 0.2 abcde	Dental Care	3.3 ± 0.2 abcd
9	Public Restrooms	3.1 ± 0.2 bcde	Further Education	3.2 ± 0.4 abcde
10	Job Training/Placement	2.9 ± 0.2 cdef	Eye Care	3.1 ± 0.3 abcde
11	Clothing	2.7 ± 0.2 defg	SSI/SSDI Ass.	2.8 ± 0.3 bcde
12	Dental Care	2.7 ± 0.2 defg	Legal Ass.	2.8 ± 0.3 cdef
13	Eye Care	2.7 ± 0.2 efg	Physical Healthcare	2.8 ± 0.2 cdef
14	Further Education	2.4 ± 0.3 fgh	Transportation	2.6 ± 0.2 cdef
15	ID Ass.	2.2 ± 0.2 ghi	Mental Healthcare	2.5 ± 0.5 def
16	Food Stamp Ass.	2.1 ± 0.2 ghi	Drug/Alcohol Treatment	2.4 + 0.4 f
17	Legal Ass.	2.0 ± 0.2 hi	Public Restrooms	2.2 ± 0.2 f
18	Fin. Ass. (Utilities)	1.7 ± 0.2 hi	Food Stamp Ass.	2.1 ± 0.3 f
19	SSI/SSDI Ass.	1.6 ± 0.2 i	Clothing	2.1 ± 0.2 f
20	Mental Healthcare	1.5 ± 0.1 i	ID Ass.	2.0 ± 0.3 f
21	Drug/Alcohol Treatment	1.5 ± 0.2 i	Free Meals	1.3 ± 0.1 g

[1]Means in a column followed by different lower case letters are significantly different using Tukey's HSD (SAS 2003).

Note. The scale for importance is as follows: 1=Never Need, 2=Don't Usually Need, 3=Usually/Sometimes Need, and 4=Always Need. The scale for difficulty is as follows: 1=Always Easy, 2=Usually/Sometimes Easy, 3=Usually/Sometimes Difficult and 4=Always Difficult.

Table 5: Difference in means between Need and Difficulty by service.

Service	Need Rank	Mean Need ± SE[1]	n	Difference	*t*
Perm./Aff. Housing	1	3.9 ± 0.1 a	29	0.034	0.571
Free Meals	2	3.7 ± 0.1 ab	30	2.400	14.697**
Trans./P.S. Housing	3	3.6 ± 0.1 abc	26	-0.077	-0.811
Fin. Ass. (Rent, SD)	4	3.6 ± 0.1 abc	25	0.240	1.541
Transportation	5	3.4 ± 0.2 abcd	28	0.821	3.401**
Drop In/Day Center	6	3.4 ± 0.2 abcde	25	0.120	0.486
Physical Healthcare	7	3.3 ± 0.2 abcde	26	0.731	2.774**
Emergency Shelter	8	3.2 ± 0.2 abcde	27	-0.296	-1.615
Public Restrooms	9	3.1 ± 0.2 bcde	29	0.966	3.780**
Job Training/Placement	10	2.9 ± 0.2 cdef	22	0.136	0.530
Clothing	11	2.7 ± 0.2 defg	28	0.821	3.481**
Dental Care	12	2.7 ± 0.2 defg	22	-0.136	-0.420
Eye Care	13	2.7 ± 0.2 efg	19	0.316	1.302
Further Education	14	2.4 ± 0.3 fgh	11	0.545	1.491
ID Ass.	15	2.2 ± 0.2 ghi	18	0.889	2.758*
Food Stamp Ass.	16	2.1 ± 0.2 ghi	18	0.667	2.129*
Legal Ass.	17	2.0 ± 0.2 hi	18	-0.278	-0.591
Fin. Ass. (Utilities)	18	1.7 ± 0.2 hi	12	-1.250	-2.803*
SSI/SSDI Ass.	19	1.6 ± 0.2 i	14	-0.571	-1.529
Mental Healthcare	20	1.5 ± 0.1 i	6	0.500	0.591
Drug/Alcohol Treatment	21	1.5 ± 0.2 i	11	-0.182	-0.319

*$P < 0.05$ **$P < 0.01$

[1]Means in a column followed by different lower case letters are significantly different using Tukey's HSD (SAS 2003).

Note. The scale for importance is as follows: 1=Never Need, 2=Don't Usually Need, 3=Usually/Sometimes Need, and 4=Always Need. The scale for difficulty is as follows: 1=Always Easy, 2=Usually/Sometimes Easy, 3=Usually/Sometimes Difficult and 4=Always Difficult.

Table 6: Service utilization rates.

Service	# of Users	% of Total	Total # of Times Used
Emergency Shelter	3	10%	4
Trans./P.S. Housing	0	0%	0
Cold Night Shelter	26	87%	167
Physical Healthcare (In.)	9	31%	13
Physical Healthcare (Out.)	4	13%	10
Free Medical Clinic	6	20%	7
Dental Care	3	10%	3
Mental Healthcare (In.)	1	3%	1
Mental Healthcare (Out.)	1	3%	1
Substance Abuse Trt.	3	10%	3
Legal Services	2	7%	2
Job Training/Placement	10	33%	32
Other (Bus passes, IDs, etc.)	14	47%	14

Table 7: Satisfaction with services.

Service	# of Ratings	Avg. Rating
Emergency Shelter	4	3
Trans./PS Housing	0	---
Cold Night Shelter	26	3.1
Physical Healthcare (In.)	8	4
Physical Healthcare (Out.)	4	4.5
Free Medical Clinic	6	4.3
Dental Care	2	5
Mental Healthcare (In.)	1	5
Mental Healthcare (Out.)	1	5
Substance Abuse Trt.	3	5
Legal Services	3	3.3
Job Training/Placement	10	3.7
Other (Bus passes, IDs, Glasses, etc.)	14	4.2

Note: The scale for Satisfaction is as follows: 1=Entirely Negative, 2=Mostly Negative, 3=Indifferent, 4=Mostly Positive, and 5=Entirely Positive.

A NEEDS ASSESSMENT OF UNSHELTERED HOMELESS INDIVIDUALS IN GAINESVILLE, FLORIDA

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Abstract

A needs assessment of unsheltered homeless individuals in Gainesville, FL was conducted using a sample of 30 people (5.7% of the population) in order to develop a quantitative understanding of this population's need for services, difficulty obtaining services, utilization of services, and satisfaction with those services. Basic needs such as food, clothing, and restrooms were among the most important needs but were relatively easier to obtain, suggesting the need for these services is currently being met. Permanent housing and housing services (i.e. financial assistance with rent), were significantly more important than most other services but were also among the most difficult to access. Emergency shelter and job training/placement services were also ranked high in both need and difficulty in obtaining them. While transportation was frequently cited as a barrier to obtaining many other services and was ranked high in terms of need, it was relatively less difficult to access. The difficulty in obtaining physical healthcare was also significantly lower relative to the need for it. Lack of health insurance was significantly correlated with lower utilization of healthcare overall and increased use of more expensive emergency care. Mental healthcare and drug/alcohol treatment were significantly less important than most other services. Despite this, the need for these services was positively correlated with number of recent incarcerations and mental healthcare was considered more important by those who had been homeless for longer periods. Implications of these findings are discussed with a focus on a new shelter and service center currently under development by the local government.

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Homelessness and Needs Assessments

While it is true that there have always been people in the United States without housing, over the past three decades homelessness has grown and transformed into large-scale, permanent, and accepted feature of the social landscape. An estimated 3.5 million Americans now experience homelessness every year, making this a problem of enormous political and social importance (Urban Institute 2000). Further increasing the urgency of this issue are the significant dangers involved with not having a regular place to stay. Homelessness places one in a position of increased susceptibility to both petty and violent crimes (National Coalition for the Homeless 2008) as well as increased rates of morbidity (Gelberg and Linn 1989; Gelberg et al. 1990). The toll of this dangerous condition was examined by two separate studies which both found that the age adjusted mortality rate of homeless individuals was nearly four times greater than that of housed populations (Hibbs et al. 1994; Barrow et al. 1999). Similarly, a study by Hwang et al. (1997) found that the average age at death of homeless individuals was only 47 years old.

Agencies at all levels of government have responded to this massive and dangerous threat and now provide substantial amounts of funding to homeless service programs each year. As a result, community kitchens, emergency shelters, and a variety of other services have become common sites throughout much of urban and rural America. In spite of these efforts, homelessness has not decreased, and, especially with the current economic crisis, is actually showing signs of increasing (U.S. Conference of Mayors 2008). Given this disturbing trend, it is crucial for us to have a clear understanding of what services are needed by those Americans experiencing homelessness to help get them back into housing. Coming to such an understanding is no easy task however, as the opinions and values of this population are largely

unaccounted for by our democratic political system. Similarly, information on their economic needs is also unavailable since they are often not fully integrated into the market as consumers, but rather forced to rely on the charity of others. The lack of a socially established feedback system means that there must be a regular and systematic effort to gather information on their needs.

