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EXECUTIVE SUMMARY

Introduction

Following the January 2011 HUD-mandated Point-in-Time count of sheltered and unsheltered homeless, the Coalition for the Homeless (CFTH) commissioned a study to assess the needs of persons experiencing homelessness in Houston/Harris County.

Methodology

In order to gather this information, the staff of the CFTH conducted surveys at various service sites throughout the area from 22 March through 21 April 2011. Of the 760 surveys collected, 655 (86%) were determined to be valid. Forty data collection volunteers were provided training to conduct the surveys. Volunteers were recruited from local colleges, homeless services agencies, the CFTH Consumer Advisory Council and the general public. CFTH staff participated in surveying, provided the training and collected the completed forms. Limitations were noted in the execution of the survey that restricts the potential for generalizing the findings. Suggestions for addressing these limitations are offered in the Recommendation section of this study.

Results: Participant Characteristics

The average age of the participants was 43.8 years, with a range of 18 to 82 years; 58.2% were male, 41.3% female with only two male-to-female and one female-to-male transgenders participating. No children under age 18 were included in the survey, although parents of children were interviewed. One in four participants was unsheltered and an equal percentage was defined as chronically homeless. Given the difficulty of accurately capturing chronic substance abuse, a broad definition was employed. Using this definition, half of the participants were classified as chronic substance abusers.

Thirty percent of participants were considered to have experienced domestic violence based on affirmative answers to one of several questions in the survey regarding domestic violence. Similarly, there were several triggers that would classify a participant as experiencing a severe mental illness in addition to directly answering yes to that question. Not surprisingly, four out of ten of those
experiencing homelessness and participating in the survey met the definition for severe mental illness using this definition.

Participants were also asked about whether or not they had served in the US military or been called up to active duty in the National Guard. Approximately one out of six of all participants (or over a quarter of the males surveyed) had served in the military. Prevalence of disabilities (medical, psychological, or physical condition) was very high among participants (77%). Over one in four participants had children under the age of 18 years and 6% of the total population (or 21% of those with young children) met the definition of chronic homelessness.

**Results: Services**

Participants were asked a series of questions regarding how often they accessed a variety of services for those experiencing homelessness. The greatest perceived needs were for transportation, assistance getting clothing, employment services, housing vouchers, medical care, and internet access with three out of four respondents indicating such a need. When only those answering “very much” need for a given service were ranked, the greatest need remained transportation, housing vouchers, employment services but dental care was also quite important. Lowest need was found for child care and warrant assistance (fewer than two out of five respondents indicated such a need).

In addition to perceived need for services, participants were queried regarding frequency of use of services during the past year and, for those who had used the services, how difficult or easy it was to access such services. The most frequently accessed services were assistance with clothing, the Internet, emergency shelter, food stamps/food pantry, and transportation. The services that the greatest percentage of respondents rated as very difficult or difficult to access were all related to housing needs – housing vouchers, utility payments, and rental payment assistance. Conversely, acquisition of a mailing address, accessing the Internet, using a food pantry, and using community voice mail were deemed easy to access.
Recommendations

The 2011 Point-in-Time count and needs assessment of those experiencing homeless represents a working partnership between governmental agencies, non-profit homeless service agencies, and academia. This collaboration allows for each partner to contribute its unique skills and expertise to the joint effort, resulting in a product that represents the best efforts of all involved and can be used to inform strategies to “lead in the development and implementation of community strategies to prevent and end homeless”. While this document will be useful in this work, following are some suggestions to improve the assessment in coming years and make a good product even better.

The inherent difficulty of getting accurate and candid responses from a transient population with a heterogeneous educational background makes it imperative that interviewers be properly trained and experienced in eliciting sensitive information and clarifying conflicting information. Additional preparation would improve the accuracy and completeness of responses. Data collectors should be trained to review surveys and assist respondents to reduce unintentional missing data and to correct inadvertent contradictions.

Continued use in future years of this survey instrument would allow for data compatibility and analysis of trends over time. However, some tweaking of the instrument might be necessary to correct confusing questions especially those involving substance use/abuse and mental health question. Additionally, what information is being south and how such information would inform services should be carefully considered. Data that is not required by HUD or would not change practice should be eliminated from the survey as a shorter instrument would improve responses both in completeness and accuracy. The criterion for every question should be “what does this tell us about the homeless and their needs?”

Alternatively, the use of focus groups made up of different subgroups of those experiencing homelessness (unsheltered, sheltered, those in transitional housing, veterans, families, etc.) with professional facilitators experienced in working with this population should be considered in place of the surveys. This would allow for in depth interviewing and elicitation of more detailed responses adding to reliability of findings. Interviews and surveys with providers could also be added.
ACKNOWLEDGEMENTS

The 2011 Harris County/Houston needs assessment survey was possible thanks to the hard work of personnel from the Coalition for the Homeless under the direction of Connie Boyd, CEO and President and Gary Grier, Community Engagement Director who oversaw planning and implementation of the survey and the vision of the Board who commissioned the study. The survey could not have been done without the collaboration of the many local homeless housing and service agencies and community volunteers who contributed their resources and time to the planning, organization and implementation that led to the success of this complex undertaking. And of course, without the consent and participation of the men and women currently experiencing homelessness who graciously agreed to contribute the information found in this report, all the best planning would be in vain and we thank them for their participation.
INTRODUCTION

Following the January 2011 HUD-mandated Point-in-Time count of sheltered and unsheltered homeless\(^1\), the Coalition for the Homeless (CFTH) commissioned a study to assess the needs of persons experiencing homelessness in Houston/Harris County. As described in more detail under Methodology, a survey instrument was developed, based on previously used instruments, to answer questions required by HUD and to collect information regarding characteristics of those experiencing homelessness. Information gathered included population demographics, history of homelessness, services perceived need, utilization and barriers, medical conditions including mental health disorders, substance abuse history, and other information regarding those experiencing homelessness. The purpose of the survey was to provide comprehensive qualitative information needed by homeless services providers to evaluate and design effective programs to assist the currently homeless as well as develop needed strategies to assist individuals in their move out of the streets and into stable housing.

