

2006-2007 Homeless Enumeration and Needs Assessment



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COMMUNITY PROFILE UPDATE: 2007

SECTION 1

Introduction

Houston/Harris County has committed to effectively address homeless through the implementation of the *Strategic Plan to Address Homelessness in Houston/Harris County* in 2006. Leaders have closely monitored the activities of the Plan, including the support of updates to the Needs Assessment and Enumeration, of which this report is the first. As a refinement of the 2005 Community Profile, the current study attempted to:

1. more clearly differentiate sub-populations among homeless persons
2. define predictors of street/chronic homelessness
3. develop a profile of those at risk of homelessness
4. update the earlier findings in light of the Year 1 implementation of the Strategic Plan

Summary Findings

ENUMERATION

Based on a series of four counts of persons in emergency shelters, transitional housing and those living on the streets, it was concluded that the estimate of homeless persons at any point in time in the area is 10,363. Of these, 3,108 are estimated to be chronically homeless. This number is a noteworthy decrease from 2005, when the point-in-time count was 12,006 with 3,602. This improvement appears to reflect the success of the concerted efforts of service providers, community leaders and the Coalition for the Homeless, most especially through the repeated Rapid Re-housing initiatives and the development of supportive housing for chronically homeless persons and those with mental illness.

As in the previous count, annualized estimates of homeless persons are validated by findings in HMIS. For 2007, the annualized count, which is an estimate of the numbers of persons who experience homelessness over the course of a calendar year, according to HMIS reports is 30,953. Based on the findings of the Needs Assessment and Enumeration, the annualized count is estimated to be 32,125. The average duration of homelessness of the entire group of respondents to the Needs Assessment is 3.17 years. In the sample, 4% of respondents had

been homeless less than 1 month, 34% between 1 and 12 months and 62% longer than 1 year. More than 9% indicate durations of more than 10 years and 2% longer than 20 years.

NEEDS ASSESSMENT

Overall, the results of the Needs Assessment are very similar to the findings of the 2005 study. The factor most associated with homelessness is lack of financial resources. General characteristics that emerged in the earlier study varied very little in the current study as the following data report will show.

Definitions

Housing Status

Homeless currently

- Respondents to the survey who indicated that they were living without shelter, currently in emergency shelters or transitional housing.

Formerly homeless

- Respondents who indicated that they had previously been homeless, but were not housed.

Never homeless

- Respondents who reported no history of homelessness.

Housed

- Respondents who lived in houses or apartments that they owned or rented or in the residences of family or friends.

Street

- Respondents who are homeless and not living in either emergency shelters or transitional housing units.

Sheltered

- Respondents who are technically homeless, but residing in emergency shelters or transitional housing units.

Enumeration of Homeless Persons

Findings from 2007 and 2005

Per the procedures developed in 2005, four counts were conducted in January and February, 2007. This study recruited outreach workers and clients from agencies that serve the homeless. Each team of 3-4 members was composed of at least one outreach worker and one or two persons who were currently or formerly homeless. Several team members were also supervisors of homeless services agencies. Formerly homeless persons are considered experts on the teams, adopted the mantle with diligence and, in partnership with the outreach workers, were largely responsible for the effectiveness of the counts.

A training program was held at the launch of the project, which detailed the procedures that would be used including:

- Mapping of territories
- Safety issues
- Signs of encampment
- Characteristics of homeless persons
- Emergency procedures
- Referral procedures
- Methods for respectful approaches to persons being counted
- Non-invasive approaches to encampments
- Use of the enumeration form
- Methods for reporting and collecting remuneration

In the months that followed, each count was preceded by a review of the previous counts, a report of locations of encampments and congregating sites, techniques in response to weather conditions, any relevant political changes (such as enforcement of civility ordinances, closing of a major encampment, news media coverage, etc.). CWT clients were invited to present information on topics that they believed relevant to the process, and did so at each meeting.

Between the formal counts, the research team conducted surveys on the streets and were able to acquaint homeless persons with the Enumeration as well as the Needs Assessment. Team members became increasingly familiar with encampments and sites where homeless persons tended to congregate during the day as the study progressed, and with each count were able to account for a greater number of homeless persons. Because homeless and formerly homeless

men and women were included in the teams, the census gathered data from sites that were new to outreach workers. Further, persons in encampments and congregating sites became acquainted with the teams, and on census days were most cooperative in assisting teams in identifying sites where homeless persons could be found.

The final count was conducted on January 25, 2007. The final count was 5,346 for unsheltered homeless persons and 5,017 for sheltered homeless persons. These individuals were found throughout the city and county; some in encampments, others alone and asleep behind buildings, still others walking alone or in small groups. The charts below combine the data collected from the 2007 and 2005 studies and show the final counts, also allocating the numbers within the sub-populations, based on the proportions determined by the Needs Assessment survey.

2007 Enumeration of Homeless Persons *“Amended based on needs assessment.”*

Homeless population	Sheltered		Un-sheltered	Total
	Emergency	Transitional		
1. Homeless individuals	1,653	1,207	5,194	8,054
2. Homeless families w/children	183	440	45	668
2a. Persons in homeless families	635	1,522	152	2,309
TOTAL (line 1 + line 2a)	2,288	2,729	5,346	10,363
Homeless sub-population	Sheltered		Un-sheltered	Total
1. Chronically homeless	776		2332	3,108
2. Severely mentally ill	2,264		2,451	4,715
3. Chronic substance abuse	2,363		2,259	4,622
4. Veterans	1,164		1,261	2,425
5. Persons with HIV/AIDS	627		678	1,305
6. Victims of Domestic Violence	563		608	1,171
7. Unaccompanied Youth	100		107	207

2005 Enumeration of Homeless Persons

Homeless population	Sheltered		Un-sheltered	Total
	Emergency	Transitional		
1. Homeless individuals	1,769	1,448	5,792	9,009
2. Homeless families w/children	226	495	258	979
2a. Persons in homeless families	658	1,547	791	2,996
TOTAL (line 1 + line 2a)	2,427	2,995	6,583	12,005
Homeless sub-population	Sheltered		Un-sheltered	Total
1. Chronically homeless	1,736		1,866	3,602
2. Severely mentally ill	2,604		2,798	5,402
3. Chronic substance abuse	2,760		2,966	5,726
4. Veterans	1,638		1,760	3,398
5. Persons with HIV/AIDS	729		784	1,513
6. Victims of Domestic Violence	654		703	1,357
7. Youth (under 18 years of age)	1,157		1,244	2,401

The total number of persons within the sub-populations in each of the charts exceeds 10,000 and 12,000 respectively, since it is possible for a person to be included in more than one category; i.e., a chronically homeless veteran would be counted in both categories. Between the groups, there has been notable reduction in the numbers of families with children, both in emergency shelters and in transitional housing. It is estimated that there are nearly 700 fewer persons in families who are homeless.

**2007 Needs Assessment of Homeless Persons
Comparison of the Demographic Characteristics
2007 and 2005 Findings**

Of the 1,411 surveys that were conducted, 1,147 were completed by persons who were currently homeless. Demographic descriptions of currently homeless persons are found in the following table.

Demographic Characteristics of Currently Homeless Persons					
		2007		2005	
		#	%	#	%
Gender	Male	844	75.1	1,232	81.0
	Female	265	23.6	289	19.0
Ethnicity	Hispanic	153	13.8	150	9.9
Race	African-American	650	57.3	989	64.9
	Asian	9	0.8	14	0.9
	Native American	22	1.9	42	2.8
	White	341	29.7	336	22.1
	Mixed/other	54	4.7	141	9.3
Age range	Under 20	16	1.4	92	6.1
	20-29	124	10.8	226	15.0
	30-39	199	17.3	410	27.2
	40-49	420	36.6	441	29.3
	50-59	318	27.7	277	18.4
	>60	70	6.1	62	4.1
Average Age 2007		44.2 overall 45.7 Male 39.4 Female		42 overall	
Veteran		276	23.4	304	28.3
Relationship status	Married	121	10.5	126	8.2
	Single	618	54.0	850	55.2
	Living w/ partner	47	4.1	55	3.6
	Separated	118	10.3	185	12
	Divorced	230	20.1	323	21
Respondents with children living with them		68	9.2	140	9.1

Changes in the demographic profiles, most notably Race, may reflect among other factors, the reduction in number of chronically homeless persons as well as the increase in the number of Hispanic/Latino persons, most of whom identify their race as White.

The average age of participants is slightly older than in the previous study, for which that average was 42. The proportion of persons who report that they have children living with them is stable between the two studies and parallels the rates of persons who are homeless due to domestic violence. Statistics for veterans show that 23% of the homeless population were veterans; however, if just males are considered, the figure matches national estimates of 30%.

Current housing status

According to the federal Department of Housing and Urban Development (HUD), persons residing in transitional housing facilities or emergency shelters are considered homeless. The respondents in this sample reported the following as residences:

	2007	2005
Site	%	%
Shelter	26.8	30.4
Abandoned building	0.9	0.8
Car	1.0	0.8
Street	33.5	20.6
Transitional housing	16.7	14.8
TOTAL HOMELESS	78.9	67.5
House/apartment	9.1	15.3
With friend/family	9.0	10.7
Mental health facility/hospital	0.3	0.1
Jail	0.6	4.5
Not reported	1.6	2.4
TOTAL in SAMPLE	21.1	32.5

As shown below, 78% of those surveyed were homeless at the time when they were surveyed, while the incidence of homelessness among respondents in 2005 was 67.5%.