The most logical means of gathering this information is through a needs assessment, one of the most important tools used by social scientists to evaluate social services. They are often used to gather information on the needs (particularly unmet needs) and values of a specific population in order make more informed policy choices (Witkin and Altschuld 1995). Ideally, this information should also allow those in charge of relevant social service agencies to prioritize their goals for change and improvement by helping them decide which programs to keep, expand, or eliminate (Witkin and Altschuld 1995).

Unfortunately, homeless service providers have often opted against conducting organized needs assessments in favor of using basic descriptive data about the homeless population to determine their needs (Acosta and Toro 2000). There are two problems with such a strategy. First, such an approach risks misinterpreting the needs of the clients (i.e. just because there are high rates of substance abuse among homeless individuals does not automatically those same homeless people would like to see, and be willing to enroll in, more substance abuse treatment programs). Second, crucial information such as what services clients actually use and what issues influence utilization rates is not considered. A formal needs assessment addresses such information gaps by employing a systematic methodology that provides service agencies with accurate information on which services are most crucial and effective so that they can develop programs to fill gaps in the existing web of services available to the homeless.

The present study was designed to accomplish this task by using a sample of 30 unsheltered homeless individuals living in Gainesville, Florida as a part of a comprehensive needs assessment. The goal of this study was to provide agencies and policy makers in the city with relevant and useful information on the service needs of the unsheltered homeless, their perceived access to those services, the utilization rates of those services, and satisfaction with those services. Several additional characteristics of study participants (e.g. demographics, chronic health problems, education, recent arrests, and monthly income) were also recorded in order to reveal any patterns in need, difficulty, utilization, and satisfaction among different subgroups of the sample. Both the design of the survey instrument as well as the overall goals of the research were guided by the academic literature on needs assessments of the homeless, which will be discussed below.

Relevant Literature

Since the early 1980's and the dramatic rise in the U.S. homeless population, a substantial body of literature on homelessness has been developed by social scientists from a variety of disciplines. Unfortunately, much like homeless services agencies, the bulk of this research has attempted to determine what homeless people need by looking at rates of mental illness, substance abuse, and other general characteristics of the homeless population. Only a limited number of studies have been dedicated to developing a quantitative scientific understanding of the needs of the homeless by actually asking the homeless what their needs are. Many of those studies that have been conducted in such a direct manner have focused on only one aspect of need in isolation (i.e. only ask what respondents what they need most), leaving service providers with an incomplete picture of how to respond. In general, the three main concentrations in this body of literature have been need and the difficulty meeting those needs, utilization of services, and satisfaction with those services.

Need and Difficulty

Several studies have examined what services are the most important for those experiencing homelessness. For most of these studies, the basic survival needs of food, housing, and employment/income were consistently found to be the most frequently cited or most important (depending on the format of the questions) needs (Moxley and Freddolino 1991; Ball and Havassy 1984; Roth and Bean 1986; Mulkern and Bradley 1986; Morse and Calsyn 1986; Rosnow et al. 1986; Herman et al. 1994, DiBlasio and Belcher 1995, Morse and Calsyn 1992). Some studies found that other needs sometimes took priority over these three basic needs including good health (Linn and Gelberg 1989), dental care (King and Gibson 2003), and

personal safety and transportation (Acosta and Toro 2000). Overall, it is clear that most homeless people consider their basic needs (e.g. food, housing, income, health, safety) to be the most important.

Another finding of this research was that services such as mental health and substance abuse treatment were not frequently cited as important needs. This may seem surprising given the great deal of research which has found much higher rates of alcohol and drug abuse and mental illness among the homeless population compared with those in housing (for a review of the wide range of findings on this issue, see Fischer and Breakley 1991). Mulkern and Bradley (1986) found that only 21% of respondents wanted help with alcohol and drug treatment and 25% wanted help with mental health treatment, compared to 45% who expressed a need for food or food stamps and 53% who needed help obtaining clothing. Roth and Bean (1986) reported that 26% of respondents had sought alcohol and drug treatment while DiBlasio and Belcher (1995) found that only 14% of respondents expressed a need for alcohol and drug treatment and 13% for psychological help. Likewise, Herman et al. (1994) found that just 19% wanted help with drugs and 13% wanted help with alcohol. Lastly, Acosta and Toro (2000) ranked drug and alcohol treatment fifteenth out of the 20 needs rated by respondents. There are a number of studies with contrasting results but their study populations were exclusively made up of homeless people with mental illness (Moxley and Freddolino 1991; Morse and Calsyn 1986; Morse and Calsyn 1992; Rosnow et al. 1986) or only examined a limited number of needs (Linn and Gelberg 1989; King et al. 2003).

The differences in survey methodologies among the aforementioned studies make broad synthesis problematic. For instance, different studies focused on different sub-populations of homeless individuals: Herman et al. (1994), Morse and Calsyn (1986), and DiBlasio and Belcher

(1995) chose to only survey homeless people living in shelters while Moxley and Freddolino (1991) and Ball and Havassy (1984) focused only on mentally ill homeless people. Different studies also employed a wide range of survey designs which included ranking needs on a Likert scale (Acosta and Toro 2000), having respondents prioritize a limited number of needs (Linn and Gelberg 1989), yes-no questions (Herman et al. 1994; Morse and Calsyn 1986), and open ended questions (Moxley and Freddolino 1991). The inclusion of different possible needs in different studies clearly influenced the results by limiting the possible responses. For example, Acosta and Toro (2000) found that further education was the second highest ranked need while affordable housing was ranked fourth. Here it may be logical to assume that respondents were interested in education as means for obtaining employment and, while no other studies have included such options, it is possible that if they had they would have found a similar pattern.

These final two points, the format of the survey and the inclusion of certain needs over others, represent significant limitations in and of themselves. Needs assessments that are conducted with limited responses to a fixed number of possible needs diminish the ability of study participants to effectively communicate their exact needs and which are the most important (Herman et al. 1994; Morse and Calsyn 1986). Alternatively, those studies based entirely on open ended questions make their results especially difficult to generalize (Moxley and Freddolino 1991). Such studies group responses into broad categories, effectively preventing examination of the prevalence and relative importance of specific needs. One way of trying to overcome this paradox is to employ Likert scales (Acosta and Toro 2000). Using this format, respondents are able to more accurately express the importance of their different needs while still allowing the results to be specific enough to be compared with other studies.

It would seem that the next logical question in a needs assessment after "what do you need?" would be "how difficult is it for you to meet those needs?" However, there have been few studies which have sought to determine the perceived availability of different homeless services. Koegel et al. (1990) found that for between 42% and 46% of homeless respondents in LA, obtaining food, clothing, and a place to clean up was rarely or never difficult while the remaining respondents sometimes or usually had difficulty meeting these needs. Gelberg et al. (1997) found that 47% of respondents rarely or never had any difficultly meeting these same needs (which in this case were combined into one question). Acosta and Toro (2000) conducted a study that asked respondents about both their perceived needs and perceived difficulty in meeting those same needs, a design that yielded unexpected results. For example, the authors found that drug/alcohol treatment was ranked fifteenth in importance and also second to last in difficulty to obtain revealing that substance abuse treatment was not only undesired, but also readily available if one did desire it. Such results should motivate service providers to regularly re-evaluate the priorities of their own service delivery.

An important limitation with these three studies (Koegel et al. 1990; Gelberg et al. 1997; Acosta and Toro 2000) is that they fail to examine why the respondents believe some services are more difficult to obtain than others. Such information is crucial as it highlights perceived barriers to services, thereby allowing service providers to design ways for clients to navigate around those issues. Although some studies have dealt with this issue, most have focused only on barriers to utilization of medical treatment. For example, Gelberg et al. (1997) found that those homeless people who had trouble meeting their basic needs were less likely to utilize healthcare services. The authors concluded that "competing priorities" may be a barrier for

many homeless people in obtaining medical treatment without first determining the reasons why basic needs were difficult to meet in the first place.

Utilization of Services

A second sub-division of research on the needs of the homeless is focused on their utilization of services. The majority of these studies are dedicated to examining patterns of utilization of physical healthcare, mental healthcare, and substance abuse treatment services. This is not surprising given the high incidence of mental health and substance abuse disorders (Fischer and Breakley 1991) as well as the elevated rates of both morbidity and mortality among the homeless (Gelberg and Linn 1989; Gelberg et al. 1990; Hibbs et al. 1994; Barrow et al. 1999; Hwang et al. 1997).

Unfortunately, such high rates of mental health and addiction problems do not seem to correlate with higher utilization rates of available treatment programs. North and Smith (1993) found that homeless individuals with mental illness severely underutilized available mental health services. Koegel et al. (1999) found that only one fifth of those homeless adults with mental illness or substance abuse had received treatment for that condition in the previous two months.