METHODOLOGY

A. Survey instrument and Sampling

In order to gather information about the characteristics and self-reported service needs of both sheltered and unsheltered homeless persons the staff of the CFTH conducted surveys at various service sites throughout the area from 22 March through 21 April 2011. Clients of the various organizations and those on the street were invited to participate in the survey process, separate from the normal service provision. Table 1 lists the type of venue where participants were interviewed and the number of surveys collected at each. Participants were interviewed in a wide variety of settings with over half from venues likely to attract persons experiencing homelessness who are currently unsheltered. Special populations such as those with mental illness and those in a shelter for women who have experienced domestic violence also were included in order to broaden the generalizability of the findings.

\(^1\) Defined by the McKinney-Vento Act, “a person is considered unsheltered homeless only when he/she resides at a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or on the street. Also, a person is considered a sheltered homeless when he/she resides at an emergency shelter, including temporary emergency shelters only open during severe weather; or at transitional housing for homeless persons who originally came from the streets or emergency shelters”.
<table>
<thead>
<tr>
<th>TYPE OF VENUE</th>
<th>SURVEYS COMPLETED</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter(^2)</td>
<td>149</td>
<td>22.5</td>
</tr>
<tr>
<td>Day Shelter(^3)</td>
<td>147</td>
<td>22.2</td>
</tr>
<tr>
<td>Street Outreach</td>
<td>90</td>
<td>13.6</td>
</tr>
<tr>
<td>Transitional Housing(^4)</td>
<td>78</td>
<td>11.8</td>
</tr>
<tr>
<td>Drop-in Shelter(^5)</td>
<td>68</td>
<td>10.3</td>
</tr>
<tr>
<td>Mental Health Drop-In(^6)</td>
<td>51</td>
<td>7.7</td>
</tr>
<tr>
<td>Shelter(^7)</td>
<td>41</td>
<td>6.2</td>
</tr>
<tr>
<td>Domestic Violence Shelter(^8)</td>
<td>22</td>
<td>3.3</td>
</tr>
<tr>
<td>Youth Shelter(^9)</td>
<td>17</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>TOTAL COLLECTED</strong></td>
<td><strong>715</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td><strong>TOTAL VALID</strong></td>
<td><strong>665</strong></td>
<td><strong>93%</strong></td>
</tr>
</tbody>
</table>

Table 1: List of Survey Venues

Of the 715 surveys collected, 665 (93%) were determined to be valid. The 7% that were discarded appeared to have been filled out by the participant without evidence of oversight by the volunteer. The survey was not designed to be self-administered and this led to internal inconsistencies to a degree that rendered them unreliable.

The survey instrument was a revision of the form that had been used in previous needs assessments. The revisions included:

1. Clarification of questions that had been shown in earlier studies to be confusing to respondents.
2. Additional questions that were:
   a. required to gather information newly required by HUD
   b. requested by local service providers

The instrument was pilot-tested and changes made where necessary before implementation.

\(^2\) Salvation Army Family Residence, Harbor Lights and Red Shield; Star of Hope  
\(^3\) Beacon, SEARCH  
\(^4\) US Vets, Madge Bush, Catholic Charities, Villa Guadalupe, AFH A Friendly Haven  
\(^5\) Bread of Life  
\(^6\) Magnificant House, Bristow  
\(^7\) Harmony House, Turning Point  
\(^8\) Houston Area Women’s Center  
\(^9\) Covenant House
B. Anonymity, Consent and Incentive

Surveyors informed participants of the purpose of the study and secured their verbal consent as well as initials on the instrument form. All participants were assured that their survey responses were anonymous, confidential and that their choice to participate or not, would not affect their access or quality of services. They were reminded that they could choose not to answer any question within the survey and could discontinue the interview at any point. Participants who completed the survey received a bus pass as compensation for the effort.

C. Data Collectors

Forty volunteers were provided training on conducting the surveys. Volunteers were recruited from local colleges, homeless services agencies, the CFTH Consumer Advisory Council and the general public. CFTH staff participated in surveying, provided the training and collected the completed forms.

D. Training

Each volunteer was required to attend one of the seven, one-hour training programs conducted by CFTH staff. The training included the following topics:

1. Goal of the survey
2. Method of recruiting groups for participation
3. Respectful methods for approaching and interacting with potential participants
4. Techniques for securing informed consent
5. Review of the survey instrument
6. Techniques for interviewing and completing survey
7. Conditions for incentives

E. Data Entry and Analysis

Completed forms were forwarded to the Principal Investigator who reviewed and validated the forms. Doctoral students from the University of Texas School of Public Health graduate students were recruited.
and compensated for data entry. The information was analyzed using descriptive statistical methods in the *Stata* statistical package.

**F. Limitations to Interpretation and Generalization**

1. Although every effort was made to sample a wide representative of people experiencing homelessness, this was not a true random sample and any interpretations made from the findings must take this into account.

2. Survey responses about sensitive information such as history of substance use/abuse and mental health status were often contradictory and in aggregate yielded incidence rates far below what would be expected even in self-reports from this population in general and below rates from previous local studies. It was apparent that respondents were either confused by the questions or were unwilling to truthfully answer them. The reluctance of respondents to affirm their involvement in any sort of socially unacceptable behavior is well-known. This limitation was partially overcome by including answers to any one of a variety of questions designed to determine answers to these sensitive topics.

3. There was a great deal of internal inconsistency within the surveys. This may be due to two basic reasons:
   a. This is a difficult population to interview. Educational background varies which may limit understanding of what is being asked and participants were requested to remember events over the past year, which is challenging. In addition, participants may have been under the influence of substances hindering their ability to provide accurate responses.
   b. Data collectors were either confused about or unaware of methods to validate and correct with respondents inconsistent or incomplete responses.
   c. Despite pilot testing of the survey instrument, some questions may have remained unclear.

Practically, these limitations mean that while the needs expressed by an individual subgroup may hold a degree of accuracy, it would be imprudent to take the dataset as a whole and generalize the findings.
either as an indication of needs of the group or the prevalence of such issues as mental illness, HIV or substance use/abuse.

RESULTS

A. Demographic Characteristics of Population Sampled

As described under Methodology, the sample was a non-random convenience sample and so the characteristics of the participants should not be assumed to be representative of the population as a whole. These characteristics do, however, provide background information to be taken into account when assessing the needs of people who are currently experiencing homelessness.

