Perceived Needs of Homeless Persons in Houston/Harris County, 2012

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ABOUT THE COALITION

The Coalition for the Homeless of Houston/Harris County was established in 1982, incorporated as a 501(c)(3) in 1988, and has evolved to be the lead agency coordinating the community response to homelessness in Houston. Under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, passed in 2009, an entire community rather than individual service providers must demonstrate success in preventing and reducing homelessness. In 2011, HUD named Houston as a priority community. This designation recognizes the great need to transform Houston’s existing homeless service system and the tremendous opportunity to make significant advances due to the commitment of homeless service and key community stakeholders, including both private and public contributors. For more information about the Coalition’s efforts, visit www.homelesshouston.org.
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EXECUTIVE SUMMARY

Introduction

Following the January 2012 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 along with community volunteers conducted surveys at various service sites throughout the area from 29 February through 26 May 2012. 561 valid surveys were collected. Data collection volunteers, recruited from CFTH, homeless services agencies, local colleges and graduate schools, the CFTH Consumer Advisory Council and the general public, were provided training to conduct the surveys. CFTH staff participated in surveying, provided the training and collected and reviewed 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 44.2 years, with a range of 18 to 80 years; 69% were male, 39% female with five male-to-female transgenders participating. No children under age 18 were included in the survey, although parents of children were interviewed. One in three participants was unsheltered and approximately one in three met the HUD definition of chronically homeless. Given the difficulty of accurately capturing chronic substance abuse, a broad definition was employed. Using this definition, one in five participants was classified as a chronic substance abuser.

Thirty percent of participants were considered to have experienced domestic violence based on affirmative answers to one of several questions in the survey. 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, two of three of those experiencing homelessness and participating in the survey met the definition for mental illness using this definition.

Approximately one out of five of all participants (or over a quarter of the males surveyed) had served in the military. Over one in four participants had children under the age of 18 years and 6% of the total population (or two of five of all
those with young children) met the definition of a family who was chronically homeless. Over three quarters of those surveyed had a high school degree or higher. Two of five reported no income during the past year. Economic reasons were the most common ones cited as reason for the current homelessness. Medical conditions were prevalent and they often interfered with daily activities. Prevalence of disabilities (medical, psychological, or physical condition) was extremely high among participants (96%). Alcohol use was common with half indicating current alcohol use and one-third of the total population (or two-thirds of those admitting use) indicating possible abuse. Marijuana use also was prevalent.

Results: Services

Participants were asked a series of questions regarding need for services. The greatest perceived unmet needs were for permanent housing, transportation, and dental care with over half of respondents reporting these needs. Also highly needed were clothing, vision care/eyeglasses, and food stamps. Three out of four participants had needed medical care in the past year and three quarters of these had received that care. One out of three indicated a need for mental health treatment but only half had received that care. One in five respondents indicated a need for substance abuse treatment but four of five who said they needed care received that care.

Recommendations

The 2012 Point-in-Time count and needs assessment of those experiencing homelessness 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 homelessness”. 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 method of selecting participants does not allow for a truly random sample and thus results are influenced by the type of client seen at the various venues. While the non-randomness of the sample may not matter for a needs assessment, we must be careful not to pay too much attention to small differences between groups or between survey years.

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. While the training of data collectors was more extensive this year
than previously, additional training particularly in the area of reviewing internal consistency of answers and reduction of unintentional missing data would improve accuracy of the data and to correct inadvertent contradictions.

Continued use in future years of this survey instrument will allow for data compatibility and analysis of trends over time. The instrument was improved this year but some additional tweaking of the instrument is still warranted to correct confusing questions especially those involving substance use/abuse and mental health. Questions which did not yield useful data were eliminated from the instrument this year but the survey is still long. 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 2012 Harris County/Houston needs assessment survey was possible thanks to the vision of the Coalition for the Homeless Board who commissioned the study and will incorporate findings into their strategic plan. The hard work of personnel from the Coalition for the Homeless under the direction of Marilyn Brown, CEO and President and Gary Grier, Director of Community Engagement, who oversaw planning and implementation of the survey, was invaluable in contributing to its success. 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 effort.
INTRODUCTION