With respect to physical healthcare, researchers have found that homeless individuals are more likely to be admitted to the hospital (Martell et al. 1992; Fischer et al. 1986) and tend to stay there longer than housed patients (Salit et al. 1998; Surber et al. 1988). These trends are also indicative of larger-scale patterns of service use. In particular, several studies have found that homeless individuals tend to rely heavily on acute care (i.e. short-term emergency care) and are less likely to receive outpatient treatment than those in housing (Fischer et al. 1986; O'Toole

et al. 1999; Padgett et al. 1990; Duchon et al. 1999; Kushel et al. 2001). Such patterns of service use are not only dangerous for the homeless individuals themselves since they only seek care for medical problems that are often at a life-threatening stage, but are also more expensive for health care providers who are forced to try to help patients with progressed medical problems instead of being able to treat them in a preventative manner.

Of course, the homeless do not willingly forego necessary medical treatment but are often prevented from accessing these services by a wide variety of obstacles. A study by Gelberg et al. (1997) found that the competing priorities of other basic survival needs caused homeless individuals to use less medical services. Another more obvious barrier is the lack of health insurance among many homeless people, the negative effects of which have been noted in several studies (Kushel et al. 2001; Padgett et al. 1990; Brubaker et al. 2009). However, based on the findings of a study by North and Smith (1993) this trend may not hold true for mental health services. While the authors did find that lack of health insurance was frequently cited as a perceived barrier, having health insurance was not associated with increased use of mental health services. Another study by Douglas et al. (1999) examined barriers to care among a homeless population in Michigan in which all the respondents were covered by a state-run health insurance program for low-income people not eligible for Medicaid. The authors found that since everyone already had health insurance, transportation was now the biggest barrier to receiving care. This was especially true of the unsheltered homeless population, whose lack of transportation led to less utilization of health care services than those homeless people living in shelters. It should also be noted that lower health care utilization rates for unsheltered homeless compared to those in shelter have also been found by several other studies (Nyamathi et al. 2000; O'Toole et al. 1999; Wenzel et al. 1995).

Besides medical care, there have also been some studies which focused on the utilization of other homeless services. Calsyn and Morse (1990), for example, noted that homeless men were less likely than homeless women to use shelters, local housing assistance agencies, and public benefits programs such as welfare and food stamps. In contrast, Acosta and Toro (2000) found that men were more likely to use shelters than women, as were the elderly compared to younger people. The authors also found that those people who had been without housing for a longer period and those with less social support used soup kitchens at a higher rate than other homeless people.

Satisfaction with Services

A final area of focus is the satisfaction of homeless people with the services that they use. This information, like that on barriers to general services and medical care, is also critical to understanding need as interactions between the homeless and service providers are often much different from what may be expected or understood by an outside observer. For example, if homeless people are mistreated by shelter staff, most outside observers will remain unaware of this problem since there are usually no formally established channels that allow the homeless to voice their concerns or describe such negative experiences.

Much of the academic literature on this issue is based on the review of “biographical” accounts in which interviewers analyze the life stories of those who have experienced homelessness. In doing so, the authors often come to understand the respondent’s opinion of service providers. A good example of the insight that can be gained through such accounts can be found in a study by Liebow (1993). For several years, the author observed shelter staff and residents in two women’s shelters in Washington, DC and noted the central roles of fear and

power in their interactions. Another study by Hoffman and Coffey (2008) reviewed more than 500 interviews with homeless people, finding that many respondents had negative interactions with service providers, citing experiences of "objectification and infantilization" (p.212). Such interactions caused many people to avoid the service system altogether in order to maintain their dignity. A study by Snow and Anderson (1987) found that respondents frequently criticized the staff of the local Salvation Army, a phenomenon which the authors attributed to respondents' attempts to maintain their sense of self. Freund and Hawkins (2004) reported that many homeless people believed drug treatment programs to be ineffective because they were often not linked with housing away from "drug-infested" neighborhoods. Lastly, Acosta and Toro (2000) found that older respondents and those respondents with greater social support were more likely to report positive interactions with service providers. Similar to Freund and Hawkins (2004), however, they also found drug treatment programs to have very low ratings of satisfaction.

Clearly, such "biographical" accounts and more formal studies like that of Acosta and Toro (2000) have an important role in understanding the needs of the homeless. It should be noted that all of the studies described above, with the exception of Acosta and Toro (2000) who used Likert scales, employed an open ended question format, allowing respondents to fully describe their feeling and thoughts. As with those studies on need, the problem again arises of being able to compare results while at the same time capturing the full view of the respondent's opinion. In this case, however, most people would probably agree that the opinions of the homeless are already so rarely heard that such questions should be designed to allow for the highest degree of freedom in the possible responses.

Limitations and Solutions

To review, those studies on the needs of the homeless have been faced with several limitations. First, there is the issue of being able to examine specific needs while still allowing for the results to be generalized. One possible solution to this paradox is the use of Likert scales to determine the relative importance of specific needs while still allowing for comparison. Second, only one study (Acosta and Toro 2000) has examined both the relative importance of specific needs as well as the perceived difficulty of meeting those same needs. However, even this study did not allow for respondents to describe what perceived barriers made obtaining those services difficult. These problems can be solved by simply incorporating a mix of Likert scales with open ended questions when appropriate. Third, most studies have focused on medical treatment rather than general services. The scope of such research should be broadened to include non-medical services such as shelters, community kitchens, etc. Fourth, those studies on satisfaction with services are subject to the same general versus specific concerns as those studies on need. Again, one solution to this issue is to employ a mix of Likert scales and open ended questions. Finally, in order to gain a full understanding of what is needed and how to best meet that need, each of these different aspects of need must be examined together rather than separately. This study sought to conduct a needs assessment that would both fill these gaps in the literature and improve upon the methodologies of past studies.

Before moving on, there is an additional difference between the present study and the majority of the literature reviewed above that must be noted and explained. Namely, the focus of the study was limited to those homeless individuals who are unsheltered. Such a constraint may seem contradictory to the idea of obtaining results that are easily comparable and indeed in many cases it is. However, in the case of this study, it was more important to sacrifice the ability to

generalize in favor of focusing on the needs of the most vulnerable group within the homeless population. Not only are unsheltered individuals more isolated and marginalized from available services, thereby causing their needs to be both greater and more urgent that those living in shelter, but these same needs are often overlooked by services providers.

This assertion is supported by numerous studies which found that compared with those homeless people living in shelters, unsheltered homeless are more likely to be older (Rosnow et al. 1986; Roth and Bean 1986), to have been out on the streets for longer (Rosnow et al. 1986; O'Toole et al. 1999; Hannappel et al. 1989; Gelberg and Linn 1989), and to be unemployed (Roth and Bean 1986; Hannappel et al. 1989). Roth and Bean (1986) also found that they have less people that they can "count on" and are less likely to be receiving public benefits. Several studies found that unsheltered homeless were less likely to utilize health care services (O'Toole et al. 1999; Wenzel et al. 1995; Nyamathi et al. 2000). This is not surprising in light of a study by Douglas et al. (1999) that found that 36% of unsheltered homeless people lacked the transportation necessary to receive medical care compared with only 17% of those living in shelter. Higher rates of mental illness (Larsen et al. 2004; Nyamathi et al. 2000) and substance abuse (Larsen et al. 2004; Gelberg and Linn 1989) were also noted among the unsheltered homeless. Additional disparities exist between unsheltered and sheltered homeless that are particularly troubling. Gelberg and Linn (1989) found that unsheltered respondents were more likely to have injured skin, to have foot pain, to report vomiting and diarrhea, and to have been victimized. A study by Nyamathi et al. (2000) of homeless women found that those without shelter reported poorer health and were more likely to have been robbed or physically assaulted. Clearly, those homeless people living on the streets, in the woods, under bridges, or any number of other locations not meant for human habitation are much more vulnerable and in need of

services than those living in shelters. For this reason, I chose to focus exclusively on this subpopulation, in order to develop useful information about a group of people whose needs have been largely ignored.

Methodology

Setting

This study was conducted in the city of Gainesville in Alachua County, a city of approximately 117,000 people in North Central Florida, 50,000 of which are students at the University of Florida (U.S. Census Bureau 2008; University of Florida 2009). At the time this research was conducted, Gainesville had a homeless population of 947 men, women, and children according to the annual homeless census conducted by the Alachua County Coalition for the Homeless and Hungry (ACCHH 2010)[1]. The census directly surveyed 369 people, 321 of which were unsheltered.

There are 333 total emergency shelter and transitional housing beds available for Gainesville's homeless population (ACCHH 2009). However, of these beds, 85 are reserved for families with children, 76 for veterans, 40 for unaccompanied minors, 37 for domestic violence survivors, and 50 are split between homeless people with a variety of specific characteristics including being pregnant or having substance abuse or mental health problems (Table 1). Most of these programs are constantly operating at capacity and have stringent screening processes that leave them unattainable for most of those people who meet their general criteria. This means that the remaining 435 homeless adults (59% of the total adult homeless population) in Gainesville who are not veterans, domestic violence survivors, or members of a family with children are left competing for just 13% of the total shelter beds (Table 1) (ACCHH 2010)[2].