A total of 655 valid surveys were obtained. The average age of the participants was 43.8 years, with a range of 18 to 82 years; 58.2% were male, 41.3% female with only two male-to-female and one female-to-male transgenders participating. No children under age 18 were included in the survey, although parents of children were interviewed. Other characteristics of those participating in the survey are shown in Figure 1 below. One in four participants (24%) was unsheltered\textsuperscript{10} and an equal percentage was defined as chronically homeless\textsuperscript{11}. Given the difficulty of accurately capturing chronic substance abuse, a broad definition was employed\textsuperscript{12}. Using this definition, half (49%) of the participants were classified as chronic substance abusers. Thirty percent of participants were considered to have experienced domestic violence based on affirmative answers to one of several questions in the survey regarding domestic violence\textsuperscript{13}. Similarly, there were several triggers that would classify a participant as experiencing a severe mental illness in addition to directly answering yes to that question\textsuperscript{14}. Not surprisingly, four out of ten of those experiencing homelessness and participating in the survey met the definition for severe mental illness using this definition. Participants were also asked about whether or not they had served in the US military or been called up to active duty in the National Guard, with an

\textsuperscript{10} Unsheltered was defined as spending the previous night outside, in a car, or in an abandoned building.
\textsuperscript{11} Experiencing homelessness for over a year or four times in the past three years
\textsuperscript{12} Participants were classified as chronic substance abusers if they had spent time in the past year in a treatment facility, indicated that they had sought treatment for substance abuse, admitted to abusing alcohol or drugs, indicated a need for substance abuse counseling or had been kicked out of housing because of substance abuse.
\textsuperscript{13} Domestic violence was defined as answering yes to one of three direct questions or indicating that they had been kicked out of their house because of domestic violence.
\textsuperscript{14} Sought treatment or indicated a stay in a mental health facility, being kicked out of their home due to mental health issues, or indicated a need for mental health care.
affirmative answer to either question classifying the participant as a veteran. Using this definition, approximately one out of six of all participants (or over a quarter of the males surveyed, 27%) were veterans. Prevalence of disabilities (medical, psychological, or physical condition) was very high among participants (77%). Over one in four participants (28%) had children under the age of 18 years and 6% of the total population (or 21% of those with young children) met the definition of a chronically homeless family.

Figure 1: Demographic Characteristics of the Sample Surveyed
The survey sample was predominantly male (58%) and Black (63%) (Figure 2). Very few Asians/Pacific Islanders were sampled although one in fourteen participants self-identified as mixed race. Twelve percent of all participants self-identified as Hispanic or Latino with less than 3% of Blacks indicating Hispanic heritage (Figure 3). This percentage was higher among Whites (10%) and those self-identifying as mixed race (36%).
Figure 3: Racial Distribution of Participants by Ethnicity

The sample was overwhelmingly single\textsuperscript{15} with only one in ten participants married or living with a partner (Figure 4). A vast majority of participants had children although many children were over 18 years of age. Of those who had children, half had a child under age 18. For those who did have children under age 18, the average number of children was 1.9 with a range of 1 to 6 children. The average age of those children under age 18 was 4.9 years. Approximately half of participants with children under age 18 live with their child(ren) although mothers were much more likely to live with their child(ren) under 18 than were fathers (66\% vs. 17\%). Of those with children under 18, 86\% were single parents and the rest were married or living with a partner. A small percent (6\%) of families were classified as chronically homeless.

\textsuperscript{15} Single included single, divorced, separated, and widowed.
More than one out of four participants had less than a high school education but an even higher percent (31%) had some college, college, or post-graduate experiences (Figure 5). More females than males (35% vs. 26%) had some college education or were college graduates. No differences in educational levels were found between Blacks and Whites.
B. Place of Residence and Reasons for Homelessness

Figure 6: Places Participants Stayed the Night Before Survey

Figure 7: Places stayed during the previous year\textsuperscript{16}

\textsuperscript{16} Respondents could indicate more than one place stayed during past twelve months.
Over ninety percent of participants had stayed in one of three types of places the previous night; unsheltered, sheltered, or transitional housing (Figure 6). The largest percent (two out of three; 66%) were in shelters or transitional housing, representing where many of the surveys took place. One in four were unsheltered the night before the survey while one in five (21%) were staying in transitional housing. These percentages may not be true of those experiencing homelessness as a whole (unsheltered rates are higher according to the Point-in-Time count), underscoring the non-representativeness of the participants sampled. Three of four participants said they had a place to stay the next night, although in some cases, they may have meant unsheltered area. Participants also were asked about places they had stayed during the previous 12 months (Figure 7). Half had stayed in a shelter but nearly two out of five participants had been unsheltered at some point during the previous year. Over one in five had stayed at the home of a friend or family member and one in five had been housed in transitional housing.

We were interested in the reasons participants left their last regular home before experiencing homelessness. Participants could answer yes to more than one reason. The overwhelming explanation was economic – loss of job by the participant or someone in the family (68%; Figure 8). The second most commonly cited reason that someone in the household had evicted the respondent. Other frequent answers were abuse in the household, bills that were higher than earnings, or the participant was incarcerated with no place to return to once released. Surprisingly, medical debt was not cited as a reason for homelessness by many participants (only 2%). Commonly cited other reasons were death of family members, mental health issues, non-payment of rent by others in the household, and overcrowding. Interestingly, one respondent said s/he wanted to experience what it is like to be homeless. There were some differences seen in responses between men and women. Males were more likely to admit to drug or alcohol use (13% vs. 5%) and incarceration (21% vs.6%) and slightly more likely to indicate loss of income as reasons for losing their housing (51% vs. 47%) while women were overwhelming more likely to cite abuse in the household (5% of males vs. 29% of females).

When asked if they had ever at any time lost housing due to a hurricane, 10% indicated yes. Ike was most frequently named (27 people) while nearly one in four (or 10 people) named Katrina. Rita was the reason for housing loss of four people.
Participants were asked whether they ever had to leave a home or a shelter due to abuse. Over one out of four indicated they had left a home and one out of seven, a shelter, due to physical, sexual, emotional, or verbal abuse (Figure 9). Females were much more likely to indicate they had left a home due to abuse than were males (46% vs. 15%). However, there was very little difference between the percentages of men and women who indicated that they had suffered abuse at a shelter (13% of males and 15% of females). The most common types of abuse experienced were verbal and mental in both homes and shelters.