Previous housing	1 year ago		5 years ago	
	#	%	#	%
House or Apt	183	15.7	343	29.7
Family/Friend	184	15.8	260	22.5
Hospital or Mental health	11	1.0	4	0.3
Jail or Prison	80	6.9	90	7.7
Transitional housing	121	10.4	59	5.1
Shelter	221	19.0	135	11.6
Abandoned Bldg	12	1.0	7	0.6
Car	9	0.8	12	1.0
Street	335	29.0	242	20.8
TOTAL	1157	100	1153	100

Chronic Homelessness Estimates

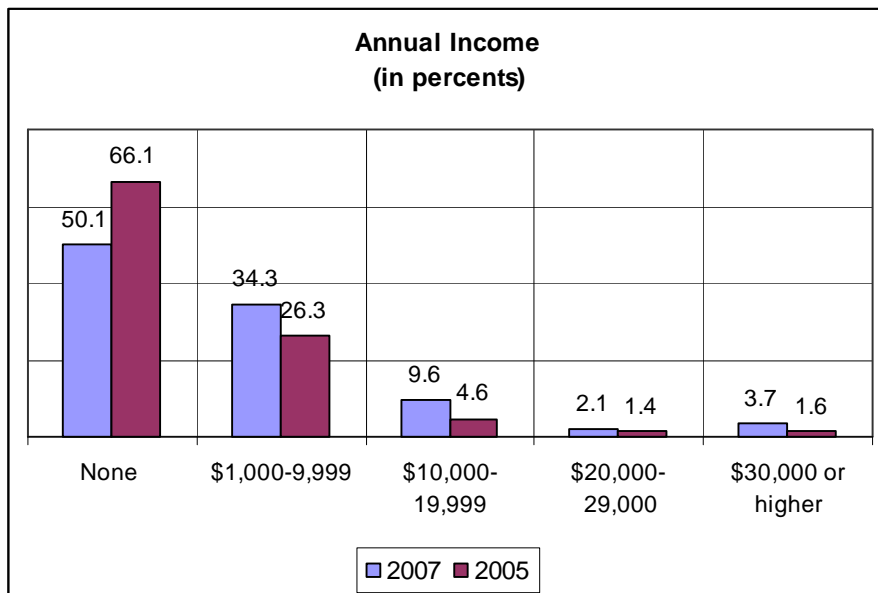
For those who were homeless at the time they were surveyed, 61% were homeless 1 year ago and 46% were homeless 5 years ago. In order to estimate the number of chronically homeless persons, two methods were used. One is calculated from the annual enumeration, which is a point-in-time count and the other is calculated based on the findings of the needs assessment. Both will be undercounts, but the Needs Assessment estimate tends to be more precise. The HUD criteria for chronic homeless is that a homeless person be 1) single; 2) has a disabling condition and 3) has a long interval of homeless or multiple instances of homelessness. Using these criteria, the current Needs Assessment based estimate of chronic homelessness is 35%, a reduction from the 2005 rate of 40%.

Extrapolating from the Needs Assessment data, there are estimated 3,700 chronically homeless at any point-in-time, compared to 4,802 in 2005. The point in time counts for 2005 and 2007 resulted in estimates of 3,602 (which is 75% of estimate generated by the needs assessment) and 3,109 (which is 85% of needs assessment estimate).

Income comparisons

	2007	2005
Annual income	%	%
None	50.1	66.1
\$1,000-9,999	34.3	26.3
\$10,000-19,999	9.6	4.6
\$20,000-29,000	2.1	1.4
\$30,000 or higher	3.7	1.6

Although the percentage of persons with annual incomes less than \$10,000 is virtually unchanged since 2005, the percentage with income between \$1,000 and \$10,000 has increased somewhat.



As would be anticipated, the income level of housed persons is higher than that of homeless persons. Eighty-three percent of homeless persons report incomes of \$10,000 or less, while for respondents with a history of homelessness, the rate is 78% and for those never homeless, the rate is 80%.

Point-in-time data show that approximately 13% of homeless persons are employed at least part time, at what appear to be low to very low wages. Consistent with the previous study, respondents were not asked if they were employed. Future studies should gather this data.

Education comparisons

The 2007 study shows that the educational attainment of respondents was higher than that of the persons surveyed earlier. This may be consistent with the findings for income.

	2007	2005
	%	%
8 th grade or less	9.6	8.6
Some High School	15.3	17.3
High School grad	23.8	32
GED	18.4	25.2
Some college	23.3	13.2
College grad	8.5	3.2
Post-grad	1	0.5

The chart below shows reported reasons for homelessness among those respondents who offered an attribution. Very little changed across most parameters. In both studies, job loss is cited as the most frequent reason for loss of stable housing, and when those statistics are combined with “family member job loss” the rates across the intervals are virtually identical. “Could not pay rent” is often also associated with job loss. Though still relatively low, Flood/Hurricane was cited twice as often and relates to the aftermath of the 2005 hurricanes, which occurred after the completion of the 2005 study.

Reason	2007	2005
	%	%
Job loss	34.3	37.5
Family member job loss	5.1	3
Could not pay rent	8.7	6.9
Disability	11.5	11.9
HIV/AIDS	6.8	1.6
Domestic Violence	11.5	11
Kicked out	16.4	13.1
Drug/alcohol use	16.4	17.2
Flood/Hurricane	5.1	2.6
Fire	1.8	0.7

Veteran Status

As stated earlier, veterans comprise 23% of the population of homeless persons, but when considering males—which is more accurate since only 20 females are veterans—the rate is 30%. Among the most noteworthy element is the age range comparison. In the previous study, those over age 50 were approximately 50% of the vet population, and that is essentially unchanged.

However, from 2005, the rates of veterans who are under age 30 and homeless have risen from 1.4% to 4.5% and under 40 to 12.6%. According to the National Coalition for Homeless Veterans, the percentage of the homeless who are veterans nationally is 23% also. Providers report locally and nationally that the number of homeless veterans under age 40 is expected to continue to rise.

Health Status

As with the previous study, respondents were asked to indicate if they had ever been diagnosed with a medical condition or a disability. The reported prevalence of these conditions remained stable between the two studies, as the following chart shows.

	2007	2005
	%	%
Arthritis	14	11
Asthma	13.3	10.4
Cancer	3.3	2.6
Diabetes	9.4	7.2
Emphysema	2.4	3.2
Heart Disease	5.8	4.7
Hepatitis C	11.8	12.8
HIV/AIDS	13.9	12.6
Hypertension	28.6	24.5
Mental health	57	55.7
Substance abuse	60	57.7
Tuberculosis	7.8	10.1

For those who reported a health condition, 77 (n=772) noted that the condition was severe enough to interfere with their daily activities. The list does not include the more acute problems

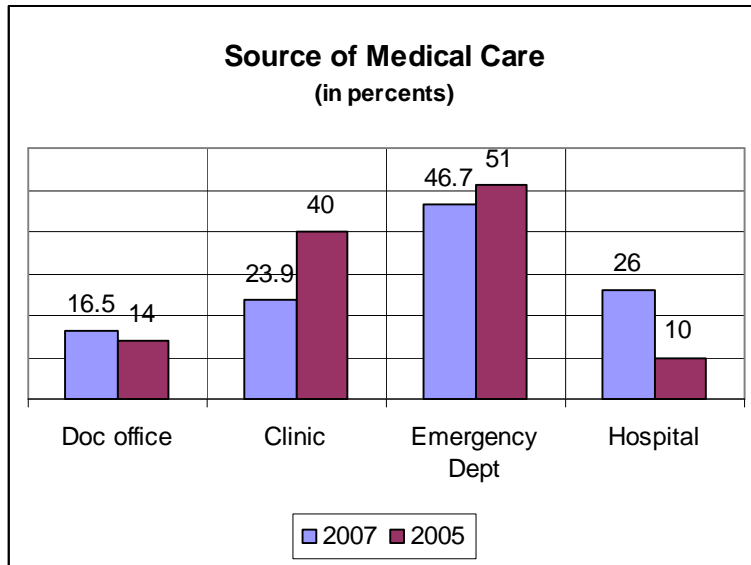
that face especially unsheltered homeless persons, but rather lists some of the more chronic health issues that could be life threatening or at least meet the criterion that a person have a disabling condition in order to be considered “chronically homeless.” Seventy-one percent of homeless respondents reported that they needed medical care in the past year, 67% of whom were able to receive treatment.

Mental Health conditions and Substance Abuse are higher among homeless respondents. Further, statistically significant differences were found in rates of alcohol and crack between street and sheltered homeless persons and between homeless and housed persons, with the former in each group showing higher rates of use.

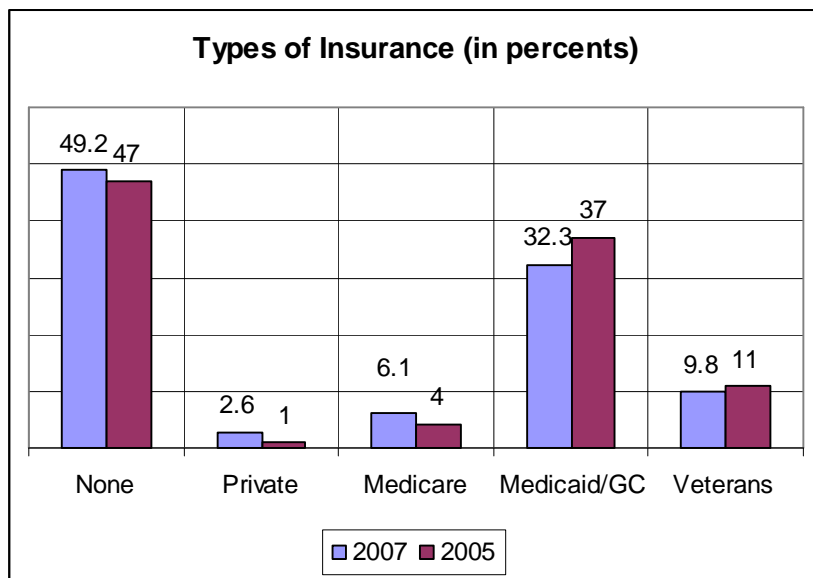
The following chart illustrates the percentage of respondents who needed medical care in the course of the year prior to their participation in the studies. Respondents in 2007 cited a greater frequency of need for medical care and a lower rate of actually receiving care. In addition, the 2007 cohort reported a much higher rate of needing prescription medication and as can be inferred, a greater rate of access to the medications.

	2007	2005
	%	%
Needed medical care	70.9	65
Received medical care	68.2	72
Require prescription medication	51.4	42
Skipped medication due to cost	66	73

For those who sought medical attention, while the Emergency Department/Room was still the most frequent site, more clients were hospitalized than in the previous study, as shown below. The increases in use of the hospital may be attributable to an array of factors including better follow up for those who are ill by outreach workers and case managers, slight increases in access to private physicians or may also reflect an artifact that the term, “hospital” was misinterpreted and the medical care was provided by the emergency department/room. Since most of the surveys were administered by trained surveyors, this artifact is likely not significant.



A significant percentage of homeless persons are still completely uninsured for medical care and fewer respondents in 2007 than 2005 had accessed either Medicaid or Harris County Gold Cards. Private insurance was available in some cases to the small percentage who were employed, and as in 2005 often was held by persons made homeless because of exposure to domestic violence.



Rates and distribution of disabling conditions remained fairly consistent between the two groups surveyed, with the largest increase in problems of ambulation.