Following the January 2012 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 and utilization, 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 along with community volunteers including members of the CFTH Community Advisory Council, service providers, and students from the University of Texas School of Public Health, Rice University, and University of Houston School of Social Work conducted surveys at various service sites throughout the area from 29 February through 26 May 2012. 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 1: List of Survey Venues

<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>103</td>
<td>18.4</td>
</tr>
<tr>
<td>Day Shelter(^3)</td>
<td>131</td>
<td>23.4</td>
</tr>
<tr>
<td>Street Outreach</td>
<td>59</td>
<td>10.5</td>
</tr>
<tr>
<td>Transitional Housing(^4)</td>
<td>61</td>
<td>10.9</td>
</tr>
<tr>
<td>Drop-in Shelter(^5)</td>
<td>29</td>
<td>5.2</td>
</tr>
<tr>
<td>Mental Health Drop-In(^6)</td>
<td>38</td>
<td>6.8</td>
</tr>
<tr>
<td>Shelter(^7)</td>
<td>40</td>
<td>7.1</td>
</tr>
<tr>
<td>Domestic Violence Shelter(^8)</td>
<td>16</td>
<td>2.9</td>
</tr>
<tr>
<td>Youth Shelter(^9)</td>
<td>30</td>
<td>5.3</td>
</tr>
<tr>
<td>Soup Kitchens(^10)</td>
<td>54</td>
<td>9.6</td>
</tr>
</tbody>
</table>

| TOTAL COLLECTED               | 561               | 100%    |
| TOTAL VALID                   | 561               | 100%    |

Of the 561 surveys collected, all were determined to be valid. This was due to increased training of volunteers compared to last year and review of surveys post-interview by a CFTH staff member.

The survey instrument was a revision of the form that was used in the 2011 needs assessment which allowed for comparison over the two years. The revisions included clarification of questions that had been shown in earlier studies to be confusing to respondents, elimination of some questions that did not provide useful information, and inclusion of a few more questions.

B. Anonymity, Consent and Incentive

Interviewers 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 to or quality of services. They were reminded that they

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\(^2\) Salvation Army Family Residence, Harbor Lights and Red Shield; Star of Hope
\(^3\) Beacon, SEARCH, Main Street Ministries
\(^4\) US Vets, Madge Bush, Villa Guadalupe, AFH A Friendly Haven, Angela’s House, Star of Hope Transitional Living Center
\(^5\) Bread of Life
\(^6\) Magnificat House, Bristow
\(^7\) Harmony House
\(^8\) Houston Area Women’s Center
\(^9\) Covenant House
\(^10\) Palmer Way Station, Grace Place, Loaves and Fishes
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 their time.

C. Data Collectors

Nineteen volunteers were recruited from CFTH, homeless services agencies, the CFTH Consumer Advisory Council, local colleges, and the general public. CFTH staff also provided training as well as collecting and reviewing the completed forms.

D. Training

Each volunteer was required to attend a one-hour training program 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. A recent college graduate was 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

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. 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. In addition, a number of the interviews took place at service providers where declaration of substance use would render the participant ineligible for services. This limitation was partially overcome by including answers to any one of a variety of questions designed to determine answers to these sensitive topics.

There was some internal inconsistency within the surveys. This may be due to three basic reasons:

a. This is a difficult population to interview. Educational background varies which may limit understanding of what is being asked. 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 may have been confused about or unaware of methods to validate and correct with respondents inconsistent or incomplete responses, despite training.

c. Despite pilot testing of the survey instrument, some questions may have remained unclear.

The participation of CFTH staff in reviewing interview forms immediately after the encounter reduced the scale of the internal consistency problem.

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 561 valid surveys were obtained. The average age of the participants was 44.2 years, with a range of 18 to 80 years. Males were on average slightly older than females (46 years vs. 40 years). Sixty-nine percent were male, 30% female with five male-to-female transgenders participating. Five and one-half percent (n=9) of the women were pregnant. 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 three participants (32.7%) was unsheltered\(^{10}\) the previous night and almost one in three (32%) were defined as chronically homeless\(^{11}\). This increase may be attributed in part to the higher percentage of participants reporting a disability. Given the difficulty of accurately capturing chronic substance abuse, a broad definition was employed\(^{12}\). Using this definition, one-fifth (20.7%) of the participants were classified as chronic substance abusers, much less than the half of participants classified a chronic substance abusers in 2011. 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\(^{13}\). Similarly, there were several triggers that would classify a participant as experiencing a severe mental illness in addition to directly