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17 Respondent could list more than one reason.
C. Economic Indicators

Participants were asked about sources and level of income. This is a sensitive topic that it that may be difficult to get a true reading on due to reticence of the participant to supply accurate answers. Nearly one in two participants indicated they had no source of income (Figure 10). Equal percentages of males and females and Blacks and Whites had no source of income. Among those who did have an income, the most common sources were employment (13%), Supplemental Security Income (SSI; 9.5%), and Social Security Disability Income (SSDI: 7.5%). The average monthly income levels are shown in Figure 11. Of those with a monthly income, the most common levels were $1-150 and $501-$750, although four participants indicated they brought in over $2000/month on average.

Participants were asked how much these medical conditions interfered with their daily life. Thirty percent indicated their condition(s) did not interfere at all while two out of five (37.2%) felt their condition(s) interfered very much with their daily activities.

18 More than one type of abuse could be listed.
Respondent could list more than one source of income.

Other sources of income included food stamps, hustling and panhandling, sex work, money from family/friends, recycling, and donating plasma.
D. Medical Conditions of Participants

As shown in Figure 12, over one in four (29%) participants did not have medical insurance, although two out of five had a Harris County Hospital District Gold Card and almost one in five (19%) had Medicaid coverage. No participant indicated they had CHIP for their child(ren).

![Insurance Coverage](image)

**Figure 12: Types of Insurance Coverage Held by Participants**

Participants were asked about the presence of medical conditions and disabilities. It is likely that the true prevalence of these conditions is higher than reported as participants may be unforthcoming in disclosing personal information and/or they may not have been diagnosed with the conditions. As shown in Figure 13, mental health conditions and high blood pressure were the most prevalent conditions. The HIV positivity rate was almost one in twenty, although the true rate is probably higher as many may not have been tested and diagnosed. More than half of participants (57%) indicated they had more than one of these medical conditions/disabilities.

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21 Respondent could list more than one type of insurance.
Questions also were asked regarding disabilities such as problems with walking or with vision (Figure 15). Two participants out of five reported severe problems with vision and over one out of five (23%) stated they had major problems walking. One-third said their disability(ies) inferred somewhat with daily activities while two out of five said it interfered very much (Figure 16).
When asked about medical care needs, nearly three of four (72%) said they had needed medical care in the past year and four of five reported they had received that care. Figure 17 shows where care was received (more than one answer was possible), with the most common places for receiving care being Emergency Departments or hospitals.
Persons who indicated they needed care but were not able to receive it or did not seek it answered questions about why they did not. The major reasons for not receiving needed medical care were that

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22 Respondent could list more than one place where services were received.
23 Respondent could list more than one reason for not seeking needed medical care.
the participant couldn’t afford such care or did not have transportation to get to the medical facility (Figure 18).

Participants were asked about their prescription drug use. Of those taking prescription drugs, two out of three say they take it as often as prescribed (Figure 19). However, one of six don’t take the prescribed medication at all while another one of six participants take their prescription drugs less often than prescribed. Over one in four participants (29%) state they have skipped doses of a prescription drug because they couldn’t afford to buy it.

Figure 19: Percent of Those with Prescribed Medications Who Take It as Prescribed
Figure 20 shows that of the 394 participants who said they had been discharged from a hospital, nearly half (43%) had been discharged without a plan and nearly one in three (30%) without prescription medications needed or a place to stay.

E. Mental Health Services

Participants also were asked about mental health services needs. In the past year, 38% (over one of three) had needed mental health care but the vast majority of these (79%) did receive the care they needed. Places that care was received are shown in Figure 21. The stated reasons for not seeking needed mental health care are shown in Figure 22. As seen with medical care, cost of treatment and lack of transportation were the major reasons cited.
Figure 21: Places Where Mental Health Services Were Received.  

More than one place could be mentioned by participant.  

Other places with more than one response included Bristol, Ben Taub, DAPA, HCHD, VA Medical Center, St. Joseph’s, and Ripley.

Figure 22: Stated Reasons for Not Seeking Needed Mental Health Care

Respondent could list more than one reason for not seeking/receiving medical care.
F. Illegal and Legal Substance Use

As stated previously, two of five participants indicated they had a problem with substance abuse. Tobacco, although not considered substance abuse, was used by over three of five respondents (Figure 23). When asked about specific drugs, alcohol and marijuana were the drugs of choice, although participants may have been reticent about admitting to illegal activity, particularly when the interview took place in a shelter where use could result in expulsion. Therefore, these numbers are likely underestimates to true substance use among this group. The amount of alcohol consumed was particularly difficult to ascertain as answers to the question were varied and likely not always accurate. However, nearly three of four respondents admitted to currently drinking some alcohol. The daily range of alcohol consumed (for the small number of people answering that question) was between 1 and 24 glasses of wine/cans of beer/shots of hard liquor daily. Tobacco smoking rates were high – three of five participants used tobacco.

Figure 23: Use of Tobacco, Alcohol, and Other Drugs

Next, participants were asked about whether or not they had needed substance abuse treatment during the past year. Over one in five (22%) indicated they had had such a need and over four of five (83%) of these participants were able to receive that treatment. However, this percent may not be representative of the total population experiencing homelessness as many received their treatment at
the Star of Hope where a high percentage (nearly one in four) of the participants were sampled. It may also be possible that those who are not getting the care they need either aren’t admitting to the need or don’t know they need it. As shown in Figure 24, treatment for substance abuse was received at a variety of places, with “Other”\textsuperscript{27}, the most common, although no “other place” was mentioned by more than three participants. The Veteran Administration Medical Center was the most common place named that participants obtained substance abuse treatment. There were too few respondents who did not get the substance abuse treatment that they needed and stated a reason to allow for accurate analysis of reasons why such treatment was not received.

![Figure 24: Places Where Substance Abuse Treatment Services were Accessed\textsuperscript{28}](image)

\textbf{G. Discrimination of Those Experiencing Homelessness by Service Agencies}

Participants were asked whether they had ever been refused services because of their homelessness. One in four said yes, although only one-quarter of those indicating yes gave a specific reason. Those categories with more than one response are shown in Figure 25. The overwhelming reason was lack of

\footnote{\textsuperscript{27} Other places substance abuse treatment was obtained included clinics and other programs. No place was mentioned more than 3 times, however.}

\footnote{\textsuperscript{28} Respondent could list more than one place where substance abuse treatment was obtained.}
capacity at shelters, underscoring the need for more bed space or other alternatives for those experiencing homelessness.