Condition	2007	2005
	%	%
Vision	26.7	27.0
<i>Blind</i>	2.1	1.7
Hearing	8.5	6.8
<i>Deaf</i>	0.8	1.4
Ambulation	18	15.5
<i>Cannot walk</i>	0.6	0.8
Speech	2.4	1.7
<i>Mute</i>	0.6	0.5

Service Needs

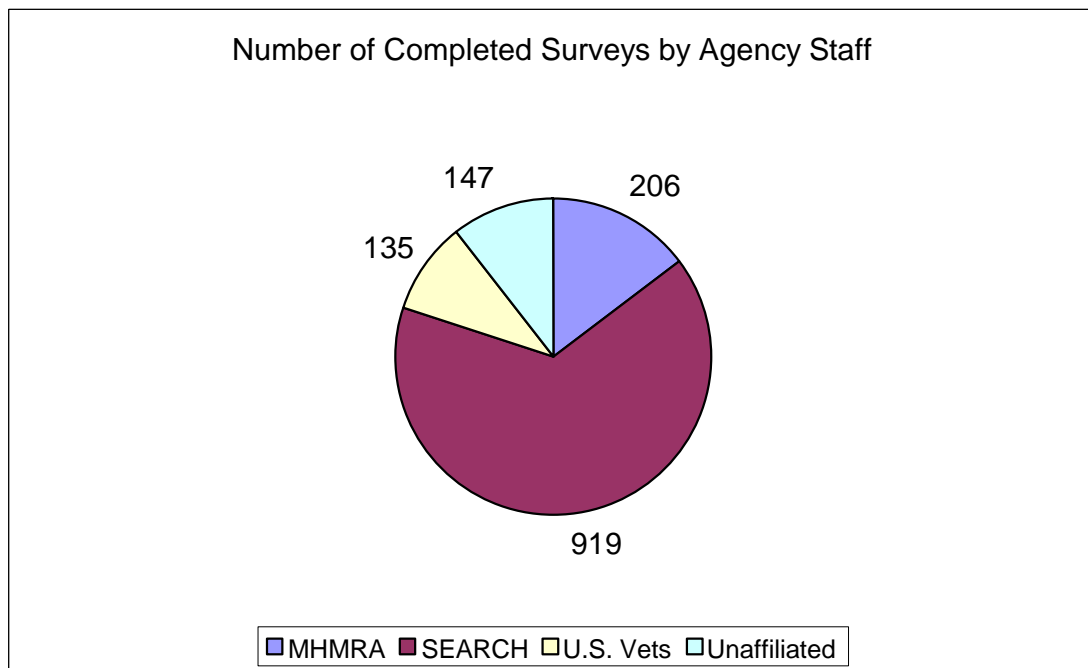
Rankings of perceived need for service changed little between with two groups, with clothing, food and transportation shared by in the top 5. Need for Emergency Shelter increased as did the perception of need for transitional housing. The following chart shows the percentage of respondents who cited a need for the services; those in bold type indicate the 5 services most frequently indicated.

SERVICE NEED (in percents)	2007	2005
Clothing	78.3	76.4
Transportation	75.6	74.2
Food service	70.1	68.0
Dental care	69.0	74.2
Housing voucher	68.4	70.3
Medical care	64.3	66.5
Information	63.0	64.6
Job placement	63.0	72.6
Case mgt	62.1	59.2
Emergency shelter	62.1	55.9
Transitional housing	59.9	57.7
Rent payment	57.4	57.7
Job training	55.9	65.9
Legal assistance	48.9	51.5
Mental health care	48.4	46.0
Utilities payment assistance	44.5	49.6
Voice mail	44.1	43.1
Substance abuse counseling	42.5	46.5
Child care	17.9	23.4

SECTION 2

NEEDS ASSESSMENT SURVEY PROCESS

1407 surveys were completed by representatives of the following agencies; SEARCH, MHMRA Bristow Center, and U.S. Vets staff in the proportions illustrated in the following graph.



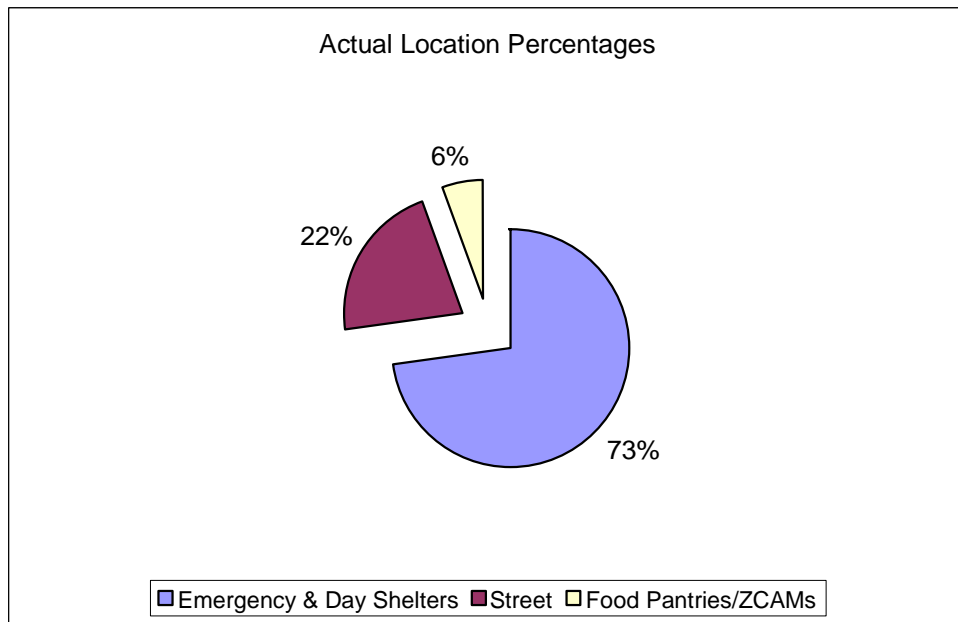
Interviewers were selected based on the following criteria:

- Familiarity with the survey instrument (i.e. HUD definition of homelessness, distinction between race and ethnicity)
- Demonstrated skill in conducting interviews.

Agency interviewers conducted some of the surveys on “agency time”, with their supervisor’s approval as part of their outreach and case management activities. Interviews at non-homeless agencies, such as ZCAMs and food pantries required hiring additional interviewers. These were persons who worked second shift jobs or who were not employed due to disability and able to interview during regular business hours at these locations.

Ultimately, 22 interviewers were hired. Nine interviewers were from SEARCH, including two graduate students, one undergraduate and two AmeriCorps workers. U.S. Vets provided five

interviewers; MHMRA provided four; the Veterans Administration provided one; three were unaffiliated. Surveying was conducted in 73 agencies serving the homeless with a broad menu of programs, 22 agencies that provide street outreach and 6 from agencies that are not focused on homeless services.



The Needs Assessment process ended with a large number of surveys provided from emergency/transitional housing and day shelters and lower numbers from street outreach. At the larger sites surveys could be administered in small groups. On the streets, surveys were administered one-on-one. It typically took 10-15 minutes per person to complete a survey. Interviews obtained from non-homeless agencies were also more time intensive with limited results.

Food Pantries & ZCAMs	# Visits	# Staff	# of Surveys
Northwest Assistance Ministry	1	1	4
Memorial Assistance Ministry	2	1	20
Target Hunger	2	4	30
AIDS Foundation Houston Food Pantry	1	1	2
Bread of Life Food Pantry	5	1	24
Total	11	4	80

SECTION 3

Demographic Comparisons of Respondents by Housing History

One of the goals of the current study was to reflect on the characteristics of persons who had been homeless previously or who could become homeless either because of poverty or other risk factors. Most of these individuals were encountered most frequently in visits to Assistance Ministries and food pantries.

Continued access to the information provided by this group of respondents will not only inform homelessness prevention efforts, but foster the development of models that: 1) better identify the tipping points between risk and homelessness, 2) identify essential factors in housing the currently homeless and 3) provide true qualitative and quantitative indicators for outcome evaluation of individual programs and the Strategic Plan process.

The demographic information involves three subsets of respondents: 1) 1,147 currently homeless persons; 2) those who had experienced homelessness in the past, but were now housed and 3) respondents who had never been homeless. In this sample, 251 were currently housed and of these respondents, 115 had never been homeless, while 136 experienced at least 1 episode of homelessness. Beyond the table that follows, because the sample is relatively small, additional analyses considered the housed population in aggregate.

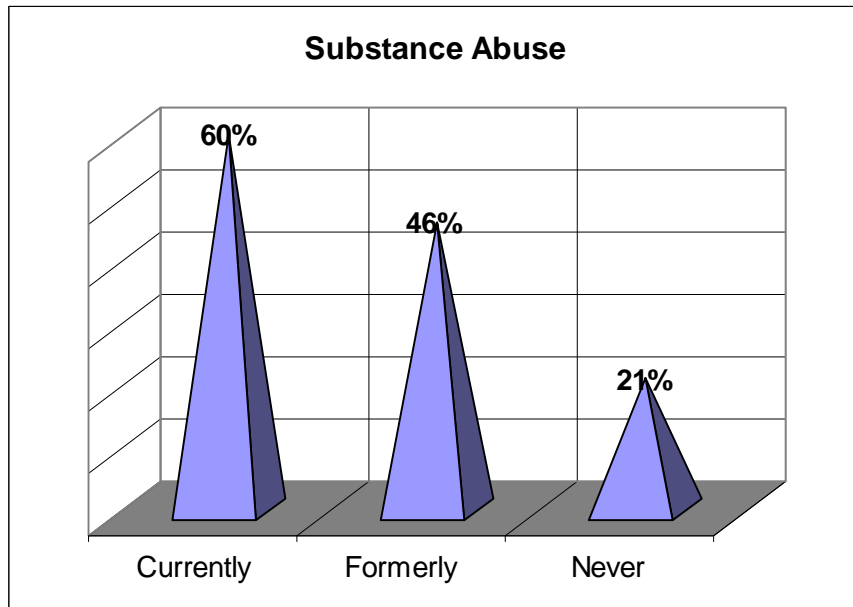
As is shown in the following table, differences among the groups are apparent in most of the categories. Totals in the demographic categories will differ due to missing data. Further, the categories of homeless and formerly homeless are discrete and thus, not overlapping for purpose of this analysis.