\[\text{Overall Characteristics, 2011 and 2012}\]

\[\text{Unsheltered} \quad 33\%\quad 24\%\]
\[\text{Chronic Homelessness} \quad 24\%\quad 31\%\]
\[\text{Chronic Substance Abuse} \quad 31\%\quad 30\%\]
\[\text{Severe Mental Illness} \quad 49\%\quad 66\%\]
\[\text{U.S. Veteran} \quad 41\%\quad 30\%\]
\[\text{Families with Children <18 yrs} \quad 22\%\quad 16\%\]
\[\text{Chronically Homeless Families} \quad 30\%\quad 28\%\]
\[\text{Presence of Disabling Condition(s)} \quad 3\%6\%\quad 96\%77\%\]

\(^{10}\) Unsheltered was defined as spending the previous night outside, in a car, or in an abandoned building.

\(^{11}\) Experiencing homelessness for over a year or four times in the past three years plus presence of a disability that interfered “very much” with daily activities.

\(^{12}\) 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.

\(^{13}\) Domestic violence was defined as answering yes to a direct question or indicating that they had been kicked out of their house because of domestic violence.
answering yes to that question. Not surprisingly, two of three of those experiencing homelessness and participating in the survey met the definition of severe mental illness, again a higher percent than found in 2011 (40%). 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 affirmative answer to either question classifying the participant as a veteran. Using this definition, approximately one out of five of all participants (or over a quarter of the males surveyed, 30%) were veterans. Almost every participant (96%) reported a disability (medical, psychological, and/or physical condition), a higher percent than found in 2011 (77%). Over one in four participants (28%) had children under the age of 18 years and the average number of children was 1.9 (same as in 2011) with a range of one to twelve. The average age of those children under age 18 was 9.0, older than last year’s average age of 4.9 years. 2.7% of the total population (whether or not they had children) met the definition of a chronically homeless family.

The survey sample was predominantly male (69%) and Black (70%) (Figure 2). Very few Asians/Pacific Islanders were sampled although one in twenty participants self-identified as mixed race. Twelve percent of all participants self-identified as Hispanic or Latino.

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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.
The sample was overwhelmingly single\textsuperscript{15} with less than one in nine participants married or living with a partner (Figure 3). None of the marrieds but 60% of those with a partner reported sleeping with the partner the previous night. Only 1 in 14 of participants with children under age 18 live with their child(ren) although mothers were more like to live with their child(ren) than were fathers (20% vs. 1.3%). This is a decrease from 2011 when half of participants with children under age 18 lived with their child(ren) and 66% of mothers and 17% of fathers lived with their child(ren). Of those with children under 18, 87% were single parents and the rest were married or living with a partner. A small percent (2.7%) of families were classified as chronically homeless. While the percent of chronically homeless families decreased in the total homeless population (6% in 2011), if only those homeless with children under the age of 18 are considered, there was an increase in chronic homeless families in 2012 (21% in 2011 vs. 38.5% in 2012).

\textbf{Figure 3: Family Status of Participants}

Nearly one out of four participants had less than a high school education (23%) but an even higher percent (35%) had some college, college, or post-graduate experiences (Figure 4).

\textsuperscript{15} Single included single, divorced, separated, and widowed.
B. Place of Residence and Reasons for Homelessness

Nine out of ten participants had stayed in one of three types of places the previous night; unsheltered, shelter, or transitional housing (Figure 5). Over half (56%) were in shelters or transitional housing, representing where many of the surveys took place. One in three was unsheltered the night before the survey which was an increase over those
interviewed in 2011, when it was one in four. One in five was staying in transitional housing. Of those who had spent
the previous night at the home of a friend or relative, one-third indicated they were “couch-surfing”. 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.

Participants also were asked about places they had stayed at least one night during the previous 12 months (Figure 6).
Half had stayed in a shelter (56%) but even more had been on the street (58%), an increase over that found in 2011.
Almost half had stayed at the home of a friend or family member and nearly one in three had been housed in
transitional housing, both these situations showing an increase over that found in 2011. An increase was also seen in
those spending time in jail or prison, staying in an abandoned building or car, and in the hospital.