### Figure 25: Stated reasons for refusal of services due to homelessness

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of those refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility full</td>
<td>72</td>
</tr>
<tr>
<td>Didn't meet eligibility criteria</td>
<td>17</td>
</tr>
<tr>
<td>Not sure</td>
<td>5</td>
</tr>
<tr>
<td>Lacked identification</td>
<td>5</td>
</tr>
</tbody>
</table>

H. Veterans

Veterans were defined as those serving in the military or called up to active duty while in the National Guard. The average age of those self-identifying as veterans was 50 years old with a range of 18 to 82 years. Veteran characteristics are shown in Figure 26. Most had received an honorable/general/under honorable conditions discharge from the military but not all of these participants said they were eligible for VA benefits. An even smaller proportion was receiving VA benefits, although this might not be unexpected as the receipt of benefits would allow veterans to get off the street and thus not be surveyed. Chronic substance abuse among veterans was higher than in non-veterans (65% vs. 46%) while reported prevalence of severe mental illness was only slightly higher (44% vs. 40%). Approximately one in three veterans was unsheltered the night before they were surveyed.
I. Services Needed

Participants were asked a series of questions regarding their need for a variety of services for those experiencing homelessness (not at all, somewhat, very much). As shown in Figure 27, the greatest perceived needs were for transportation, assistance getting clothing, employment services, housing vouchers, medical care, and internet access with three out of four respondents indicating such a need. When only those answering “very much” need for a given service were ranked, the greatest need remained transportation, housing vouchers, employment services but dental care was also quite important. Lowest need was found for child care and warrant assistance (fewer than two out of five respondents indicated such a need).

In addition to perceived need for services, participants were queried regarding frequency of use of services during the past year and, for those who had used the services, how difficult or easy it was to access such services (Table 2). The most frequently accessed services were assistance with clothing, the internet, emergency shelter, food stamps/food pantry, and transportation. The services that the greatest percentage of respondents rated as very difficult or difficult to access were all related to housing needs – housing vouchers, utility payments, and rental payment assistance. Conversely,
acquisition of a mailing address, accessing the internet, using a food pantry, and using community voice mail were deemed easy to access by over two out of three participants.

![Service Needs](image)

**Figure 27:** Percent of Respondents Answering Somewhat or Very Much Need for Given Service
<table>
<thead>
<tr>
<th>Service</th>
<th>Percent of Participants Who Accessed</th>
<th>Percent of Participants Answering Very Difficult/Difficult to Access</th>
</tr>
</thead>
<tbody>
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<td>Mailing Address</td>
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Table 2: Services Accessed in Last Twelve Months and Perceived Difficulty of Use
RECOMMENDATIONS

The 2011 Point-in-Time count and needs assessment of those experiencing homeless represents a working partnership between governmental agencies, non-profit homeless service agencies, and academia. This collaboration allows for each partner to contribute its unique skills and expertise to the joint effort, resulting in a product that represents the best efforts of all involved and can be used to inform strategies to “lead in the development and implementation of community strategies to prevent and end homeless”. While this document will be useful in this work, following are some suggestions to improve the assessment in coming years and make a good product even better.

The inherent difficulty of getting accurate and candid responses from a transient population with a heterogeneous educational background makes it imperative that interviewers be properly trained and experienced in eliciting sensitive information and clarifying conflicting information. Additional preparation would improve the accuracy and completeness of responses. Data collectors should be trained to review surveys and assist respondents in order to reduce unintentional missing data and to correct inadvertent contradictions. The survey was not designed to be self-administered and this should not be a practice.

Continued use in future years of the survey instrument would allow for data compatibility and analysis of trends over time. However, some tweaking of the instrument might be necessary to correct confusing questions especially those involving substance use/abuse and mental health question. Including more questions that result in proxy measures of these conditions should be considered.

Continued use in future years of this survey instrument would allow for data compatibility and analysis of trends over time. However, some tweaking of the instrument might be necessary to correct confusing questions especially those involving substance use/abuse and mental health question. Additionally, what information is being sought and how such information would inform services should be carefully considered. Data that is not required by HUD or would not change practice should be eliminated from the survey as a shorter instrument would improve responses both in completeness and accuracy. The criterion for every question should be “what does this tell us about the homeless and their needs?”
Alternatively, the use of focus groups made up of different subgroups of those experiencing homelessness (unsheltered, sheltered, those in transitional housing, veterans, families, etc.) with professional facilitators experienced in working with this population should be considered in place of the surveys. This would allow for in depth interviewing and elicitation of more detailed responses adding to reliability of findings. Interviews and surveys with providers could also be added.
APPENDIX A

2011 COMMUNITY NEEDS ASSESSMENT SURVEY

Date______________ Site__________________________ Interviewer Name __________________

TO BE READ TO EACH PARTICIPANT

Dear Interviewee:
We are conducting a survey related to the demographic characteristics and service needs of the homeless population in the Houston/Harris County area. This survey can be answered only once, have you been asked these questions within the last two weeks? If the answer is yes, we thank you for your consideration and there is no need to answer the questions again. The information collected will be analyzed collectively and will be used to assist the Coalition and other service providers in setting priorities for existing programs and to support advocacy efforts for the development of new programs. Your participation in answering the questions in the survey is completely voluntary and greatly appreciated. However, if you do not wish to take part in the survey you do NOT have to answer any questions. If you agree to participate, you may also refuse to answer any specific question/s or you may choose to discontinue participation at anytime. All your responses will be kept anonymous and confidential. Either your participation or your refusal to participate in the survey will not affect in any way your eligibility for any service that you may be receiving at this time or may apply to receive in the future. If you agree to participate, I will ask you a few questions and record your answers. We estimate that it will take approximately 10 minutes to complete the survey. Do you have any questions? Are you willing to participate?

I HAVE READ THE ABOVE CONSENT STATEMENT TO THE RESPONDENT AND TO THE BEST OF MY KNOWLEDGE IT WAS UNDERSTOOD; AND THE RESPONDENT HAS VOLUNTARILY AGREED TO PARTICIPATE AND HAS NOT PREVIOUSLY PARTICIPATED IN THIS SURVEY.

IF THE RESPONDENT AGREES TO PARTICIPATE, PLEASE INITIAL ___________. THANK YOU FOR YOUR HELP.

When there are multiple choices available, please check one only unless otherwise indicated.