		Homeless		Formerly homeless		Never homeless	
		#	%	#	%	#	%
Gender	Male	844	75.1	86	64.4	56	48.7
	Female	265	23.6	48	35.6	59	51.3
Ethnicity	Hispanic	153	13.8	15	11.0	12	10.4
Race	African-American	650	57.3	81	59.6	90	80.4
	Asian	9	0.8	2	1.5	0	0
	Native American	22	1.9	1	0.7	2	1.8
	White	341	29.7	32	23.5	11	9.8
	Mixed	54	4.7	12	5.9	9	8.1
Age range	Under 20	16	1.4	3	2.2	23	20
	20-29	124	10.8	16	11.8	10	8.7
	30-39	199	17.3	33	24.3	16	13.9
	40-49	420	36.6	37	27.2	25	21.7
	50-59	318	27.7	38	27.9	25	21.7
	>60	70	6.1	9	6.6	16	13.9
Veteran		268	23	34	25	34	25
Relationship status	Married	121	10.5	15	11.1	20	17.5
	Single	618	54.0	72	53.6	70	61.4
	Living w/ partner	47	4.1	10	7.4	5	4.4
	Separated	118	10.3	14	10.3	8	9.6
	Divorced	230	20.1	24	17.6	11	7.0
Respondents with children with living them		68	9.2	25	18.9	37	32.2
Annual income	None	516	50.1	48	35.8	42	37.2
	\$1,000-9,999	348	34.3	56	41.8	49	43.4
	\$10,000-19,999	97	9.6	18	13.4	10	8.8
	\$20,000-29,000	21	2.1	7	5.2	8	7.1
	\$30,000 or >	37	3.7	5	3.6	4	3.6

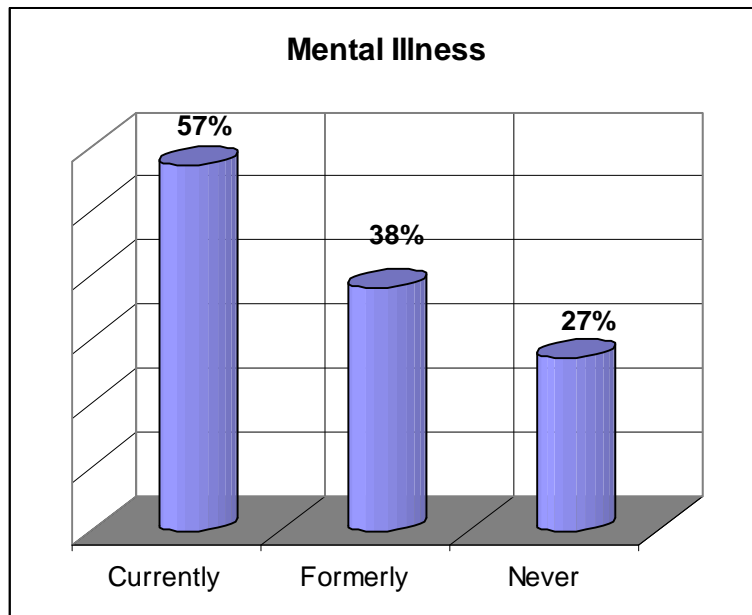
Data about risk factors, specifically mental illness, physical disability, substance use and history of domestic violence also reveal sharp differences among the groups, as illustrated in the subsequent graphs.

The first chart shows the rate at which respondents indicated that their use of drugs and alcohol suggested substance abuse. The rates among the currently homeless are 14% higher than those who were formerly homeless and 39% higher than for those who have never been

homeless, but are at risk because of other factors, such as low to very low income, especially if they also have a disability, medical or mental health condition. Among those who are actively using substances, across the groups the most significant differences are found in rates of use of methamphetamine and crack cocaine, with the currently homeless showing the greatest degree of use.

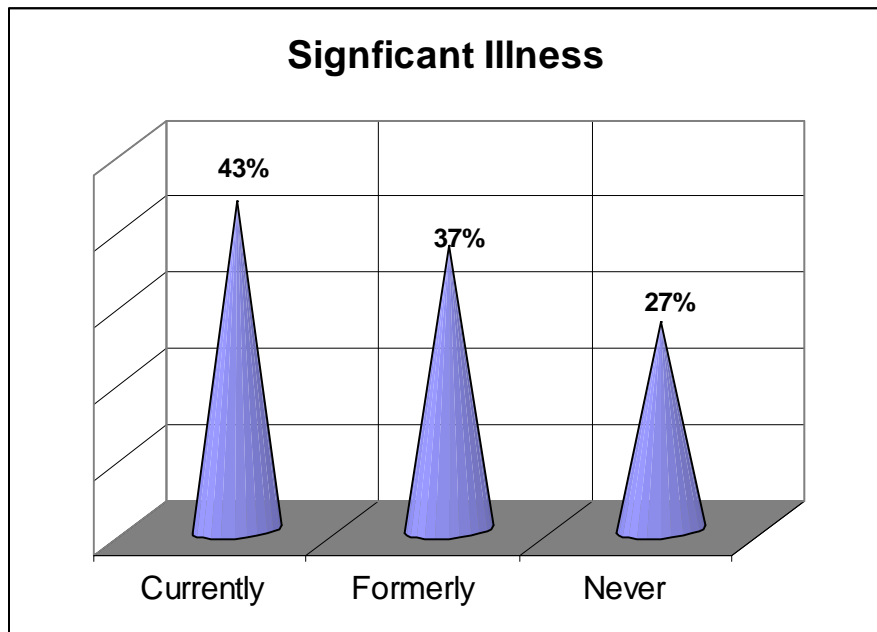


The rates of reported mental illness among the three groups follow the same pattern as found in rates of substance abuse, but to a lesser degree, especially between the formerly homeless and those respondents who have no such history. Future studies that assess the level of impact of the condition, the degree to which an individual can access care and the rates and type of co-existing substance abuse or other disabling condition can better guide policy and program development., both for primary prevention of homelessness and for re-housing efforts.



Significant illness is defined in this study as any medical or mental health condition that is perceived by the respondents to greatly affect his or her ability to conduct the activities of daily living. Among the three groups the differences in rates of illness are minor and there were no differences in the types of conditions that were evaluated by respondents as disabling; however, access to care was quite variable especially between those who had never been homeless and those who currently are.

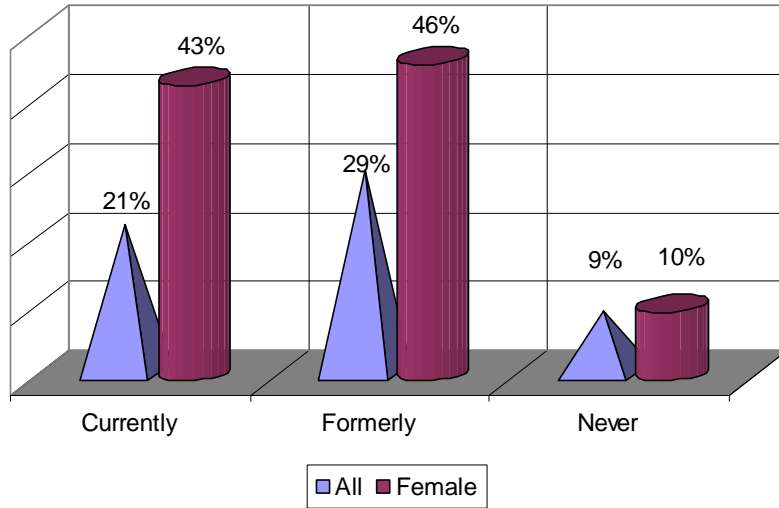
As reported earlier, approximately 71% of the homeless respondents indicated that they required medical care, and 68% of them were able to secure care. Almost three-quarters of the formerly homeless respondents (74.9%) required care of whom 72% received it, while 60% of those who had always been housed were in need of care and 84% of them were treated.



When reviewing differences in rates of those with a history of domestic violence among the groups, it was determined that a useful analysis would be to review the respondents in aggregate and then to view rates for women, who are more often victims. Between the currently and formerly homeless there are virtually no differences. Of note, is that the rate for the formerly homeless is higher than for the currently homeless.

One factor might be that persons who have experienced domestic violence may continue to need to access services even after securing housing and thus would more likely be available to be included in the survey. Another is that since there is so little difference between the two groups, the finding may simply underscore the role of domestic violence as both causing and being highly associated with homelessness in women.

History of Domestic Violence



SECTION 4

Special Populations

The efforts of the community over the past two years have focused especially on re-housing chronically homeless persons, veterans and persons with mental illness—both of which tend to be predominant subsets of the chronically homeless. To begin to assess the early impact of these efforts profiles are included for each of these groups. The profiles include demographic information, data about housing and health status and service needs.

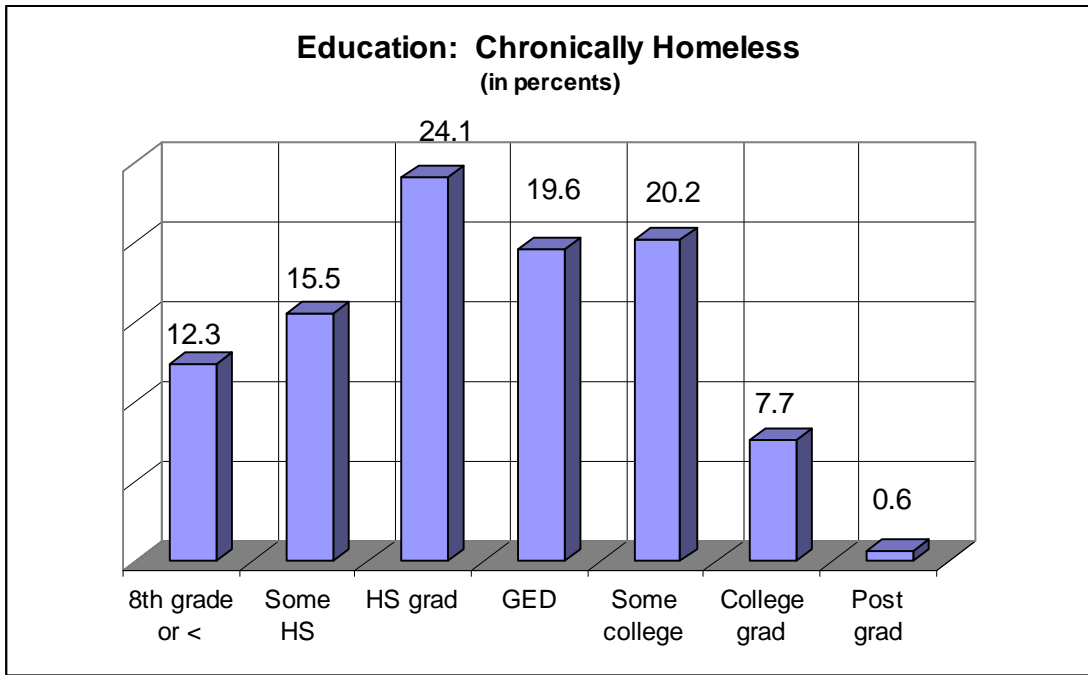
Chronically Homeless

As in previous studies, the reported needs of the chronically homeless person are predictably dire. By definition they are subject to long duration and repeated periods of homelessness, and confront far more obstacles to their ability to sustain permanent housing. Using the HUD definition of chronic homelessness, which requires that a person be single, have 4 incidences of homelessness within 3 years or an uninterrupted episode of longer than 1 year and the presence of a co-existing medical diagnosis, the rate of chronic homelessness is 35% of the current sample.