A new question asked this year was where the participant spent the most nights during the past year. One-quarter
spent most of the year on the streets while 15% spent it at the home of a friend or relative (Figure 7).

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16 Respondents could indicate more than one place stayed during past twelve months.
We were interested in the reasons participants left their last regular home before experiencing homelessness. Participants could answer yes to more than one reason. As found in 2011, the major reason given was economic – loss of job by the participant or someone in the family (35% in 2012; 68% in 2011; Figure 8). The second most commonly cited reasons were that someone in the household had evicted the respondent or bills were higher than earnings. Other frequent answers were abuse in the household, medical or mental health issues, or that the participant was incarcerated with no place to return to once released. Surprisingly, as in 2011, medical debt was not cited as a reason for homelessness by many participants (only 2%). Commonly cited other reasons were problems with roommates, not wanting to be a burden to others, and wanting independence. One participant was “seeking Jesus”. There were some differences seen in responses between men and women. Males were more likely than females to cite loss of job (34% vs. 26%) or incarceration (13% vs. 8%) as the reason for leaving the last regular place they lived while females listed abuse (28% vs. 4%) or change in family status (14% vs. 8%) as the reason more often than males. Unlike that found in 2011, there were no differences between men and women in drug or alcohol use as the reason for leaving the last regular residence.
Participants were asked whether they ever had to leave a home or a shelter due to abuse. Three out of ten participants indicated they had left a home and one out of eight, a shelter, due to physical, sexual, or emotional/mental abuse (Figure 9). Domestic abuse numbers are higher than those found in 2011 (one out of five) but similar for shelter abuse. Females were much more likely to indicate they had left a home due to abuse than were males (51% vs. 21%) and these percentages were higher for both sexes than reported in 2011 (24% vs. 3.4%). Two of the five male to female transgenders reported domestic violence. The most common types of abuse experienced were physical and emotional/mental in both homes and shelters.

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**Homelessness Triggers**

<table>
<thead>
<tr>
<th>Reason</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evicted by family member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bills higher than earnings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse in household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incarcerated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Got sick/disabled/mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug/Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Family Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evicted by landlord</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in assistance eligibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural disaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moved to new city</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV positive</td>
<td></td>
<td></td>
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<tr>
<td>Medical debt</td>
<td></td>
<td></td>
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<tr>
<td>Registered sex offender</td>
<td></td>
<td></td>
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<tr>
<td>Aged out of foster care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 8: Reasons for Leaving Last Regular Home*¹⁷

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 and it may be difficult to get a true reading on due to reticence of the participant to supply accurate answers. Nearly one-half of participants indicated they had no source of income (Figure 10). Among those who did have an income, the most common sources were earned income (15%), Supplemental Security Income (SSI; 10%), and employment income (10%). Other sources of income listed by 1.8% included SNAP, SSI for child, and selling blood. Sources of income in 2012 were not significantly different from those found in 2011. 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 two participants indicated they brought in over $2000/month on average.

Figure 9: Abuse experienced at home and in shelters by type of abuse

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18 More than one type of abuse could be listed.
Figure 10: Sources of Income

Figure 11: Average Monthly Income Reported by Participants

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19 Respondent could list more than one source of income.

* Not asked in 2011 survey
D. Medical Conditions of Participants

As shown in Figure 12, over one in three (34%) participants did not have medical insurance but another one in three had a Harris County Hospital District Gold Card, both decreases over what was found in 2011. Almost one in five (17%) had Medicaid coverage. Three participants indicated they had coverage through the Ryan White Care Act.

![Insurance Coverage](chart)

**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 reported conditions, as was found in the 2011 survey. The HIV-positivity rate was one in twelve, although the true rate is probably higher as many may not have been tested and diagnosed. Epilepsy/seizures were mentioned by 12 participants and back problems by seven. Other conditions mentioned were migraines, knee/leg/feet problems, and sleep apnea. More than half of participants (75%) indicated they had more than one of these medical conditions/disabilities.