1. Where did you stay last night? Please check one only.
   a. ____ on the street
   b. ____ in a car
   c. ____ in an abandoned building
   d. ____ jail or prison
   e. ____ in an inpatient alcohol or other drug treatment facility
   f. ____ in a mental health facility
   g. ____ shelter
   h. ____ in a hospital
   i. ____ transitional housing (considered homeless)
   j. ____ home ownership
   k. ____ hotel/motel (subsidized by service provider or others)
   l. ____ hotel/motel (paid for by self)
   m. ____ home or apartment of a friend or family member (considered marginally housed)
   n. ____ rental house or apartment – (Subsidized; e.g. Section 8, Public Housing, HOME, HOPWA, SHP, SPC, VASH)
   o. ____ rental house or apartment – (paid by self)
   p. ____ other (Please specify) ______________________________________________________
   q. ____ Refused/Don't Know

3/21/2012 36
2. Do you have a place to stay tonight?  
   a. _____ yes  
   b. _____ no  
   c. _____Refused/Don’t Know

3. Age____________  
   _____ Refused/Don’t Know
   If under age 18 years, whom do you live with?  
   a. _____ Parents  
   b. _____ Siblings  
   c. _____ Other family member(s)

4. Which of the following best describes your Race?  
   a. _____ Black  
   b. _____ Asian/Pacific Islander  
   c. _____ Native American  
   d. _____ White  
   e. _____ Mixed  
   f. _____ Other, specify

   The federal government makes a distinction between race and ethnicity. Races are noted in this 
   question. Ethnicity is noted in the question below. One can be White and Hispanic. Someone could be 
   Black and Hispanic, say from one of the Dominican Islands. Another person could be a Pacific Islander 
   from the Philippines and be Hispanic.

   It is best not to assume that you can tell someone’s race or ethnicity just by appearance. You may 
   assume that someone is White, while in fact they may be Black, Asian, or Native American. Therefore, 
   it is important that you ask both of these questions and let the interviewee give a response.

5. Do you consider yourself to be Hispanic or Latino? (includes Cuban, Mexican, Puerto Rican, South or 
   Central American, or other Spanish culture or origin, regardless of race)  
   a. _____ Yes, Hispanic or Latino  
   b. _____ No, Not Hispanic or Latino  
   c. _____ Refused

6. Are you:  
   a. _____ Male  
   b. _____ Female  
   c. _____ Transgender M→F  
   d. _____ Transgender F→M

7. Are you...  
   a. _____ Married  
      If married, were you with your spouse last night?  
      _____yes  
      _____no
   b. _____ Living with a partner  
      If living with a partner, were you with your partner last night?  
      _____yes  
      _____no
   c. _____ Single
   d. _____ Widowed
   e. _____ Separated
   f. _____ Divorced
   g. _____ Refused/Don’t Know

8. Do you have children?  
   a. _____ Yes  
   b. _____ No  
   c. _____ Pregnant?  
   d. _____Refused/Don’t Know
   If Yes, how many children?  
   Ages of children?  How many children live with you?

3/21/2012  37
9. How much do you think you need each of the following services?

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to internet</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Adult education/GED preparation</td>
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<tr>
<td>Assistance getting clothing</td>
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<td></td>
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<tr>
<td>Assistance getting identification</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Assistance with warrants/criminal restrictions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Case management</td>
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<td>Child care</td>
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<td>Dental care</td>
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<td>Emergency shelter</td>
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<td>Employment services</td>
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<tr>
<td>Food stamps</td>
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<tr>
<td>Food pantry or assistance getting food</td>
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<tr>
<td>Homeless Court</td>
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<td>Housing voucher</td>
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<td>Income tax help</td>
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<tr>
<td>Information and referral, e.g. 211, 311, Coalition for the Homeless</td>
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<tr>
<td>Job training</td>
<td></td>
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<td>Legal assistance</td>
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<td>Medical care</td>
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<td>Mental health services</td>
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<tr>
<td>Prescription drug assistance</td>
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<tr>
<td>Rent payment assistance</td>
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<tr>
<td>Storage for belongings</td>
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<tr>
<td>Substance abuse counseling</td>
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<td>Transitional housing</td>
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<td>Transportation assistance/bus tokens</td>
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<td>Utilities payment assistance</td>
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<td>Community Voice mail</td>
<td></td>
<td></td>
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<tr>
<td>Other (specify)</td>
<td></td>
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</tr>
</tbody>
</table>

10. What sources of income do you have? (check all that apply)

a. _____ Supplemental Security Income (SSI)  h. ___ Unemployment Income
b. _____ Social Security Disability Income (SSDI)  i. ___ Retirement Benefits
c. _____ Social Security  j. ___ Child Support
d. _____ General Public Assistance  k. ___ Spousal Support
e. _____ Temporary Aid to Needy Families (TANF)  l. ___ Other, specify *________________
f. _____ Veteran’s Benefits  m. ___ Refused/Don’t Know
g. _____ Employment Income  n. ___ None

- This can include income from alternative sources such as trade, sex, drugs, panhandling, etc.
11. How much money do you bring in a typical month, from all of these sources?
   a. __ no income
   b. ___ $1 - $150
   c. ____ $151 - $250
   d. ___ $251 - $500
   e. ___ $501 - $750
   f. ___ $751 - $1000
   g. ___ $1001 - $1500
   h. ___ $1501 - $2000
   i. ___ more than $2000
   j. ___ Refused/Don’t Know

12. What is your highest level of education?
   a. ___ 8th grade or less
   b. ___ high school
   c. ____ high school graduate
   d. ___ GED
   e. ____ some college
   f. ___ college graduate
   g. ___ post-graduate
   h. ___ Refused/Don’t Know

13. Have you ever served in the U.S. Armed Forces (military)?
   a. ___ Yes
   b. ___ No
   c. _____ Refused/Don’t Know

14. Were you activated, into active duty, as a member of the National Guard or as a Reservist? (activated means receiving orders to go into combat or to serve stateside)
   a. ___ Yes
   b. ___ No
   c. _____ Refused/Don’t Know

15. If you served in the military, what type of discharge do you have?
   a. ___ I didn’t serve in the military
   b. ___ Honorable discharge
   c. ____ General discharge
   d. ___ Discharge under honorable conditions
   e. ____ Dishonorable discharge
   f. ___ Bad conduct discharge
   g. ___ Refused/Don’t Know