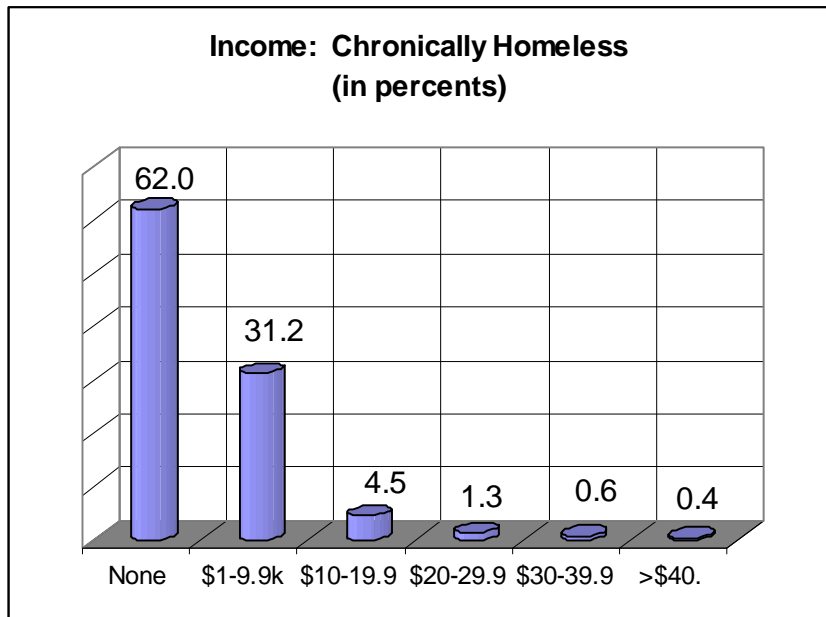
However, if one assumes that the condition of long term periods of homelessness assumes the presence of another medical or mental health condition, regardless of diagnosis, then the rate of chronic homelessness is 40% of the sample, exactly as it was in the 2005 study and very consistent with numerous studies from other communities. The demographic characteristics follow:

Demographic Characteristics of Chronically Homeless Persons			
		#	%
Gender	Male	372	82.6
	Female	82	17.4
Ethnicity	Hispanic	63	13.8
Race	African-American	291	62.6
	Asian	6	1.3
	Native American	15	3.2
	White	112	24.1
	Mixed/other	41	8.8
Age range	Under 20	5	1.1
	20-29	33	7.0
	30-39	68	14.5
	40-49	176	37.4
	50-59	149	31.7
	>60	39	8.3
Average Age 2007	46.7 overall 47.05 Male 40.8 Female		
Veteran		107	23.4

The educational levels of this group of respondents does not vary remarkably from the group in aggregate, though there is a higher rate of persons who did not progress beyond 8th grade and at the other end many more who had graduated from college.



Income levels are far more compromised in the chronically homeless, with more than 94% accessing less than \$10,000 per year and 62% reporting no income. Future studies, particularly in the qualitative data collection would be well advised to pursue the sources of income and expenditures of 1% of respondents who are chronically homeless and who report incomes of \$30,000 or more.



Housing status

As shown, the majority of persons who are chronically homeless are found to be living on the streets or in other unsuitable setting such as abandoned buildings or their cars. This is a much higher percentage than for the entire group or for any of the sub-populations.

Current Housing	#	%
Transitional housing	70	15.9
Shelter	118	26.8
Abandoned Bldg	4	0.9
Car	8	1.8
Street	241	54.6
TOTAL	441	100

Not surprisingly, the percentage of persons who report living on the streets 1 or 5 years prior to being interviewed is significantly higher than in the sample as a whole. Those who report being housed 1 year ago have been homeless since and meet the other criteria for inclusion as chronically homeless.

	1 year ago		5 years ago	
	#	%	#	%
House or Apartment	18	3.8	65	13.8
Family/Friend	31	6.6	92	19.7
Hospital or Mental health	5	1.1	24	0.6
Jail or Prison	23	4.9	73	6.0
Transitional housing	50	10.7	3	5.1
Shelter	102	21.7	28	15.6
Abandoned Bldg	7	1.5	3	0.6
Car	7	1.5	8	1.7
Street	226	48.2	172	36.8
TOTAL	469	100.0	468	100.0

Health Status

More than 68% of chronically homeless respondents told surveyors that they required medical care in the previous year. Of these, 65% received care. As would be expected, most often that care was received in the Emergency Department/room of local hospitals, however, in far less a degree than in previous studies, due at least in part to more frequent use of clinics.

There may have also been a misinterpretation by respondents who reported care in the hospital without specifying emergency services. However, this would not have been a significant skew since data collectors were alerted to this possibility and were asked to probe for clarification if necessary.

Site of Medical Care	#	%
Doctor's office	42	15.1
Clinic	68	24.4
Emergency room	74	26.5
Urgent care clinic	5	1.8
Hospital	67	24.0
Other	23	8.2
Total	279	100.0

For the 109 respondents who did not receive needed medical care, the most frequently cited reason was lack of resources to pay for services. Among them, 76% had no insurance. This is also reflected in the finding that while 51% of persons needed prescription medication, 65% of them were not adherent because of a lack of funds to purchase the medications. The percentages reported will exceed 100%, since many respondents noted more than one reason.

Reasons for No Care	#	%
Did not know where to go	24	22.0
Can't afford care	89	81.7
Not serious enough	35	32.1
Lacked transportation	14	12.8
Too busy	7	6.4
Too sick	6	5.5
Too long a wait	11	10.1
Don't have hospital card	17	15.6
Don't like doctors or hospitals	13	11.9
Total	109	

Respondents were also asked to report on their history of chronic illnesses. The incidence is unquestionably an undercount since the data is self-reported, thus the respondents must have been diagnosed, be aware of the diagnosis and willing to report it.

Chronic Medical Conditions	#	%
Arthritis	63	13.4
Asthma	66	14.0
Cancer	14	3.0
Diabetes	43	9.1
Emphysema	11	2.3
Heart Disease	27	5.7
Hepatitis C	57	12.1
High Blood Pressure	133	28.3
HIV/AIDS	11	2.3
TB	42	8.9

Findings of the prevalence of substance abuse was markedly higher and mental health conditions somewhat higher among chronically homeless persons—60% indicating a mental health condition and 93% substance abuse. The substance abuse rate cannot be compared to the previous study, because the current survey specifically queried rates of use of specific use of drugs and alcohol rather than asking respondents to only acknowledge their perception of substance abuse.

It is a testimony to the diligence of service providers that 51% of the chronically homeless in the sample—the most difficult clients to reach have some access to health insurance, especially as eligibility requirements become more stringent.

Type of Insurance	#	%
Private insurance	6	1.3
Medicare	25	5.4
Medicaid	37	8.0
Gold Card	122	26.3
VA	42	9.1
CHAMPUS	1	0.2
Other	2	0.4
None	228	49.2
TOTAL	463	100.0

Service Needs

Underscoring the desperate condition of the chronically homeless, the four most often reported requirements are for the means to meet the necessities for basic survival: food, housing, clothing and transportation as a means to gain access to the services to meet these needs. Dental care scores high in all categories for special needs populations and the group in aggregate, which highlights the lack of availability of oral health care for indigent patients.

This is crucial to the chronically homeless who are often already malnourished and with immune system compromises who can hardly withstand the major infections that can result from dental problems. Consistent with the previous study, housing vouchers always scores higher than either shelter or transitional housing and belies the stereotype that the homeless do not want to be housed.

The chart shows the number and percent of respondents who indicated that they had a believed that they required a given service “very much” or “somewhat.”

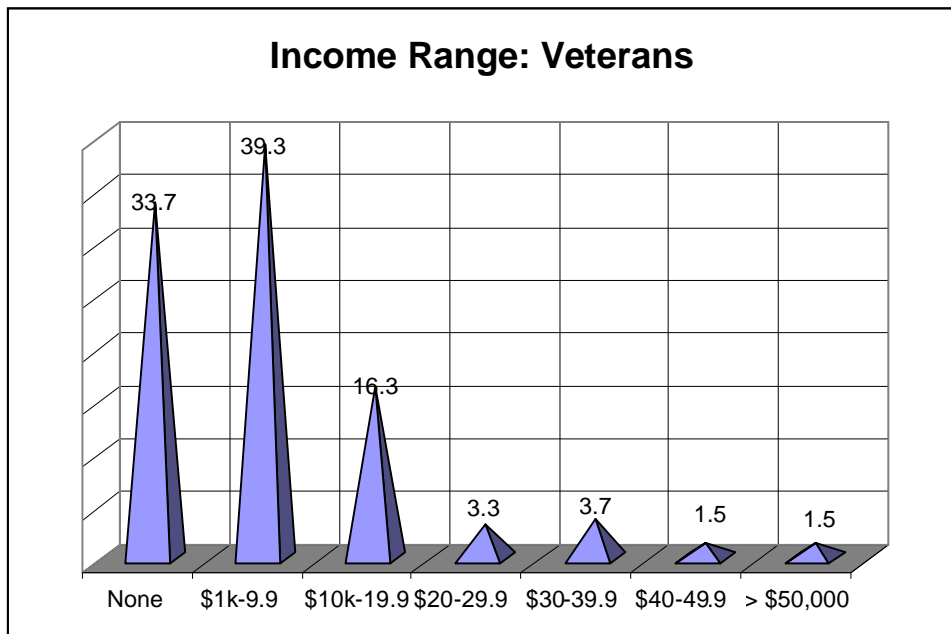
Service Needs	#	%
Clothing	389	82.8
Transportation	357	76.0
Food service	342	72.8
Housing voucher	318	67.7
Dental care	316	67.2
Emergency shelter	305	64.9
Medical care	304	64.7
Case mgt	302	64.3
Information	298	63.4
Job placement	290	61.7
Transitional housing	281	59.8
Job training	261	55.5
Rent payment	261	55.5
Mental health services	246	52.3
Legal assistance	231	49.1
Substance abuse	211	44.9
Voice mail	211	44.9
Utilities assistance	206	43.8
Child care	82	17.4