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20 Respondent could list more than one type of insurance. Other includes Tricare, COBRA, among others.
Questions also were asked regarding disabilities such as problems with walking or with vision (Figure 14). Two participants out of five reported severe problems with vision and over one out of five (23%) stated they had major problems walking. Two out of five participants said their disability(ies) listed in Figures 13 and 14 interfered somewhat with daily activities while another two out of five said it interfered very much (Figure 15). A small percentage of respondents were blind or in a wheelchair.
When asked about medical care needs, nearly three of four (74%) said they had needed medical care in the past year and three of four of these reported they had received that care. These percentages are similar to those found in 2011 (72% and 80%, respectively). Most (80%) had heard of the Homeless Gold Card program.
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 the participant couldn’t afford such care or did not have transportation to get to the medical facility (Figure 16). When comparing these reasons to those found in 2011, not knowing where to go, not having a card, and transportation needs appear to have increased. One in four participants who had been discharged from a hospital in the past year had been discharged to the streets.

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 17). However, one of twelve don’t take the prescribed medication at all while another two of nine participants take their prescription drugs less often than prescribed. Almost one in three participants (30%) stated they have skipped doses of a prescription drug because they couldn’t afford to buy it.

Figure 16: Stated Reasons for Not Seeking Needed Medical Care

Respondent could list more than one reason for not seeking needed medical care.
E. Mental Health Services

Participants also were asked about presence of mental health disorders. The most common reported disorders were depression and anxiety. One in four suffered from bipolar disorder and 12% reported schizophrenia (Figure 18). Of those who needed mental health care, only half (53%) received it. The stated reasons for not seeking needed mental
health care are shown in Figure 19. One-third felt that their condition was not serious enough or they could treat themselves, an increase over that seen in 2011. Cost of treatment, lack of transportation, and not knowing where to go for treatment were also frequently cited.

![Figure 19: Stated Reasons for Not Seeking Needed Mental Health Care](image_url)

F. Illegal and Legal Substance Use

Participants were asked about substance use in the past six months and over their lifetime. As stated previously, one in five participants indicated they had a problem with substance abuse, a lower percentage than found in 2011 (two of five). Tobacco, although not considered substance abuse, was used by over three of five (65%) of respondents. Participants were asked whether their alcohol use was none, light use, or heavy use. The RAPS4 alcohol screening test\textsuperscript{23}, a four-question quiz shown to be effective in detecting alcohol dependence in the past 12 months was used to estimate alcohol abuse. A positive answer to any of the four questions classified the participant as a suspected abuser. As seen in Figure 20, approximately half of the surveyed population used alcohol now and one third of the population was a suspected alcohol abuser. When asked about specific drugs (Figure 21 and 22), alcohol, marijuana, and crack cocaine

\textsuperscript{22} Respondent could list more than one reason for not seeking/receiving care. Other includes medication effects and too many appointments/red tape.

(along with alcohol) 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.

![Alcohol Use](image1)

**Figure 20: Alcohol Use**

![Substance Use in Past Six Months](image2)

**Figure 21: Substance Use in Past Six Months**

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. It may 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 22, treatment for substance abuse was received at a variety of
places, with “Other”\textsuperscript{24}, the most common, although no “other place” was mentioned by more than three participants. Twelve-step programs were the most common place named that participants obtained substance abuse treatment.

![Bar chart: Places Where Substance Abuse Treatment Obtained](image)

**Figure 22: Places Where Substance Abuse Treatment Services were Accessed**\textsuperscript{25}

Those who did not seek or obtain treatment for their substance abuse were asked the reasons (Figure 23). Nearly half (42\%) did not want to get into treatment or thought they could handle the addiction themselves while one out of five didn’t know where to go for treatment and almost one in four either couldn’t afford treatment or didn’t have a hospital card.

**G. Refusal of Services 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 and those categories with more than one response are shown in Figure 24. The overwhelming reason was lack of capacity at shelters, underscoring the need for more bed space or other alternatives for those experiencing homelessness.

\textsuperscript{24} Other places substance abuse treatment was obtained included clinics and other programs. No place was mentioned more than 3 times, however.