16. If you are you a veteran, are you eligible for VA benefits?
   a. ___ Yes, I receive benefits
   b. ___ Yes, but I don’t receive benefits
   c. ___ No
   d. ___ I’m not a veteran
   e. _____ Refused/Don’t Know

17. Did you lose your housing because of a hurricane?
   a. __ Yes
   b. ____ No
   c. _____ Refused/Don’t Know
   If Yes, which one? ___________________

18. In the past 12 months, in which of the following have you stayed? Please check all that apply and then CIRCLE the one that you’ve stayed in the longest. For people living on the streets who may not be as calendar driven as others, after reading “In the past 12 months”, since last spring,.. You will be providing them with another referent to the period to which you are referring.
   a. ____ on the street
   b. ___ in a car
   c. ____ in an abandoned building
   d. ___ jail or prison
   e. ___ in an inpatient alcohol or other drug treatment facility
   f. ___ in a mental health facility
   g. ___ in a hospital
   h. ___ shelter
   i. ___ in a hospital
   j. ___ transitional housing (considered homeless)
   k. ___ home ownership
   l. ___ hotel/motel (subsidized by service provider)
m. ____ hotel/motel (paid for by self, friend, family)

n. ____ home or apartment of a friend or family member (considered marginally housed)

o. ____ rental house or apartment – (Subsidized; e.g. Section 8, Public Housing, HOME, HOPWA, SHP, SPC, VASH)

p. ____ rental house or apartment – (paid for by self)

q. ____ other (Please specify) ___________________________________________________

r. ____ Refused/Don’t Know

These next two questions are used to determine chronic homelessness. They’re really important questions but may be difficult for persons to answer if they’ve been homeless many separate times and/or for long periods. It may take a little bit of time to get to an answer. You’ll have to try and ask this in a way that doesn’t generate impatience on the part of the client.

19. Including this time, in the past 3 years, how many separate times have you been homeless?
   a. ____ 1  
   b. ____ 2  
   c. ____ 3  
   d. ____ 4 or more 
   e. ____ Refused/Don’t Know 

20. How long have you been homeless this time? (Your Current Living Situation)
   a. _____ less than 1 year   
   b. _____ 1-2 years   
   c. _____ 3 or more years 
   d. _____ Refused/Don’t Know 

21. Before you became homeless, did you ever had to leave a place you were staying because you, your children or other persons in the household were verbally, emotionally or physically abused or because you were afraid that abuse would occur?
   a. _____ Yes – what kind of violence _____physical _____sexual _____verbal _____emotional/mental 
   b. _____ No  
   c. _____ Refused/Don’t Know 

22. Have you ever stayed in a shelter that you felt you had to leave because you, your children or other family member were verbally, emotionally or physically abused or because you were afraid that abuse would occur?
   a. _____ I’ve never stayed in a shelter  
   b. _____ Yes – what kind of violence _____physical _____sexual _____verbal _____emotional/mental 
   c. _____ No  
   d. _____ Refused/Don’t Know 

When we get into questions like #23 and 24, with long lists, it is tempting just to read until the client gives you an answer. Sometimes that may be appropriate. However, there are times when a client will give an answer prematurely because he/she has not heard or thought about all of the answers. It is easy for clients to just answer yes to all of the following options. As interviewer, let the person know that each question is really important and encourage them to give each item careful thought.

When you administer this question, I suggest that you read the question itself for three or four times before you just read off the items. For example, read question, then “a”; read question, then “b”; read question, then “c”.
23. In the past year, how often have you used the following services? **IF YES**, fill in last two columns

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
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<tbody>
<tr>
<td>Access to internet</td>
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<td>Other (specify)</td>
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</table>

24. Why did you have to leave the last regular place you stayed before becoming homeless? **Please check all that apply.**

a. ____ could not afford to pay rent or mortgage, because of loss of my job or other source of income (such as unemployment benefits)

b. ____ could not afford to pay rent or mortgage, because of loss of job by family member

c. ____ could not afford to pay rent or mortgage, because bills were higher than earnings

d. ____ could not afford to pay rent or mortgage, because of change in family status (divorce/breakup)

e. ____ because I got sick or became disabled and couldn’t work (NOT HIV related)

f. ____ because I am HIV positive

g. ____ because of medical debt

h. ____ because of abuse in the household

i. ____ was kicked out by another person living in the household

j. ____ was kicked out by landlord because of ___________________ (please give reason)

k. ____ because of my drug or alcohol use
l. ____ because I aged out of foster care  
m. ____ because I am a registered sex offender  
n. ____ because I went to jail/prison  
o. ____ because of change in assistance eligibility, e.g., lost TANF, rental assistance, etc.  
p. ____ lost residence because of hurricane evacuation and couldn’t afford another place  
q. ____ OTHER (please give reason)

r. ____ Refused/Don’t Know

While most people may not have employer paid health insurance, there may be other kinds;  
The next three questions apply to the interviewee and those in their immediate household.

25. Are you covered by any of the following health insurance plans?
   j. ____ Private insurance  
   k. ____ Medicare  
   l. ____ Medicaid  
   m. ____ Gold Card  
   n. ____ Veteran’s Administration  
   o. ____ TRICARE (aka CHAMPUS)
   p. ____ COBRA  
   q. ____ CHIP  
   r. ____ Other, what type? ________________  
   s. ____ None

26. Have you needed medical care in the past year?
   a. ____ Yes  
   b. ____ No  
   c. ____ Refused/Don’t Know

IF YES, were you able to get the care you needed?
   a. ____ Yes  
   b. ____ No  
   c. ____ Refused/Don’t Know

IF YES, where did you go for care?
   a. ____ Doctor’s office  
   b. ____ Clinic  
   c. ____ Emergency Room  
   d. ____ Urgent care clinic  
   e. ____ Hospital  
   f. ____ Other, specify ________________  
   g. ____ Refused/Don’t Know

IF NO, what are the reasons you did not go to a doctor?
   a. ____ Did not know where to go  
   b. ____ Can’t afford to go. Have no money or insurance  
   c. ____ Was not a serious enough problem  
   d. ____ Lacked transportation  
   e. ____ Too busy to go  
   f. ____ Could not get off work to go  
   g. ____ Too sick to go  
   h. ____ Too much trouble to wait at hospital/clinic  
   i. ____ Don’t have a card to get into hospital/clinic

27. Have you needed mental health care treatment in the past year?
   u. ____ Yes  
   b. ____ No  
   c. ____ Refused/Don’t Know