[1] Based on the State of Florida definition of homelessness. See Appendix 1 for a discussion of the different federal and state definitions of homelessness.

[2] This estimate was calculated using data from the ACCHH survey. The percentage of respondents who described themselves as non-veterans, non-domestic violence survivors, and not members of a family with children was multiplied by the total homeless adult population (n=735) to get a total of 485. Fifty were then removed from this number under the assumption that they might be qualified for the beds in the "Various" category as seen in Table 1. Those remaining would have access to 45 beds.

Table 1: Beds available for different groups of the homeless population.*

Subgroup	# of Beds Available	% of Total Beds
Families	85	26%
Veterans	76	23%
Unaccompanied Youth	40	12%
Domestic Violence	37	11%
Various	50	15%
Other Adults (Non-Vet, Non-DV, Non-Family)	45	13%
Total	**333**	**100%**

*Source: ACCHH 2010

Given the paucity of shelter beds available for most homeless people it is not surprising that, on the night of the ACCHH census, 575 people in Gainesville, or 59% of the total homeless population, were found to be unsheltered and living on the street, in the woods, in their cars, or in a variety of other locations (ACCHH 2010)[3]. Of this group, an estimated 526 were individuals (ACCHH 2010)[4]. It was this population from which the sample was drawn for the present study.

Survey Instrument

This study was designed with two goals in mind: 1) provide a comprehensive and improved examination of the needs of the homeless, and 2) provide Gainesville's homeless service providers and policy makers with useful and relevant information on the needs of the most vulnerable segments of the city's population. Given these dual goals, the survey sought to answer several key questions about homeless individuals in this community: 1) what are their most important needs? 2) how difficult is it for them to meet those needs and why? 3) what services do they actually use? 4) are they satisfied with the quality of those services and the

[3] The total unsheltered homeless population (n=575) includes unsheltered veterans, families, and domestic violence survivors.
[4] This estimate was calculated using data from the ACCHH survey. The percentage of unsheltered respondents who were not members of a family with children was calculated and multiplied by total unsheltered homeless population.

treatment they receive from staff?, and 5) are there any other characteristics that are correlated with these primary variables?

The resulting survey instrument was composed of five sections and was approved by the University of Florida IRB-02 (Appendix 2). The first section was composed of three simple questions and was meant to establish trust between the surveyor and the respondent. Section Two had respondents rate how much they needed 21 different services on a scale of one (never need) to four (always need). The list of services included was based on surveys used in the ACCHH homeless census that is updated every year based on advice from homeless service providers and homeless individuals. Of the 18 services used in the ACCHH survey, two of these ("Financial Assistance" and "Help Applying for Public Benefits") were expanded and four ("Veteran's Services," "Childcare," "Food Stamps/Other Public Benefits," and "Counseling/Other Support") were eliminated (ACCHH 2010). "Financial Assistance" was expanded to distinguish between those who needed help with first month's rent or a security deposit and those who had unpaid utility bills. "Help Applying for Public Benefits" was expanded to determine if the respondent needed help with either food stamps or SSI/SSDI. "Childcare" was taken out because the current study only surveyed individuals. "Veteran's Services" was excluded because it was consistently considered one of the least needed services, with slightly less than 5% of respondents reporting such a need in 2010 (ACCHH 2010). "Food Stamps/Other Public Benefits" was covered under the expanded question on "Help Applying for Public Benefits." "Counseling/Other Support" was covered by the questions on "Mental Healthcare" or "Drug/Alcohol Treatment." Section Two also included one open ended question on the services most needed to get back into housing.

Section Three was composed of the same list of services from Section Two but respondents were asked to rate their difficulty in obtaining them from one (always easy) to four (always difficult). This section also included an open ended question on why some services were so difficult to obtain. Section Four measured the respondent's use of several different medical and non-medical services in the previous six months as well as having them rate their satisfaction with the quality of the service and the staff providing that service. Unlike the needs and difficulty ratings, this section used a scale from one (entirely negative) to five (entirely positive) in order to provide a middle option (a rating of three corresponded to feeling indifferent) for those respondents who did not have strong opinions of the services they received. Two open ended questions were included to determine why the respondent's use of these services was either positive or negative. Finally, Section Five included both yes-no and open ended questions on a variety of characteristics including gender, age, race, veteran status, education, health, victimization, incarceration, and income. Questions for this section were included to see if these factors were correlated with need, difficulty meeting needs, utilization, or satisfaction.

Study Participants and Procedure

Thirty unsheltered homeless individuals (5.7% of the total population) were chosen to participate in this study in a haphazard fashion. It is difficult to employ a truly random sampling design when surveying the homeless, especially those without any shelter. Most of the studies reviewed above that included unsheltered homeless did not use random sampling designs, but rather attempted to recruit participants from a wide variety of different locations, sometimes using a quota selection system (Gelberg and Linn 1989; Linn and Gelberg 1989). Several studies have employed probability sampling techniques that estimated the total number of homeless

people using services at a variety of locations and selected a proportional number from each place (Acosta and Toro 2000; Koegel et al. 1990, Burnam and Koegel 1988). However, Koegel et al. (1990) noted that sampling in “outdoor locations” was not used “because of the extreme difficulty of engaging in probability sampling in areas characterized by no real boundaries and constant population movement” (p.87).

In this study of unsheltered homeless individuals, this difficulty is unavoidable because there are no “indoor locations,” except for a small number of community kitchens, where the majority of the unsheltered homeless population congregates or has a reasonable probability of visiting in a relatively short amount of time. Unsheltered homeless people are widely distributed throughout the city and are therefore difficult to find. Many stay at hidden campsites in the many wooded areas on the fringes of the city’s downtown and are often not there except during the night. Others simply spend the night wherever they can avoid contact with the police. Despite these difficulties, two locations in downtown Gainesville were chosen where participants were selected and surveyed: the Alachua County Public Library and the Bo Diddley Community Plaza. These locations were selected because of strong anecdotal evidence from homeless service providers and other homeless people that many of those people sleeping in hidden locations can be found in either the library or on the plaza at some point in a given week.

There are several reasons that unsheltered homeless people are drawn to these locations. The library offers one the few places that the homeless can go during the day to escape the cold, heat, or rain and also provides them the chance to use the internet or to read. The plaza, which is only a block away from the library, is a place where the homeless can "hang out" and socialize with friends during the day and use the public restrooms that are available on most days of the week. Additionally, the plaza is centrally located between the major service agencies that

provide food to the homeless with several agencies actually serving food on the plaza itself. Together, these two locations serve as a de facto "day center" for the homeless. Focusing the surveying efforts here made it possible to capture a much wider variety of respondents than would have been possible using any other means of selection.

Another advantage in sampling this group was their important role in the ongoing public and political controversy that surrounds the homeless in Gainesville. Since these people are the most visible section of the city's homeless population, they have often served as a flashpoint between local government officials, businesses, and law enforcement on one hand and homeless service providers, advocates, and the homeless themselves on the other. Surveying this group provided an opportunity to develop a more nuanced understanding of their needs and concerns which, if handled responsibly, might ultimately provide useful insight in finding common ground to ease or resolve the current conflicts.

Sampling was done on different days of the week and at different times during February, 2010 in order to avoid disproportionately sampling any one group of homeless people that were consistently on the plaza at certain days and times each week to receive a meal from a specific organization that serves food there. Potential participants were approached and asked about their current housing arrangements. If they had been without housing and shelter or in jail for most of the previous month they were considered unsheltered and informed consent was obtained for participation in the study. A crucial exception that should be noted is that people who said that they had stayed in the Cold Night Shelter (a program that operates during the winter months and provides emergency shelter when the temperature drops below 45 degrees) for most of the previous month were included. This decision was made because if this sampling had been conducted just a few months later, these people would not have had access to this shelter service.

Indeed, when those participants who used Cold Night Shelter were asked where they stay on those winter nights that stay above 45 degrees, every one of them answered that they slept either on the street, in a tent, or an abandoned building. Each participant was given five dollars upon completing the survey, resulting in a 100% response rate for all those asked to take the survey.

The sample used in this study was found to be relatively representative of the overall demographic characteristics of the city's unsheltered homeless population. As seen in Table 2, participants in this study were on average three years older, and slightly more likely to be white and male than those who participated in the city-wide survey (ACCHH 2010).

Table 2: Demographic characteristics for the sample population compared to the total population.

	Sample Pop.	Total Pop.*
Age	46	43
Male	80%	76%
Female	20%	24%
White	70%	63%
Black	30%	29%
Other	0%	8%

*Source: ACCHH 2010

Data Analysis

The numbers for the variables were compiled and averaged with the respondent considered as the experimental unit (n = 30). Means and standard errors for need and difficulty were calculated and separated within each category (need, difficulty) using Tukey's HSD test (SAS 2003). The differences between need and difficulty were compared using paired *t*-tests (SPSS 2009). Other comparisons between categorical variables like gender with quantitative variables like use of medical services were done using independent *t*-tests (SPSS 2009).