\textsuperscript{25} Respondent could list more than one place where substance abuse treatment was obtained.
Veterans were defined as those serving in the military or called up to active duty while in the National Guard. Approximately one in five of the participants identified themselves as a veteran (21.6%). The average age of those self-identifying as veterans was 51 years old with a range of 18 to 80 years. This is an older average age than that of non-veterans (42 years). There were four female veterans (3.4% of veterans were female and 0.7% of females were veterans). Veteran characteristics are shown in Figure 25. Almost all (92%) 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. We were interested in the number of veterans reporting brain injury and/or PTSD. There was little difference between veterans and non-veterans reporting brain injury (7.3% vs. 6.6%) although PTSD was higher among veterans (19% vs. 14%). It is likely that PTSD is underdiagnosed and true rates may be higher. Similarly, there was little difference in chronic substance abuse (22% vs. 21%) or mental illness (61% vs.68%) between veterans and non-veterans, although prevalence of chronic substance abuse was lower and severe mental illness higher in veterans than that found in 2011. As was seen the 2011 needs assessment survey, approximately one in three (32%) veterans was unsheltered the night before they were surveyed.

Figure 25: General Characteristics of Veterans Participating in Survey

I. Services Needed

Participants were asked a series of questions regarding their perceived need for a variety of services for those experiencing homelessness. Specifically they were asked whether they didn’t need a service, they needed the service but currently had access to it, or they needed a service and didn’t have access. As shown in Figure 26, the greatest perceived needs were for permanent housing, transportation, and dental care with over half of participants indicating unmet needs in these areas. These needs were at lower levels in 2011, although the question was framed differently
and this may have affected responses. Emergency shelter needs were lower in 2012 than recorded in 2011. Lowest need was found for child care, PAL transitional services and help with immigration issues.

Figure 26: Percent of Respondents Answering Somewhat or Very Much Need for Given Service
RECOMMENDATIONS

The 2012 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. 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 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 questions. 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

2012 COMMUNITY NEEDS ASSESSMENT SURVEY

Date______________ Site__________________________ Interviewer Name __________________

TO BE READ TO EACH PARTICIPANT

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.** If you have you been asked these questions within the last two weeks, 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 CLIENT AGREES TO PARTICIPATE, PLEASE HAVE HIM/HER INITIAL HERE ____________.

THANK YOU FOR YOUR HELP.

IF THE RESPONDENT DOES NOT AGREE TO PARTICIPATE, PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Black</td>
<td>White</td>
<td>Other</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Hispanic</td>
<td>Non-Hispanic</td>
<td>Not Sure</td>
</tr>
<tr>
<td>Age</td>
<td>Under 18 Years</td>
<td>18-65 Years</td>
<td>Over 65</td>
</tr>
</tbody>
</table>

PLEASE START THE INTERVIEW: When there are multiple choices available, please check **one** only unless otherwise indicated. If the interviewee ends the survey early, please note reason on last page.
1. Where did you stay last night? Please check one only.
   a. ______ on the street, in a park, under a bridge, etc.
   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. ______ emergency shelter or domestic violence shelter
   h. ______ in a hospital
   i. ______ transitional housing
   j. ______ hotel/motel (subsidized by service provider or others)
   k. ______ hotel/motel (paid for by self)
   l. ______ home or apartment of a friend or family member (considered marginally housed)
      IF YES, were you couch surfing? Yes______ No ______
   m. ______ rental house or apartment – (Subsidized; e.g. Section 8, Public Housing, HOME, HOPWA, SHP, SPC, VASH)
   n. ______ boarding room/bunkhouse
   o. ______ rental house or apartment – (paid by self) THANK PARTICIPANT AND STOP SURVEY
   p. ______ home ownership THANK PARTICIPANT AND STOP SURVEY
   q. ______ other (Please specify) ___________________________________________________
   r. ______ Refused/Don’t know

2. Age__________ ______ Refused/Don’t know
   If under age 18 years, who do they live with?
   a. ______ Parents
   b. ______ Siblings
   c. ______ Other family member(s)
   d. ______ friends
   e. ______ Other (specify) __________________________

3. Which of the following best describes your race?
   a. ______ Black
   b. ______ Asian/Pacific Islander
   c. ______ Native American
   d. ______ White
   e. ______ Mixed
   f. ______ Other, specify __________________________
   g. ______ Refused/Don’t know

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.
4. **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/Don’t know

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

6. **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

7. **Do you have children under age 18 years?**
   a. _____ Yes  
   b. _____ No  
   c. _____ Refused/Don’t know
   If Yes, how many children are under age 18? ___________
   Ages of children under age 18? ___________
   How many children under age 18 live with you? ___________