IF YES, were you able to get the care you needed?
   a. ____ Yes  
   b. ____ No  
   c. ____ Refused/Don’t Know

IF YES, where did you go for treatment?
   a. ____ NPC  
   b. ____ MHMRA  
   c. ____ Doctor’s office (psychiatrist, psychologist)  
   d. ____ Other, specify ________________  
   e. ____ Refused/Don’t Know

IF NO, what are the reasons you did not go to a doctor?
   a. ____ Did not know where to go  
   b. ____ Can’t afford to go. Have no money or insurance
c. ____ Was not a serious enough problem
d. ____ Lacked transportation
e. ____ Too busy to go
f. ____ Could not get off work to go
g. ____ Too sick to go
h. ____ Too much trouble to wait at clinic/hospital
i. ____ Don’t have a card to get into clinic/hospital
j. ____ Don’t like doctors or hospitals
k. ____ Other (specify) ________________________________________
l. ____ Refused/Don’t Know

28. Have you needed substance abuse treatment in the past year?
   v. _____ Yes  b. _____ No  c. Refused/Don’t Know  
   IF YES, were you able to get the care you needed?
   a. _____ Yes  b. _____ No  c.____ Refused/ Don’t Know

IF YES, where did you go for care?
   a. _____ Riverside  d. ____ Other (specify) ____________________
   b. _____ Ben Taub  e. ____ Refused/Don’t Know
   c. _____ Cenikor

IF NO, what are the reasons you did not go for care?
   a. ____ Did not know where to go
   b. ____ Can’t afford to go. Have no money or insurance
   c. ____ Was not a serious enough problem
   d. ____ Lacked transportation
   e. ____ Too busy to go
   f. ____ Could not get off work to go
   g. ____ Too sick to go
   h. ____ Too much trouble to wait at hospital/clinic
   i. ____ Don’t have a card to get into hospital/clinic
   j. ____ Don’t like doctors or hospitals
   k. ____ Other (specify) ________________________________________
   l. ____ Refused/Don’t Know

29. Do you take medicine prescribed for you?
   a. _____ No, but I have prescribed medicine  d. _____ Yes, as often as prescribed
   b. _____ No, I don’t have any prescribed medicines  e. ____ Refused/Don’t Know
   c. _____ Yes, but less often then prescribed

30. In the past year, have you ever skipped taking medicines prescribed for you because you could not afford to buy it?  a. _____ Yes  b. _____ No  c. ____ Refused/Don’t Know

31. Have you ever been discharged from a hospital?
   a. _____ Yes  b. _____ No  c. _____ Refused/Don’t Know

   IF YES
   Without a place to stay?  a. _____ Yes  b. _____ No  c. _____ Refused/Don’t Know
   Without prescribed medications?  a. _____Yes  b. _____ No  c. _____ Refused/Don’t Know
   Without the ability to obtain medications?  a. _____ Yes  b. _____ No  c. _____ Refused/Don’t Know
32. Have you ever been diagnosed with any of the following conditions? 
(Please check all that apply)

a.   ____ Asthma          h.   ____ Mental Health Condition
b.   ____ Diabetes         i.   ____ Substance abuse/alcohol abuse
c.   ____ Cancer           j.   ____ HIV/AIDS
d.   ____ High blood pressure  k.   ____ Hepatitis B and/or C
      l.   ____ Arthritis

e.   ____ Heart disease
f.   ____ TB (tuberculosis)  m.   ____ OTHER, please list ______________________

   g.   ____ Emphysema
      n.   ____ Refused/Don’t Know

33. If you have a medical condition, how much does it interfere with your being able to do daily activities?
   a.   ____ Does not apply, I do not have a medical condition
   b.   ____ Very much
   c.   ____ Some
   d.   ____ Not at all
   e.   ____ Refused/Don’t Know

34. Do you have any of the following conditions/disabilities? (Please check all that apply)
   a.   ____ Serious problems with vision  OR  ____ Blindness
   b.   ____ Serious problems with hearing  OR  ____ Deafness
   c.   ____ Much difficulty walking  OR  ____ Use a wheelchair
   d.   ____ Much difficulty speaking  OR  ____ Cannot speak at all
   e.   ____ Other disability
   f.   ____ Refused/Don’t Know

35. If you have any of these disabilities, how much do they interfere with your being able to do daily activities?
   a.   ____ Does not apply, I do not have any of these disabilities
   b.   ____ Very much
   c.   ____ Some
   d.   ____ Not at all
   e.   ____ Refused/Don’t Know

36. Did you receive a flu vaccination this year?
   a.  ____ Yes
   b.  ____ No
   c.  ____ Refused/Don’t Know

37. Where do you usually receive your vaccinations (all vaccines, not just flu)?
   a. Specify
   b.  ____ I don’t get vaccinated
   c.  ____ Refused/Don’t Know

38. Have you ever been turned away or refused services or shelter from a provider of services to the homeless?
   a.  ____ Yes
   b.  ____ No
   c.  ____ Refused/Don’t Know

39. If “yes”, why were you turned away or refused services?
   ________________________________
40. In the past six months, how frequently have you used the following? For alcohol, list number of drinks per time period. For each substance, please put an “x” in the appropriate box showing daily use, weekly use, monthly use, or not at all.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Not at All</th>
<th>Used in the past</th>
<th>Last time used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol (# of drinks/time period)</td>
<td>#</td>
<td>#</td>
<td>#</td>
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<tr>
<td>Crack Cocaine</td>
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<td>Crystal Meth</td>
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<td>Heroin</td>
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<td>Marijuana</td>
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<td>Prescription drugs not prescribed for you</td>
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<tr>
<td>Tobacco</td>
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<tr>
<td>Other (specify)</td>
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<tr>
<td>Other (specify)*</td>
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</tbody>
</table>

*continue on back if more drugs

Again, we are asking people to think back over a period of time – six months. That would have been back to October. So during that entire six month period, we want to know: did they use alcohol daily. If so, enter the number of drinks daily or weekly or monthly. For the other drugs, you just need to enter an X in the appropriate box.

INTERVIEWER COMMENTS: Please state if interviewee appears to be under the influence of drugs or alcohol, mentally challenged, angry or any other circumstances that may have affected responses:

THANK YOU FOR YOUR TIME WITH THIS VERY IMPORTANT SURVEY.