Correlations between continuous variables were analyzed using Pearson's correlation test while categorical variables were compared using contingency tables and separated using chi-square analysis (SPSS 2009). Only comparisons that were statistically different were referred to as different in this study.

Results

General Demographics and Other Characteristics

The general demographics and other characteristics of the sample population are described in Table 3. Mean age was 46 years old, most were men (80%), and the majority considered themselves to be white (70%), while the remaining respondents considered themselves to be black (30%). No other ethnicities or races were reported. Four of the respondents (13%) were veterans. The mean number of years of education completed was 12.3, with 16 (55%) respondents with at least a high school diploma and five (17%) with bachelor's degrees or higher. Mean monthly income was about $300, with 13% of respondents reporting income from employment and 33% reporting no income whatsoever. Food stamps were the most commonly reported type of income with 53% of respondents receiving between $60 and $210 per month as a part of this program.

Of the 47% of respondents reporting chronic medical conditions, only 43% were receiving any sort of treatment for their condition. The most frequently reported medical conditions were high blood pressure, arthritis, diabetes, and blindness. Other conditions reported included leukemia, neuropathy, vascular disease, and kidney disease. Two of the respondents were not ambulatory and required wheelchairs. Three respondents were missing most or all of their teeth. Twenty-seven percent of respondents had some form of health insurance through Medicaid (17%), the Department of Veterans Affairs (7%), or Medicare (3%)

The majority (53%) of all respondents had been to jail or prison in the last year. Of these, 63% were incarcerated for a total of three weeks or less. Three respondents (10% of those who had been incarcerated) said that they received some assistance upon their release (e.g. transportation, recruitment into a substance abuse treatment program) while the remaining 13

(90%) reported receiving no assistance. In fact, five (31% of those who had been incarcerated) commented that they had been let out in the middle of the night and had to walk back to downtown Gainesville. Most of the crimes (79%) were non-violent and included violation of probation, open container violations, trespassing, panhandling, marijuana possession, petty theft, and burglary. There were four violent crimes committed: two cases of simple battery and two cases of assault. Thirty percent of the study group participants had themselves been the victim of crimes in the last year including seven cases of robbery and four cases of assault where, of those, one person was hit over the head with a pipe, one was stabbed, and one was shot.

Table 3: General demographics and other characteristics.

	n	%		n	%
Time Homeless			**Veteran**		
Less than 1 year	10	33%	Yes	4	13%
1-2 Years	7	23%	No	26	87%
More than 2 years	13	44%	**Education**		
Cause of Homelessness			Less than 12 years	8	28%
Employment Issues	12	40%	12-15 years	16	55%
Medical Problems	8	27%	16 years or more	5	17%
Housing Issues	5	17%	**Chronic Medical Condition**		
Jail/Prison	4	13%	Yes	14	47%
Domestic Violence	1	3%	No	16	53%
Age			**Receiving Treatment**		
18-35	4	13%	Yes	6	43%
36-45	9	30%	No	8	57%
46-55	11	37%	**Health Insurance**		
55 and over	6	20%	None	22	73%
Gender			Medicaid	5	17%
Male	24	80%	VA	2	7%
Female	6	20%	Medicare	1	3%
Race			**Time in Jail/Prison**		
White	21	70%	None	14	47%
Black	9	30%	Less than 3 weeks	10	33%
Income			More than 3 weeks	6	20%
$0	10	33%	**Victimization**		
$1-$200	8	27%	Yes	9	30%
$201-400	4	13%	No	21	70%
$401-$600	3	10%			
$600 or more	5	17%			

The most common reason given for being homeless was employment issues (40%), followed by medical problems (27%), housing issues (17%), recent incarceration (13%), and domestic violence (3%). Respondents had been homeless an average of 26.5 months and had been in Alachua County an average of 121 months. Most (53%) had lived in the county before becoming homeless, 17% had become homeless upon moving to the area, and 30% had already been homeless before arriving in Alachua County.

Need and Difficulty

The means (± SE) of the ratings for need for services are listed in Table 4. There were no differences among the top eight ranked needs of permanent/affordable housing, free meals, transitional/permanent supportive housing, financial assistance with rent or security deposits, transportation, a drop in/day center, physical healthcare, and emergency shelter. Affordable housing was more important than 62% of all other services (13 out of 21) and free meals were more important than 57% of all other services, including job training/placement, clothing, and dental care. Two of the services directly related to the need for long-term housing (transitional/permanent supportive housing and financial assistance with rent or security deposits) were more important than 52% of all other services. Financial assistance with utilities, the other service directly related to the need for long term housing, was less important than 62% of all other services. Transportation was more important than 42% of all other services and a drop in/day center, physical healthcare, and emergency shelter were all more important than 38% of all other services. Assistance with obtaining SSI/SSDI, mental healthcare, and drug/alcohol treatment were ranked lowest and were less important than 66% of all other services.

Table 4. Means (± SE) for Need and Difficulty by service.

	Need		Difficulty	
Rank	**Services**	**Mean ± SE[1]**	**Services**	**Mean ± SE[1]**
1	Perm./Aff. Housing	3.9 ± 0.1 a	Perm./Aff. Housing	3.9 ± 0.1 a
2	Free Meals	3.7 ± 0.1 ab	Trans./P.S. Housing	3.8 ± 0.1 a
3	Trans./P.S. Housing	3.6 ± 0.1 abc	Fin. Ass. (Utilities)	3.8 ± 0.2 a
4	Fin. Ass. (Rent, SD)	3.6 ± 0.1 abc	Emergency Shelter	3.7 ± 0.2 a
5	Transportation	3.4 ± 0.2 abcd	Fin. Ass. (Rent, SD)	3.6 ± 0.2 ab
6	Drop In/Day Center	3.4 ± 0.2 abcde	Drop In/Day Center	3.5 ± 0.2 abc
7	Physical Healthcare	3.3 ± 0.2 abcde	Job Training/Placement	3.3 ± 0.2 abcd
8	Emergency Shelter	3.2 ± 0.2 abcde	Dental Care	3.3 ± 0.2 abcd
9	Public Restrooms	3.1 ± 0.2 bcde	Further Education	3.2 ± 0.4 abcde
10	Job Training/Placement	2.9 ± 0.2 cdef	Eye Care	3.1 ± 0.3 abcde
11	Clothing	2.7 ± 0.2 defg	SSI/SSDI Ass.	2.8 ± 0.3 bcde
12	Dental Care	2.7 ± 0.2 defg	Legal Ass.	2.8 ± 0.3 cdef
13	Eye Care	2.7 ± 0.2 efg	Physical Healthcare	2.8 ± 0.2 cdef
14	Further Education	2.4 ± 0.3 fgh	Transportation	2.6 ± 0.2 cdef
15	ID Ass.	2.2 ± 0.2 ghi	Mental Healthcare	2.5 ± 0.5 def
16	Food Stamp Ass.	2.1 ± 0.2 ghi	Drug/Alcohol Treatment	2.4 + 0.4 f
17	Legal Ass.	2.0 ± 0.2 hi	Public Restrooms	2.2 ± 0.2 f
18	Fin. Ass. (Utilities)	1.7 ± 0.2 hi	Food Stamp Ass.	2.1 ± 0.3 f
19	SSI/SSDI Ass.	1.6 ± 0.2 i	Clothing	2.1 ± 0.2 f
20	Mental Healthcare	1.5 ± 0.1 i	ID Ass.	2.0 ± 0.3 f
21	Drug/Alcohol Treatment	1.5 ± 0.2 i	Free Meals	1.3 ± 0.1 g

[1]Means in a column followed by different lower case letters are significantly different using Tukey's HSD (SAS 2003).
Note. The scale for importance is as follows: 1=Never Need, 2=Don't Usually Need, 3=Usually/Sometimes Need, and 4=Always Need. The scale for difficulty is as follows: 1=Always Easy, 2=Usually/Sometimes Easy, 3=Usually/Sometimes Difficult and 4=Always Difficult.

The most frequent responses to the question "which of these specific services or combination of services do you most need in order to get off the street and into housing?" were employment or help finding employment, followed by transportation, financial assistance, and shelter. Public benefits, getting an ID, and healthcare were also cited as important in regaining housing.

Several analyses were conducted to reveal any differences or correlations in the need for services for different groups of respondents. Correlation analyses revealed negative relationships between respondent age and their perceived need for both job training/placement (n = 29,

r = -0.375, $P < 0.05$) and further education (n = 28, r = -0.409, $P < 0.05$). There was a positive correlation between the number of months the respondent had been homeless and the importance of mental healthcare (n = 30, r = 0.371, $P < 0.05$) and the number of times that a respondent had been to jail in the previous year was positively correlated with their rating for the importance of mental healthcare (n = 30, r = 0.540, $P < 0.01$) and drug/alcohol treatment services (n = 30, r = 0.503, $P < 0.01$). Average need (the mean of all ratings of need for each respondent) was greater for those who had no income compared with those with an income ($t = 2.38$, $P < 0.05$).