Veterans

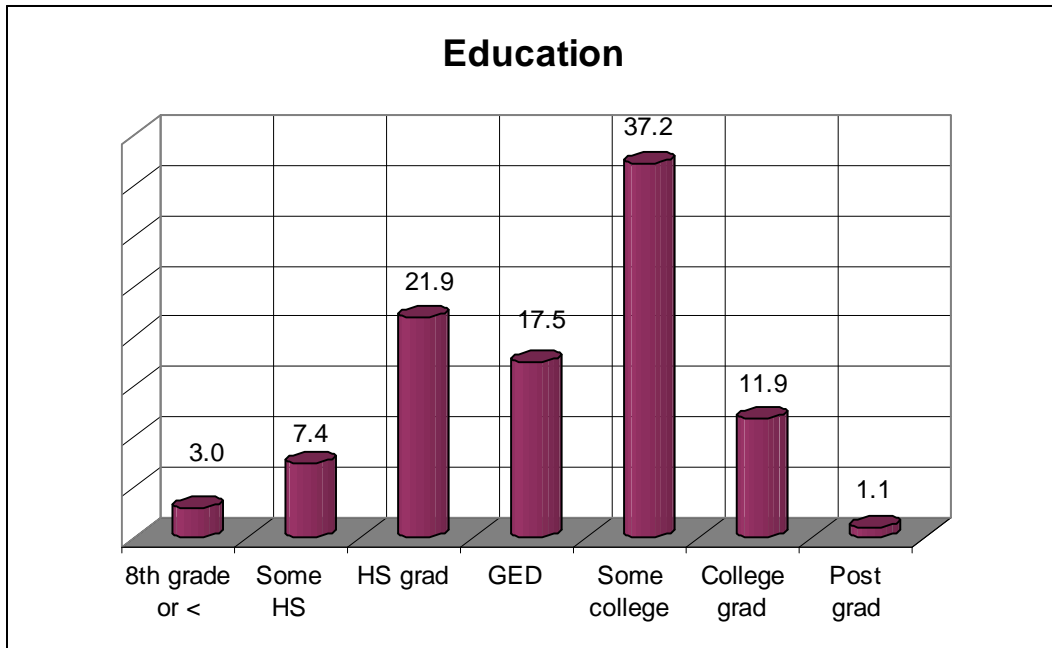
The risk of homelessness for veterans is increasingly of concern to those who provide services to them. While vets make up 23.4% of the population of the chronically homeless, among vets who are homeless 41.3% meet the HUD criteria for chronic homelessness. Men over 50 are most often veterans of the Viet Nam War and as men and women return from Iraq and Afghanistan, the roles of young veterans who are homeless is rising, well before it would be expected for a returning group of soldiers. The profile of homeless veterans is found in the following table.

Demographic Characteristics of Homeless Veterans			
		#	%
Gender	Male	252	96.2
	Female	10	3.8
Ethnicity	Hispanic	27	10.4
Race	African-American	156	59.5
	Asian	1	0.4
	Native American	7	2.7
	White	77	29.4
	Mixed/other	21	8.1
Age range	Under 20	1	0.4
	20-29	11	4.1
	30-39	22	8.1
	40-49	102	37.8
	50-59	105	38.9
	>60	29	10.7
Average Age 2007	49.1 overall 49.3 Male 40.8 Female		
Veteran		276	23.4
Relationship status	Married	32	12.2
	Single	107	40.7
	Living w/ partner	4	1.5
	Separated	39	14.8
	Divorced	81	30.8
	Respondents with children living with them		17

Income levels for veterans tend to be higher than the homeless population at large. More vets are employed and many in the sample were able to gain access to benefits through the veterans programs. Again, it is important to understand what other conditions and challenges would be faced by persons who may have adequate incomes but still land on the streets. Such understanding is crucial for prevention efforts and re-housing. These seem particularly critical questions to be asked concerning veterans.



Educational achievement is also higher among veterans, with more reporting college education and graduation and fewer with less than 8th grade levels. This is consistent with the requirements for entering military service and for the educational opportunities available to those in the services.



Housing status

At the time they were encountered for the study, vets in the sample tended to live in almost equal proportions in transitional housing, shelters and on the streets. One year prior to that, 60.6% were homeless and 5 years prior to that, 39.4% were homeless. The risk veterans face for chronic homelessness is apparent in these findings.

Current Housing	#	%
Transitional housing	84	31.2
Shelter	87	32.3
Abandoned Bldg	2	0.7
Car	6	2.3
Street	90	33.4
TOTAL	269	100

Rates of incarceration are fairly consistent among sub-populations at between 6% and 8% for each at either the 1 year or 5 year point. Future studies might explore the trajectory into homelessness that vets encounter and relate that path to the time from discharge from military service.

Previous housing	1 year ago		5 years ago	
	#	%	#	%
House or Apartment	42	15.7	94	35.3
Family/Friend	36	13.5	44	16.5
Hospital or Mental health	3	1.1	2	0.8
Jail or Prison	19	7.1	17	6.4
Transitional housing	45	16.9	23	8.6
Shelter	50	18.7	34	12.8
Abandoned Bldg	3	1.1	3	1.1
Car	3	1.1	3	1.1
Street	62	22.8	42	15.8
TOTAL	267	100	266	100

Health status

Approximately 73% of veterans indicated that they required medical care in the previous year of whom 71% were treated. Homeless veterans do not use the emergency department at the same level as do other sub-populations, but rather most often avail themselves of the services of the hospital administered by the Veterans Administration. Increasing the awareness of vets of their eligibility and facilitating access to the numerous prevention and rehabilitation services of this and other services to veterans is and must remain a critical element in efforts to address homelessness.

Site of Medical Care	#	%
Doctor's office	26	15.3
Clinic	24	14.1
Emergency room	37	21.8
Urgent care clinic	5	2.9
Hospital	58	34.1
Other	20	11.8
Total	170	100

Those who did not receive care cited most frequently an inability to pay for care. Of those, 58% had no insurance and 19% were covered by Veterans' benefits. The next most frequent reason given by respondents was that their condition was not serious enough to warrant care, despite

their having noted in response to a previous question that they in fact did need medical attention. Earlier qualitative studies offered insight into the apparent contradiction. Respondents told interviewers that while they certainly could benefit from treatment the obstacles faced in seeking care were overwhelming to them to a degree that prevented them from following through with a referral or initiating access to treatment.

Reasons for No Care	#	%
Did not know where to go	9	8.8
Can't afford care	36	35.3
Not serious enough	27	26.5
Lacked transportation	4	3.9
Too busy	8	7.8
Too sick	3	2.9
Too long a wait	5	4.9
Don't have hospital card	3	2.9
Don't like doctors or hospitals	7	6.9
Total	102	100

More than half of the veterans surveyed (56.2%) reported that they required prescription medication but 43.5% were unable to adhere due to their cost. As with the other sub-population, hypertension was the most commonly reported diagnosis. Of note, Hepatitis C was the next most frequently reported condition, higher than even Arthritis or Diabetes.

Chronic Medical Conditions	#	%
Arthritis	41	15.3
Asthma	20	7.5
Cancer	7	2.6
Diabetes	27	10.1
Emphysema	9	3.4
Heart Disease	18	6.7
Hepatitis C	47	17.5
High Blood Pressure	92	34.3
HIV/AIDS	3	1.1
TB	25	9.3

The prevalence of mental illness among veterans was slightly higher but within range of other sub-populations (60.4%), as was substance abuse (61.1%). Providers of services to veterans consistently cite that the majority of their clients are diagnosed with one or both of these conditions and that they are present to a degree that is very debilitating. Reports of domestic violence among veterans is 15% and among women veterans, a noteworthy 55%. This is for female veterans not the circumstance that directly brings them to care, and the data suggest that screening female veterans routinely for domestic abuse exposure may be appropriate.

As would be expected, veterans most often are insured through the Veterans Administration, although nearly 30% of respondents indicated that they were uninsured.

Type of Insurance	#	%
Private insurance	8	3.0
Medicare	21	7.9
Medicaid	11	4.2
Gold card	34	12.8
VA	111	41.9
CHAMPUS	1	0.4
other	1	0.4
None	78	29.5
TOTAL	265	100

Service needs

More often than food, clothing or shelter, veterans reported that they were in need of dental care. This may be partially explained by the fact that through various veteran service agencies, vets can obtain basic needs, which is especially likely since most of the veterans surveyed were accessed through service providers. However, all groups ranked dental care within the 10 most needed services.

The following chart lists the frequency at which respondents reported that a need for specific services.

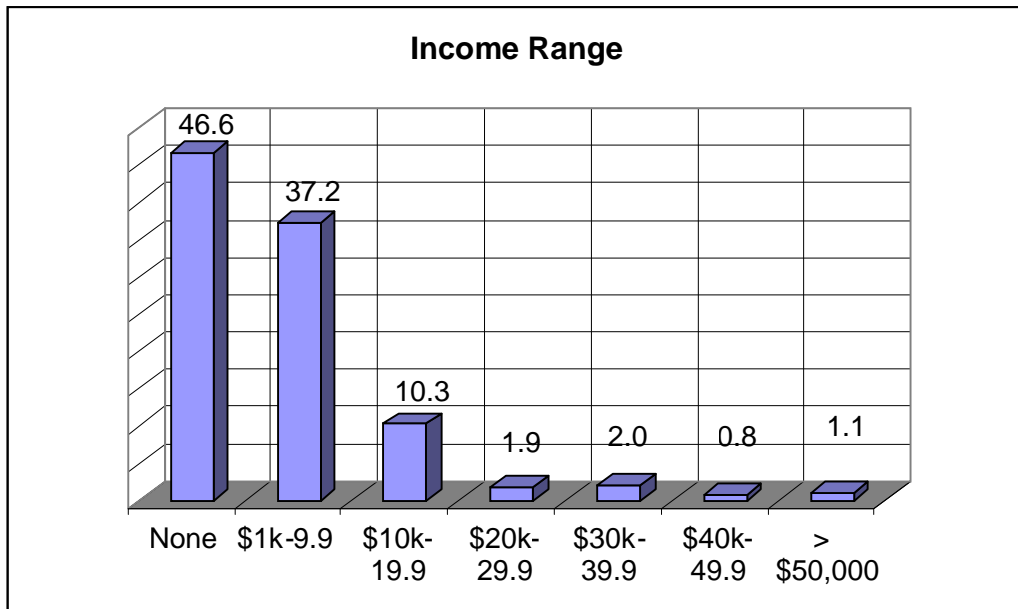
Service Needs	#	%
Dental care	199	74.3
Transportation	196	73.1
Clothing	193	72.0
Food service	178	66.4
Case management	168	62.7
Housing voucher	163	60.8
Information	157	58.6
Emergency shelter	156	58.2
Medical care	156	58.2
Transitional housing	156	58.2
Job placement	151	56.3
Rent payment	146	54.5
Job training	137	51.1
Legal assistance	135	50.4
Mental health counseling	132	49.3
Voice mail	115	42.9
Substance abuse treatment	114	42.5
Utilities assistance	103	38.4
Child care	34	12.7