The means ($\pm$ SE) of the ratings for difficulty obtaining services are also listed in Table 4. There were no differences in the difficulty obtaining any of the top ten ranked services including permanent/affordable housing, transitional/permanent supportive housing, financial assistance with utilities, emergency shelter, financial assistance with rent or security deposits, a drop in/day center, job training/placement, dental care, further education, and eye care. Of these services, the top four were more difficult to obtain than 52% of all other services and financial assistance with rent or a security deposit was more difficult to obtain than 47% of all other services, including physical healthcare and transportation. The other five services ranked in the top ten were more difficult to obtain than 33% of all other services, including mental healthcare, drug/alcohol treatment, public restrooms, and clothing. Free meals were less difficult to obtain than every other service.

The most frequently cited barriers to obtaining these services were lack of money, transportation, and not knowing where to go. For permanent housing services, the primary barriers were lack of money, waiting lists, and the intensive screening processes. One person also commented that most landlords only want student tenants. Barriers to emergency shelter included an employment requirement, the lack of shelters that will accept individuals, and the

view that many local shelters are often dangerous and unsanitary. Physical healthcare and dental care were considered difficult to access because of a lack of insurance and having to go to several different doctors and clinics all over the city in order to get a simple procedure done. This was problematic for the many people without bus passes or bicycles and even more difficult for those people who have a disability that makes walking or moving painful. Those who found job training/placement services hard to access cited the lack of programs available and their preference for younger people.

The relative difficulty respondents had in meeting their basic needs was lower in comparison to the findings of other studies. Koegel et al. (1990) and Gelberg et al. (1997) both found that slightly more than half of those people interviewed found it difficult to get food, clothing, and place to get clean. In this study, only 40% of respondents had trouble finding clothes, 41% had trouble finding a place to clean up (in this case, a public restroom), and 7% found it difficult to get free meals. Unlike the findings of Gelberg et al. (1997), there were no correlations between the average difficulty meeting these three basic needs and the utilization of medical services (total number of visits to a medical service provider). Other analyses found that the mean difficulty in meeting these basic needs was higher for those respondents with no income compared to those with some income ($t = 2.120$, $P < 0.05$).

The need for services was directly compared with the difficulty in obtaining those services (Table 5). A positive difference indicated that the difficulty in obtaining that service was relatively less that the need for that service, which suggests that the need is currently being met. A negative difference or no difference indicated that the difficulty in obtaining that service was relatively greater or no different than the need for that service, suggesting that the need is currently not being met. This comparison is particularly compelling for the most needed services

such as permanent/affordable housing, free meals, transitional/permanent supportive housing, financial assistance with rent or a security deposit, and transportation.

Table 5: Difference in means between Need and Difficulty by service.

Service	Need Rank	Mean Need ± SE[1]	n	Difference	*t*
Perm./Aff. Housing	1	3.9 ± 0.1 a	29	0.034	0.571
Free Meals	2	3.7 ± 0.1 ab	30	2.400	14.697**
Trans./P.S. Housing	3	3.6 ± 0.1 abc	26	-0.077	-0.811
Fin. Ass. (Rent, SD)	4	3.6 ± 0.1 abc	25	0.240	1.541
Transportation	5	3.4 ± 0.2 abcd	28	0.821	3.401**
Drop In/Day Center	6	3.4 ± 0.2 abcde	25	0.120	0.486
Physical Healthcare	7	3.3 ± 0.2 abcde	26	0.731	2.774**
Emergency Shelter	8	3.2 ± 0.2 abcde	27	-0.296	-1.615
Public Restrooms	9	3.1 ± 0.2 bcde	29	0.966	3.780**
Job Training/Placement	10	2.9 ± 0.2 cdef	22	0.136	0.530
Clothing	11	2.7 ± 0.2 defg	28	0.821	3.481**
Dental Care	12	2.7 ± 0.2 defg	22	-0.136	-0.420
Eye Care	13	2.7 ± 0.2 efg	19	0.316	1.302
Further Education	14	2.4 ± 0.3 fgh	11	0.545	1.491
ID Ass.	15	2.2 ± 0.2 ghi	18	0.889	2.758*
Food Stamp Ass.	16	2.1 ± 0.2 ghi	18	0.667	2.129*
Legal Ass.	17	2.0 ± 0.2 hi	18	-0.278	-0.591
Fin. Ass. (Utilities)	18	1.7 ± 0.2 hi	12	-1.250	-2.803*
SSI/SSDI Ass.	19	1.6 ± 0.2 i	14	-0.571	-1.529
Mental Healthcare	20	1.5 ± 0.1 i	6	0.500	0.591
Drug/Alcohol Treatment	21	1.5 ± 0.2 i	11	-0.182	-0.319

$^*P < 0.05$ $^{**}P < 0.01$

[1]Means in a column followed by different lower case letters are significantly different using Tukey's HSD (SAS 2003).

Note. The scale for importance is as follows: 1=Never Need, 2=Don't Usually Need, 3=Usually/Sometimes Need, and 4=Always Need. The scale for difficulty is as follows: 1=Always Easy, 2=Usually/Sometimes Easy, 3=Usually/Sometimes Difficult and 4=Always Difficult.

Needs with a positive difference included free meals, transportation, physical healthcare, and public restrooms. In each of these cases, respondents found that these needs were important but relatively easier to obtain, especially free meals (t = 14.697, $P < 0.01$). In contrast, needs with no difference included permanent/affordable housing, transitional/permanent supportive housing, financial assistance with rent and security deposits, a drop in/day center, emergency

shelter, and job training/placement. Respondents considered these needs to be important but also difficult to obtain.

Utilization and Satisfaction

Free meals were the most frequently used service with every respondent usually receiving at least one free meal per week and most (73%) reporting receiving at least one per day. On average, respondents received approximately nine free meals per week. The most frequently cited organizations that provided food were St. Francis House, the Salvation Army, Holy Trinity Episcopal Church, Fire of God Ministries, and the HomeVan.

Utilization rates of all other services are presented in Table 6. After free meals, Cold Night Shelter was the most frequently used service with approximately 87% of respondents staying there at least once for an average length of stay of six nights. Other shelter services were utilized far less frequently with only three people (10%) using an emergency shelter, and no one using transitional or permanent supportive housing services. The highest rate of utilization for other non-medical services was for assistance with general needs (47%). Most (64%) of the general services received were help obtaining bus passes, followed by help obtaining IDs (21%), clothing (7%), and glasses (7%). Additionally, 33% of respondents had received job training or placement services and two people (7%) had received legal assistance.

Less than half (44%) of respondents had received physical healthcare in the last six months. The majority (69%) of those people who had seen a doctor did so in an inpatient (i.e. emergency room) rather than outpatient setting. Three other people also visited a free medical clinic during this time, as did three of the people who had been to the emergency room. Only 10% of respondents had any dental treatment during this time. Mental healthcare and substance

abuse treatment were the least utilized medical services with only one person using inpatient mental healthcare, two people using substance abuse treatment, and one person using both outpatient mental healthcare and substance abuse treatment (Table 6).

Table 6: Service utilization rates.

Service	# of Users	% of Total	Total # of Times Used
Emergency Shelter	3	10%	4
Trans./P.S. Housing	0	0%	0
Cold Night Shelter	26	87%	167
Physical Healthcare (In.)	9	31%	13
Physical Healthcare (Out.)	4	13%	10
Free Medical Clinic	6	20%	7
Dental Care	3	10%	3
Mental Healthcare (In.)	1	3%	1
Mental Healthcare (Out.)	1	3%	1
Substance Abuse Trt.	3	10%	3
Legal Services	2	7%	2
Job Training/Placement	10	33%	32
Other (Bus passes, IDs, etc.)	14	47%	14

No correlations were found between age and utilization of shelter services or time spent homeless and use of community kitchens, outcomes that were reported by Acosta and Toro (2000). Unlike Calsyn and Morse (1990), this study found no difference in mean utilization rates of non-medical services between males and females. However, women were found to be more likely to use medical services than men ($t = 2.020$, $P < 0.05$) as were people with chronic health problems compared with those without such problems ($t = 2.222$, $P < 0.05$). Those with health insurance used more general medical services ($t = 2.899$, $P < 0.01$) and physical health services ($t = 3.592$, $P < 0.01$) compared to those without health insurance. In addition, those with health insurance were more likely to use less expensive outpatient services than were those without insurance who were more likely to use more expensive inpatient services ($\chi^2 = 4.95$, n = 13,$P<0.05$).

Overall satisfaction with all services was 4.2 (mostly positive). Of those who commented on their satisfaction in response to the open ended questions, thirteen (50%) made both positive and negative comments, ten (38%) made only positive comments, and three (12%) made only negative comments. Respondents were generally more satisfied with medical services relative to non-medical services, with emergency and Cold Night shelter services receiving the lowest overall ratings (Table 7). In particular, respondents were most often impressed by the patience, willingness to help, and dedication of the staff of healthcare service providers. There were a wide range of non-medical services used and an even wider range of satisfaction with those services. Interactions with staff, rather than the quality of the services received, were usually the driving factor behind most respondents' satisfaction ratings.