Persons with Mental Illness

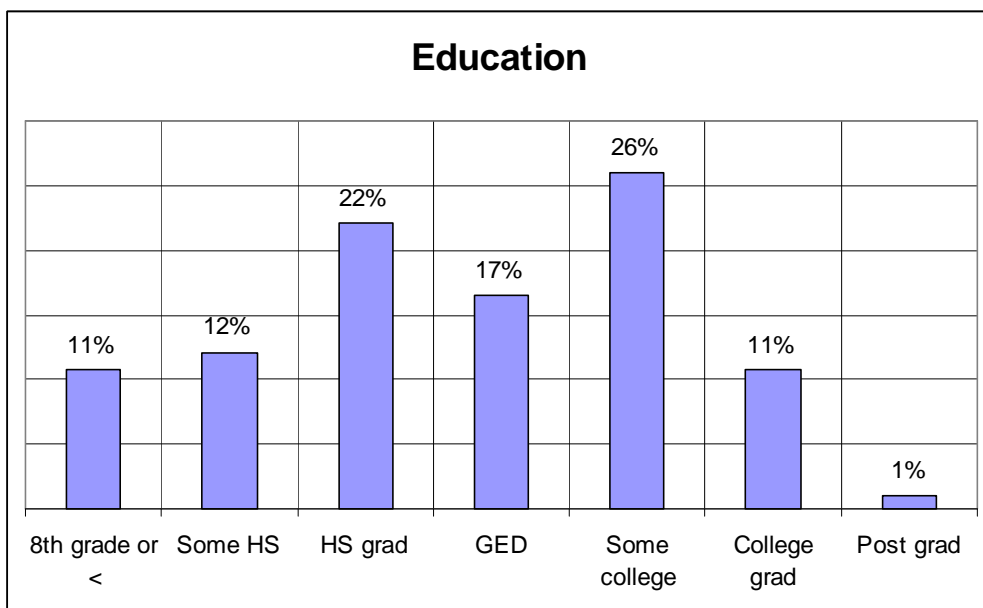
Of the survey sample, 643 reported a history of mental illness. As stated earlier, 60% of the chronically homeless noted that they had a mental illness as did 57% of the homeless respondents and 38% of those respondents who are housed. This section will discuss homeless persons with mental illness. The demographic profile follows.

Demographic Characteristics of Homeless Persons with Mental illness			
		#	%
Gender	Male	469	74.2
	Female	163	25.8
Ethnicity	Hispanic	83	13.2
Race	African-American	346	54.1
	Asian	4	0.6
	Native American	10	1.6
	White	203	31.8
	Mixed/other	76	11.9
Age range	Under 20	4	0.6
	20-29	61	9.5
	30-39	121	18.8
	40-49	247	38.4
	50-59	176	27.4
	>60	34	5.3
Average Age 2007		42.9 overall 46 Male 39.2 Female	
Veteran		163	25.7
Relationship status	Married	66	10.3
	Single	338	52.6
	Living w/ partner	25	3.9
	Separated	73	11.4
	Divorced	134	20.9
	Respondents with children living with them		58

The incomes of homeless persons with mental illness reflect the likelihood of their access to systems of care and to some degree of employment especially for respondents in transitional housing. Those who are employed work primarily at supported wage or low wage jobs.



This sub-populations shows more spread in educational achievement with the largest percentage of respondents indicating that they have had some college education, although 62% report high school education or less.



Housing status

The greatest proportion of people with mental illness who are homeless reside on the streets, a number which becomes more noteworthy when the number of persons who are in shelters is added to that rate, which is reasonable since shelters often house clients only overnight. Thus, 73.4% of this group is essentially living on the streets. Further, the findings reveal that the 136 respondents who were homeless 5 years ago, remain so. At least in this sample 21.4% have been homeless at least 5 years. Rates of incarceration were consistent with other groups.

Current Housing	#	%
Transitional housing	154	24.0
Shelter	199	31.0
Abandoned Bldg	7	1.1
Car	10	1.6
Street	272	42.4
TOTAL	642	100

Previous housing	1 year ago		5 years ago	
	#	%	#	%
House or Apartment	101	15.8	186	29.2
Family/Friend	81	12.6	135	21.2
Hospital or Mental health	10	1.6	2	0.3
Jail or Prison	39	6.1	49	7.7
Transitional housing	90	14.0	38	6.0
Shelter	129	20.1	76	11.9
Abandoned Bldg	6	0.1	4	0.6
Car	8	1.2	10	1.6
Street	177	27.5	136	21.4
TOTAL	641	100	636	100

Health status

Findings for the site of medical care among respondents in this group are suggestive of the course of the severe mental illness. There are rates of use of the hospital which may well be for inpatient treatment or outpatient clinics. The frequency of use of clinics and in office visits is slightly higher than in other groups and of emergency departments slightly lower, all of which may mean that care is sought for medication management as well as mental health therapy. In future studies, it would be worthwhile eliciting information about the reasons for seeking care.

Site of Medical Care	#	%
Doctor's office	79	18.6
Clinic	115	27.1
Emergency room	105	24.7
Urgent care clinic	6	1.4
Hospital	93	21.9
other	27	6.4
Total	425	100.0

As in each of the other sub-populations, the most common reason offered for not accessing needed health care was cost of services. This group has a 43% uninsured rate and even for those with coverage, allocations for mental health care tend to be inadequate for those with chronic or severe mental illness.

Reasons for No Care	#	%
Did not know where to go	26	9.8
Can't afford care	111	42.0
Not serious enough	42	15.9
Lacked transportation	18	6.8
Too busy	12	4.5
Could not leave work	3	1.1
Too sick	8	3.0
Too long a wait	13	4.9
Don't have hospital card	17	6.4
Don't like doctors or hospitals	14	5.3
Total	264	100.0

Hypertension is again the most often cited medical condition, with Arthritis, Asthma and Hepatitis C at almost equal rates. HIV is higher in this population than other. Of the 642 respondents with mental illness, 368 (57%) indicated that they used alcohol and other drugs. Among these respondents, 58% also used prescription medications, although which ones were not delineated. This can be a concern because of the cross-reactions of alcohol and recreational drugs and those used to treat major mental illnesses such as bi-polar disorder or schizophrenia. Persons with mental illness are also at higher risk of domestic violence and findings from this study show that. Rates of domestic violence within the aggregate is 27.9% and among women, it is 49.7%

Medical Conditions	#	%
Arthritis	106	16%
Asthma	97	15%
Cancer	29	5%
Diabetes	74	12%
Emphysema	19	3%
Heart Disease	42	7%
Hepatitis C	88	14%
High Blood Pressure	205	32%
HIV/AIDS	28	4%
TB	51	8%

As stated earlier, this group has a 43.2% uninsured rate. Sponsored programs such as Medicaid, Medicare, VA and the local Gold Card provide coverage for 52.9%. Again, it is worth noting that even with insurance, coverage for mental illness may not be adequate to provide long term behavioral health care and pharmacotherapy for a percentage of homeless persons who are mentally ill.

Type of Insurance	#	%
Private insurance	19	3.0
Medicare	47	7.4
Medicaid	58	9.2
Gold card	167	26.5
VA	62	9.8
CHAMPUS	1	0.2
Other	5	0.8
None	272	43.2
Total	631	100.0

Service Needs

As might be expected, respondents in this group cited mental health care as one of the 2 most important needs, tied with transportation, which supports access to treatment, other services and basic needs as well as the potential for employment. As with all other groups, housing vouchers are valued about shelter and transitional housing and even rental assistance. For many in this group, employment may not be possible, yet job placement is still ranked over 71%.

Service Needs	#	%
Mental Health care	373	87%
Transportation	457	87%
Clothing	351	85%
Dental care	385	82%
Medical care	385	80%
Food service	364	80%
Housing voucher	417	79%
Information	359	77%
Case mgt	317	77%
Transitional housing	365	73%
Rent payment	353	72%
Emergency shelter	332	72%
Job placement	338	71%
Job training	311	67%
Legal assistance	291	66%
Utilities	278	59%
Substance abuse treatment	250	58%
Voice mail	257	54%
Child care	100	24%

Hurricane Evacuees

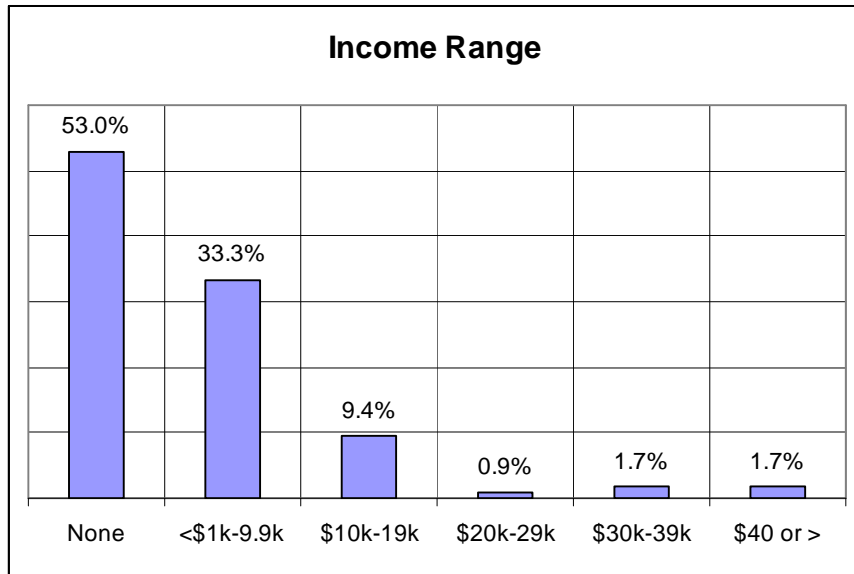
Shortly after the completion of the 2005 Enumeration and Needs Assessment, Houstonians were swept up in the aftermath of the Hurricane Katrina and Rita. As is well known, Houston responded quickly and effectively to its neighbors in affected areas. Among providers were serious concerns that their systems of care, already function at or above capacity, would be further overwhelmed by a rapid and dramatic increase in homelessness. For the most part, this has not happened at least to the extent feared.