Table 7: Satisfaction with services.

Service	# of Ratings	Avg. Rating
Emergency Shelter	4	3
Trans./PS Housing	0	---
Cold Night Shelter	26	3.1
Physical Healthcare (In.)	8	4
Physical Healthcare (Out.)	4	4.5
Free Medical Clinic	6	4.3
Dental Care	2	5
Mental Healthcare (In.)	1	5
Mental Healthcare (Out.)	1	5
Substance Abuse Trt.	3	5
Legal Services	3	3.3
Job Training/Placement	10	3.7
Other (Bus passes, IDs, Glasses, etc.)	14	4.2

Note: The scale for Satisfaction is as follows: 1=Entirely Negative, 2=Mostly Negative, 3=Indifferent, 4=Mostly Positive, and 5=Entirely Positive.

The most frequently used and rated service provider was St. Francis House (a local shelter). A total of twenty-two respondents regularly received meals from St. Francis House, twenty-five had stayed there as part of the Cold Night Shelter program, and two had been

residents of its emergency shelter program. The average satisfaction rating for these services was 2.8 (slightly negative). Positive comments mostly focused on the staff being helpful and "doing the best they can." Negative comments were primarily focused on the physical services available there. Some of the more frequently cited problems included lack of organization and regulation, having to sleep on the floor (for Cold Night Shelter), the food (especially the salad) sometimes being rotten, the bathrooms and showers being dirty, and the blankets being infested with bedbugs and never washed. The most frequent negative comments about staff members mentioned their rudeness, their lack of knowledge, and accusations that some take the best donations of food or clothing for themselves.

There were no other significant relationships between satisfaction and other surveyed variables.

Discussion and Recommendations

This needs assessment was conducted in order to develop a comprehensive quantitative understanding of what services unsheltered individuals in Gainesville need, what services are difficult to obtain, what services are actually used, and their satisfaction with those services. The findings of this study will now be discussed, focusing on five categories of need: 1) Basic Needs, 2) Shelter/Housing, 3) Employment, 4) Medical Services, and 5) Transportation. At the end of each section I will provide my recommendations for service providers and policy makers based on these findings. While this discussion is relevant to all service providers in the city, most specific recommendations will be focused towards those policy makers involved in the current development of a large homeless service center called the Grace Marketplace, a joint effort between the city of Gainesville and Alachua County governments. This focus on one specific provider is appropriate because the Grace Marketplace will potentially become the largest single homeless service agency in the city, especially for those who are currently without shelter. Also, while existing agencies are often relatively fixed in the array of services they can provide, the services to be provided by Grace Marketplace are still under development. The information generated by the present study may provide some guidance into which services or bundles of services might better serve the target population.

Basic Needs

This study found significant evidence that unsheltered homeless people's most basic needs of food, clothing, and restrooms are currently being met. While these three services were ranked higher than most other services in terms of need they were all relatively less difficult to access (Table 5). This difference was most apparent for free meals which, while ranked second

in need, were ranked last in the difficulty in obtaining them and were less difficult to obtain than all other services (Table 4).

Recommendation- Basic Needs: These findings do not mean that efforts or funding currently dedicated to meeting this need should stop or decrease. These needs are ongoing, and meeting a need is not the same as eliminating it. Future efforts should focus on meeting other critical needs of the homeless with the same level of success achieved by these programs.

Shelter/Housing

It was also evident from this study that housing and shelter were among the most critical needs. As a group, these services made up five of the top eight ranked needs and were more important than 38% of all other services (Table 4). Permanent/affordable housing in particular was considered more important than well over half (62%) of all other services (Table 4). In addition, shelter and financial assistance were two of the services that were most frequently cited as necessary for regaining housing. Unfortunately, not only were these services the most important, but they were also the most difficult to access (Table 5). Respondents believed this difficulty was mainly due to their lack of money, the intensive screening processes of shelters and housing programs, and the lack of such programs that take individuals. Utilization rates for shelter and housing programs reflected these difficulties with only three respondents utilizing an emergency shelter and none utilizing a transitional or permanent supportive housing program (Table 6). The Cold Night shelter program, however, was used by almost all respondents, suggesting that if more shelter was available for individuals with minimal requirements for entry, it would be utilized by many unsheltered homeless people (although at perhaps not as high a rate during the warmer months of the year) (Table 6).

Recommendation- Shelter: Increasing shelter beds and a establishing a drop in/day center should be among the highest priorities of policy makers. The planned 60 beds and 100 permanent campsites of the Grace Marketplace would meet a significant portion of the need for shelter and provide the homeless with a place to go during the day to shower, do laundry, receive mail, or just get out of the weather. It is also important that this facility establish a formal and impartial system for receiving and responding to the concerns and complaints of shelter users. Such a system would enhance overall satisfaction with services thereby increasing both the utilization and effectiveness of those services.

Recommendation- Housing: The top priority of policy makers should be to develop programs that help people move into long term housing. Obviously, this is no easy task and securing the funding necessary to accomplish it will require a great deal of political will from officials who may feel that the city has already "done enough" for the homeless. Without trivializing the significant support that many have shown the homeless over the years, what is primarily needed now is a large-scale permanent supportive housing program that moves beyond meeting basic needs and focuses directly on getting people into housing and ensuring that they stay there.

There is already one such program that is operating in the city and is highly successful. The HUD/VASH program currently subsidizes the rent and provides case management services for 119 veterans. This program is jointly funded by the Department of Housing and Urban Development and the Department of Veterans Affairs and is designed to help homeless veterans become self-sufficient, including those with severe mental illness and/or substance abuse problems. While it is true that these programs are expensive, studies in several cities have found that the resulting decreases in shelter use, hospitalization, and incarceration, may actually offset

most if not all of the costs (Culhane et al. 2002, Rosenheck et al. 2003; Rog 2004; Martinez and Burt 2006). Besides the potential net financial benefits in the long term, such a program would also be able to move those most in need of help directly into housing, resulting in a dramatic increase in the quality of life for program participants.

For these reasons, city and county officials should consider funding a pilot program, starting with perhaps ten unsheltered homeless individuals, to determine the feasibility of this model. From the beginning there must be a framework in place to evaluate the cost of the services, long term housing retention rates, and the cost savings from any reduction in utilization of public services. This pilot program would need funding for several years before any determination of its effectiveness could be made. If the program successfully keeps most of the participants in permanent housing with minimal or negative net cost to the community, then its expansion would be justified. A large-scale permanent housing program that meets these requirements would represent one of the most effective and cost-efficient means for the city to drastically reduce its unsheltered homeless population.

Employment

Housing was not the only unmet need of the unsheltered homeless found by this study. Employment problems were the cause of homelessness for 40% of respondents and finding employment was their most frequently cited need for regaining housing. Job training/placement services were ranked tenth with no significant difference in the relative difficulty in obtaining them, suggesting that the need for these services is not being met (Table 5). Despite this difficulty, 33% of all respondents had used job training/placement services in the past six months, the highest utilization rate of any one service after Cold Night shelter (Table 6). It was

also clear that most people were physically able to work since only four respondents received disability and assistance with obtaining SSI/SSDI was significantly less important than 66% of other needs (Table 4). These findings clearly demonstrate that these people can and want to work and many are actively seeking employment.

Recommendation- Employment: Job training/placement agencies such as FloridaWorks should be made available and easily accessible for all visitors to the Grace Marketplace. However, participating in such programs should not be a requirement for shelter access because of the crucial need for shelter itself.

Medical Services

Mental Healthcare and Drug/Alcohol Treatment

This study found several patterns in the need for different medical services. Mental healthcare and drug/alcohol treatment were the two lowest ranked needs, with only four people using either service in the past six months (Table 4 and Table 6). These two services were also not significantly more difficult to obtain relative to the need for them (Table 5). These findings clearly indicate that most unsheltered homeless are not interested in these services and, if they were, would not find them too difficult to access. Exceptions to this statement were people who had been homeless for longer as well as those people who were frequently incarcerated. The former group expressed a greater need for mental healthcare, while the later group expressed a greater need for both mental healthcare and drug/alcohol treatment. Such correlations indicate that those with mental health issues tend to have a more difficult time staying in housing and staying out of jail. Although this study did not attempt to quantify rates of mental health or

substance abuse problems, these results suggest that these people have an interest in utilizing these services.

Recommendation- Mental Healthcare and Drug/Alcohol Treatment: Agencies providing these services should attempt to target these groups. One agency already does this by working with the Gainesville jail to identify homeless people with substance abuse problems and recruit them into treatment programs. It is more difficult to target people based on how long they have been homeless and agencies would likely have to rely on intensifying their own outreach efforts in order to accomplish this task.