The current study found 118 persons who indicated that they were homeless related to the hurricanes. Of note, is that over half (51.8%) qualified as chronically homeless, which by definition suggests that while they may have previously resided in the affected areas, they were in fact homeless prior to relocation. Further, the profile more closely parallels the homeless population than it does the evacuee group, wherein the preponderance of evacuees were female, younger than 40 and living in households with an average of 4 persons.

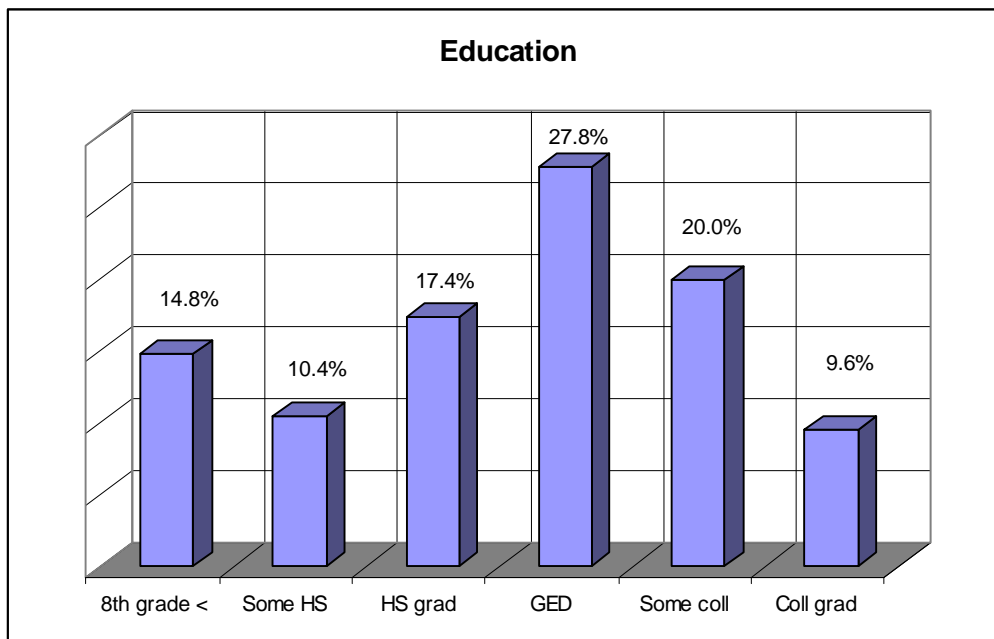
What this may suggest is that evacuees have found and been able to maintain housing, albeit many with assistance. Houston has been exceptionally resourceful in not only assisting evacuees, but also transferring systems of care and housing developed in response to the crisis to the system of care for homeless persons. This is especially reflected in the *Strategic Plan to Address Homelessness* that incorporates a systems management approach to permanent housing similar to that created for evacuee housing.

Demographic Characteristics of Hurricane Evacuees			
		#	%
Gender	Male	85	79.4
	Female	22	20.6
Ethnicity	Hispanic	13	12.6
Race	African-American	83	70.3
	Asian	1	0.8
	Native American	3	2.5
	White	20	16.9
	Mixed/other	11	9.3
Age range	Under 20	0	0
	20-29	7	5.9
	30-39	20	16.9
	40-49	62	52.5
	50-59	24	20.3
	>60	5	4.2
Average Age 2007		44.6 overall 45.6 Male 40.3 Female	
Veteran		28	24.3
Relationship status	Married	19	16.2
	Single	20	17.1
	Living w/ partner	0	0
	Separated	13	11.1
	Divorced	65	55.6
	Respondents with children living with them		10

The income levels of homeless evacuees mirrors those of other special populations, though the percentage of those with no income (53%) is higher than in any group other than the chronically homeless. Given that 50% of the homeless group do qualify as chronically homeless, this finding is consistent with what would be anticipated. Further, studies of evacuees have shown that their income levels prior to the storms, in general were lower than those of Houstonians.



It is of note that the most frequently cited education level among homeless evacuees was GED. This is a much greater frequency than in any of the sub-populations or the group in aggregate. College graduation rates are lower than in any group except the chronically homeless.



Housing status

Only 9.3% of the homeless evacuees were in transitional housing, a much lower proportion than the homeless population in aggregate (16%). This may suggest particular challenges for

evacuees in gaining access to services: 1) lack of awareness of what services might be available; 2) less availability of services to evacuees; 3) ineffective outreach or service delivery; 4) lower levels of motivation related to co-morbidities.

Current Housing	#	%
Transitional housing	10	9.3
Shelter	47	43.9
Abandoned Bldg	3	2.8
Car	0	0
Street	47	43.9
TOTAL	107	100

Of particular importance in the following chart is the report by respondents that 5 years ago only 30 (25.9%) resided in their own homes or apartments. This was the in the time prior to the hurricanes. In counterpoint, one year ago 17 (14,5%) were housed independently and another 17 (14.5%) while not homeless resided with family or friends.

Previous housing	1 year ago		5 years ago	
	#	%	#	%
House or Apartment	17	14.5	30	25.9
Family/Friend	17	14.5	30	25.9
Hospital or Mental health	2	1.7	2	1.7
Jail or Prison	3	2.6	3	2.6
Transitional housing	6	5.1	5	4.3
Shelter	32	27.4	17	14.7
Abandoned Bldg	1	0.9	1	0.9
Car	0	0	2	1.7
Street	36	30.8	24	20.7
TOTAL	117	100	116	100

Health status

The point of access of medical care for who required medical care, follows a pattern similar to other groups. The Emergency room and clinics are the most common sites, and private doctors' offices the least likely site of care.

Site of Medical Care	#	%
Doctor's office	5	6.8
Clinic	20	27.0
Emergency room	20	27.0
Urgent care clinic	3	4.1
Hospital	19	25.7
Other	7	9.5
Total	74	100

Consistent with all other groups, the most frequently cited reason for not receiving needed medical care was the inability to afford services, although the rate was lower than several of among other groups.

Reasons for No Care	#	%
Did not know where to go	8	11.9
Can't afford care	17	25.4
Not serious enough	11	16.4
Lacked transportation	6	9.0
Too busy	4	6.0
Could not leave work	1	1.5
Too sick	8	11.9
Too long a wait	3	4.5
Don't have hospital card	5	7.5
Don't like doctors or hospitals	4	6.0
Total	67	100

The most frequently reported medical condition was hypertension. At 17.8%, the rate of HIV was much higher than in any other group. Self-reports of substance abuse (66.1%) and mental illness (59.3%) were also higher. The study did not differentiate whether these conditions existed prior to relocation, but are significantly higher than the rates of each (under 20%)

reported by evacuees who were not homeless. The distribution of other conditions reflects the other groups.

Medical Conditions	#	%
Arthritis	11	9.3
Asthma	16	13.6
Cancer	1	0.8
Diabetes	13	11.0
Emphysema	3	2.5
Heart Disease	8	6.8
Hepatitis C	8	6.8
High Blood Pressure	34	28.8
HIV/AIDS	21	17.8
TB	14	11.9

Nearly half of the evacuees who are homeless report that they have no medical insurance. However, nearly one-quarter of respondents were registered in the Gold Card program, which is consistent with other groups. This is a local insurance program and the rate is a credit to outreach and eligibility workers who efforts assured medical benefits to this group.

Type of Insurance	#	%
Private insurance	1	0.9
Medicare	4	3.5
Medicaid	18	15.8
Gold card	27	23.7
VA	11	9.6
CHAMPUS	0	0
Other	0	0
None	53	46.5
Total	114	100

Service Needs

The demand for services that allow respondent to meet basic needs register as the highest priorities of respondents. The need for dental care is also urgent in that degree of poor oral health among homeless persons is rampant and the availability of services minimal. This becomes a survival need not only because of the compromises to general health caused by poor oral health, but also because the disease state of many persons is so severe that it compromises their ability to eat even if they can access food.

The ranking of emergency shelter, although a lower percentage than in several other groups, is ranked high, suggesting that respondents may be amenable to rapid rehousing efforts specifically targeted to them.

Service Needs	#	%
Clothing	97	87.4%
Transportation	92	81.4%
Dental care	83	76.1%
Emergency shelter	81	74.3%
Food service	80	73.4%
Housing voucher	80	73.4%
Case management	78	72.1%
Information	77	71.3%
Job placement	72	66.7%
Transitional housing	72	66.7%
Rental payments	71	65.5%
Medical care	70	64.2%
Job training	67	61.5%
Mental health	63	58.1%
Legal assistance	61	57.8%
Utilities	61	57.8%
Substance abuse	50	46.7%
Child care	27	25.5%

PROGRAM RECOMMENDATIONS

- The community's efforts to improve the status of homeless persons appear to be beginning to manifest positive results.
- Continue to bolster and expand veterans' program—their risk is critically high and in the context of ongoing wars and funding cuts in support programs, that risk can only rise.
- "Housing First" programs that target those persons with mental illness and substance abuse are still justified by the findings of the current study.
- Continue to identify currently homeless women who may not have entered the system of care through DV providers, but who are very likely to need the support services offered by such programs.
- Assess the correlation between history of incarceration, hospitalization or other institutionalization and homelessness. Review discharge planning with relevant institutions.
- Continue to assure that persons receive all benefits to which they are entitled, most especially those that would provide for medical and mental health care.

RECOMMENDATIONS FOR FUTURE STUDIES

- Tracking of persons through HMIS or similar programs to bolster prevention efforts for person at risk, particularly those in the MH
- Yearly enumerations, biennial needs assessment supplements and major studies of at least 3 thousand every 5 years.
- Improve linkages and data reporting capacity of programs that serve youth.
- Continue to improve HMIS in order that the data it contains are accurate, timely and comprehensive.

- Point in time shelter counts will be more accurate and consistent if standardized report forms that are linked to HMIS are used and are embedded in the reporting requirements of funders and perhaps collected quarterly.
- With two studies showing consistent findings, it may now be useful in future studies to elicit more detailed information from respondents, such as cited throughout this report. Demographic information could again be collected. The new survey could also include screening questions that would prompt interviewers to ask ,for example, specific questions of selected respondents about: rates of types of substance use; reasons for seeking medical care and outcomes; time between release from military and homelessness; time and outcomes following release from incarceration,.