Dental Care

Dental care was significantly more important and more difficult to obtain than mental health and substance abuse treatment with just three people receiving dental care in the past six months (Table 4 and Table 6). The most significant barriers to receiving dental care were high costs, waiting lists, lack of insurance, and transportation. An illustrative example of these barriers was provided by one woman in this study who was required to go to four separate locations throughout the city to get a simple filling. This process took over two months to finally complete because of her lack of transportation and waiting lists. This lack of access to dental care for those who need it is quite troubling given the tremendous pain and suffering that is often involved with dental problems. Even those lucky enough to have enough money to receive treatment must often wait months before being seen, even for simple extractions. Not surprisingly, many of these people turn to alcohol or drugs to try to ease the pain, which then causes other problems.

Recommendation- Dental Care: The incorporation of a low cost dental clinic into the Grace Marketplace, especially one focused on preventative care, would provide one central location for this service and would reduce the wait time and unnecessary suffering of many of the people seeking treatment.

Physical Healthcare

Physical healthcare was another important need although, unlike the need for housing and employment, the relative difficulty in obtaining healthcare was less than the perceived need for it (Table 5). Of the 44% of respondents who received physical healthcare services, 69% had used inpatient services while the rest received care as outpatients (Table 6). Those with health insurance were more likely to use physical healthcare in general and outpatient services in particular. This information suggests that most people who need physical healthcare are able get it, albeit at a very high cost to the public because the uninsured were more likely to use more expensive inpatient services like emergency rooms.

Recommendation- Physical Healthcare: A permanent free health clinic with an emphasis on preventative care should be incorporated into the Grace Marketplace. Making these services easily accessible would likely reduce use of emergency healthcare services and lessen the cost burden that is currently born by the rest of the community.

Transportation

Transportation was considered one of the most important needs but also relatively less difficult to obtain, suggesting that the need is currently being met (Table 5). However, it should be noted that this service is essential to meeting most if not all of the other needs described above

and, as such, should be a correspondingly high priority in the development of services offered by the Grace Marketplace. This point is especially relevant because the center will be located almost five miles from the downtown area where most other homeless services are found.

<u>Recommendation- Transportation:</u> There must be a free shuttle that makes frequent trips from the center to downtown Gainesville. Without this service, the shelter, employment, and medical services of the Grace Marketplace will remain inaccessible for most of the unsheltered homeless population.

Conclusion

Solving the problem of homelessness in Gainesville is, at its core, an issue of politics. Policy makers and the city residents who vote for them will be the ones who decide what programs should be funded and which needs of the homeless should be given priority. Cost is usually the single most important consideration in these decisions. Recognizing this fact, I submit that prioritizing shelter, housing, employment, and healthcare would not only provide the greatest benefit to the homeless population, but would also be the most cost-efficient approach. Increasing available shelter beds and legal campsites would dramatically reduce time and money the city now spends on law enforcement to keep the homeless from trespassing on private property. Helping people find employment would decrease reliance on other publicly funded services such as community kitchens and emergency shelters. Incorporating permanent dental and physical health clinics into the planned service center would reduce the use of expensive acute healthcare services. Finally, the development and evaluation of a pilot program that provides permanent supportive housing may reveal an additional way of further reducing all of these costs. Policy makers should consider these factors while formulating and developing plans

for the Grace Marketplace in order to significantly improve the quality of life for its most vulnerable residents while minimizing the cost to the community.

Appendix 1: Definitions of Homelessness

There are currently many different definitions of homelessness used throughout the U.S including two federal definitions, one used by the Department of Housing and Urban Development (HUD), the other by the Department of Education. The HUD definition is as follows (U.S. Code, Title 42, Chapter 119, Subchapter I, 2009):

(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and

(2) an individual who has a primary nighttime residence that is—

(A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

(B) an institution that provides a temporary residence for individuals intended to be institutionalized; or

(C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The definition used by the Department of Education is based on the McKinney-Vento Act which adds another category to this definition (U.S. Code, Title 42, Chapter 119, Subchapter IV, 2009):

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.

However, while this definition includes doubled-up schoolchildren as homeless, it does not consider their parents to be homeless. In response to this seemingly illogical distinction, several states, including Florida, have created their own definitions of homelessness that consider those people sharing housing with others to be homeless regardless of their age (Florida Statues 2009). The State of Florida definition is used here to describe the total homeless population in Gainesville since it is the more representative of the true scale of homelessness and therefore more useful to service providers. It is important to note that the size of the sample population (unsheltered homeless individuals) for this study remains the same regardless of which of these definitions is used.

Appendix 2: Survey Instrument

Section 1: Opening Questions

1. What caused you to be homeless?

2. How long have you been homeless?

3. How long have you been living in Alachua County?

4. About how many nights in the last month have you spent in an emergency shelter, motel, or other temporary housing (note if cold night shelters)?

Section 2: Needed Services

Next, I will be asking about what services you need and your perceived access to those services. Please rate the following needs on a scale from 1 to 4 with 1 being Never Need, 2 being Don't Usually Need, 3 being Usually/Sometimes Need, and 4 being Always Need.

Needed Services	1	2	3	4	DK	Ref
Free Meals						
Help getting IDs						
Clothing						
Transportation						
Public Restrooms						
Help getting Food Stamps						
Help getting SSI/SSDI						
Financial Assistance for First Month's Rent/SD						
Financial Assistance for Unpaid Utilities						
Legal Assistance						
Drop In Center						
Permanent/Affordable Housing						
Shelter						
Transitional/PS Housing						
Physical Healthcare						
Mental Healthcare						
Dental-care						
Eye-care/Glasses						
Drug/Alcohol Treatment						
Further Education						
Job Training or Placement						
Other						

In your opinion which of these specific services or combination of services do you most need in order to get off the street and into housing?

Section 3: Perceived Access to Services

Please rate these same needs according to how easy or difficult to they are to obtain. Once again the scale is from one to four with 1 being Always Easy, 2 being Usually/Sometimes Easy, 3 being Usually/Sometimes Difficult and 4 being Always Difficult.

Perceived Access	1	2	3	4	DK	Ref
Free Meals						
Help getting IDs						
Clothing						
Transportation						
Public Restrooms						
Help getting Food Stamps						
Help getting SSI/SSDI						
Financial Assistance for First Month’s Rent/SD						
Financial Assistance for Unpaid Utilities						
Legal Assistance						
Drop In Center						
Permanent/Affordable Housing						
Shelter						
Transitional/PS Housing						
Physical Healthcare						
Mental Healthcare						
Dental-care						
Eye-care/Glasses						
Drug/Alcohol Treatment						
Further Education						
Job Training or Placement						
Other						

For those needs which you described as Always Difficult to obtain, please explain why you are unable to get those services.

Section 4: Utilization of and Satisfaction with Services

In this section, I will be asking about your actual use of several different services.

How many times per week do you normally receive free food or meals?
From whom?

In the past six months have you used any of the following services?
How many times?
How long was your stay (if applicable)?

	# Times	Total time	Name of Service Provider	1	2	3	4	5	DK	Ref
ES										
TH/PSH										
CNS										
MH										
In										
Out										
PH										
In										
Out										
SA										
Dental										
Other Medical Clinic										
Job Train. or Place.										
Legal Assistance										
Other (IDs, Bus passes, Clothing)										

Next, please rate your overall satisfaction with your experiences with these services, taking into account the quality of both the service and the staff providing the service. Feel free to rate services that you have not used in the past six months but have used at some time in the past. Again the scale will be from 1 to 5 with 1 being Entirely Negative, 2 being Mostly Negative, 3 being Indifferent, 4 being Mostly Positive, and 5 being Entirely Positive.

For those experiences which you described as Entirely or Mostly Negative, please explain why.

For those experiences which you described as Mostly Positive, please explain why.

Section 5: Demographics and General Info

1. Gender: 0 O Male 1 O Female 2. Age:

3. Race: 1 O Black/African American 2 O White 3 O Hispanic/Latino
4 O Native American 5 O Asian 6 O Pacific Islander
7 O Other

4. Are you a military Veteran? 0 O Yes 1 O No

5. How many years of education have you completed?

6. Do you have any chronic physical health problems? 0 O Yes (explain) 1 O No

Do you receive any treatment for these problems? 0 O Yes 1 O No

7. Do you receive: 0 O None 1 O Medicaid 2 O Medicare
3 O Private Health Insurance 4 O VA Health Insurance

8. In the past year have you been the victim of a crime? 0 O Yes (explain) 1 O No

9. In the past year have you spent time in either a jail or prison? 0 O Yes (explain) 1 O No
How many separate times?
How many total days?
What were you charged with?

Were you given any assistance upon your release (transportation, motel voucher, etc.)?
0 O Yes (explain) 1 O No

10. Do you receive any of the following sources of income and if so approximately how much each month?

0 O No Income

O Employment______ O Help from family_______ O Child Support_______
O Veterans Benefits______ O Social Security________ O Disability (SSDI)______
O Food Stamps_______ O Panhandling ________ O Welfare/TANF________
O Unemployment_______ O Other ____

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