8. **If female, are you pregnant?**
   a. _____ Yes  
   b. _____ No  
   c. _____ Refused/Don’t know

9. **What is your highest level of education?**
   a. _____ 8th grade or less  
   b. _____ some high school  
   c. _____ high school graduate  
   d. _____ GED  
   e. _____ some college  
   f. _____ post-graduate  
   g. _____ Refused/Don’t know

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

11. **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
12. If you served in the military, what type of discharge do you have?
   a. _____ I didn’t serve in the military   e. _____ Dishonorable discharge
   b. _____ Honorable/General discharge   f. _____ Refused/Don’t know

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

When we get into questions like #14 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”.

14. How much do you think you need each of the following and if you need them, do you have access?

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>Don’t need</th>
<th>Need, but HAVE access</th>
<th>Need and DON’T HAVE access</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Adult education/GED preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Job training</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c Employment services</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d Assistance getting clothing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>e Assistance getting identification</td>
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<td></td>
<td></td>
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<tr>
<td>f Legal assistance/homeless court</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>g Case management</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>h Dental care</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>i Medical care</td>
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<td>j Dental care</td>
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<td>k</td>
<td>Vision care/eyeglasses</td>
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<td>l</td>
<td>Mental health services</td>
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<td>m</td>
<td>Substance abuse counseling</td>
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<td>n</td>
<td>Prescription drug assistance</td>
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<td>o</td>
<td>Emergency shelter/transitional housing</td>
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<td>p</td>
<td>Assistance with permanent housing needs</td>
<td></td>
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<tr>
<td>q</td>
<td>Mailing address</td>
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<td>r</td>
<td>Access to a phone</td>
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<tr>
<td>s</td>
<td>Storage for belongings</td>
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<tr>
<td>t</td>
<td>Child care</td>
<td></td>
<td></td>
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<tr>
<td>u</td>
<td>Food stamps</td>
<td></td>
<td></td>
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<tr>
<td>v</td>
<td>Food pantry or assistance getting food</td>
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<td></td>
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<tr>
<td>w</td>
<td>Transportation assistance/bus tokens</td>
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<tr>
<td>x</td>
<td>Immigration help</td>
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<tr>
<td>y</td>
<td>PAL Transitional Services</td>
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<td>z</td>
<td>Other (specify)</td>
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<td></td>
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<tr>
<td>aa</td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. **What sources of income do you have?** (check all that apply; note that food stamps do not count as income)
   a. _____ Supplemental Security Income (SSI)
   b. _____ Social Security Disability Income (SSDI)
   c. _____ Social Security
   d. _____ Employment income
   e. _____ Earned income*
   f. _____ Unemployment Income
   g. _____ Retirement Benefits
   h. _____ Child Support
   i. _____ Spousal Support
   j. _____ Temporary Aid to Needy Families (TANF)
   k. _____ Veteran’s Benefits
   l. _____ Other, specify________________
   m. _____ Refused/Don’t Know
   n. _____ None

   * Can include income from alternative sources such as trade, sex, drugs, panhandling, day labor, hustling, etc.

16. **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
17. In the past 12 months, in which of the following have you stayed?

Please check all that apply. For people living on the streets who may not be as calendar driven as others, after reading “In the past 12 months”, include “since last spring...” to provide another reference.

a. ___ on the street/in a park/ under a bridge, etc.
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. ___ emergency shelter or domestic violence shelter
h. ___ in a hospital
i. ___ transitional housing program
j. ___ hotel/motel/SRO (subsidized by service provider)
k. ___ hotel/motel/SRO (paid for by self, friend, family)
l. ___ home or apartment of a friend or family member (considered marginally housed)
m. ___ rental house, apartment, or SRO— (Subsidized; e.g. Section 8, Public Housing, HOME, HOPWA, SHP, SPC, VASH)
n. ___ boarding room/bunkhouse
o. ___ rental house or apartment – (paid for by self)
p. ___ home ownership
q. ___ other (Please specify) ___________________________________________________
r. ___ Refused/Don’t know

18. Circle the place in question 17 that you stayed the longest during the last 12 months. Circle only one place.

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. Have you been homeless this time for more than a year?
   a. _____ Yes   b. _____ No   c. _____ Refused/Don’t know

20. Including this time, in the past 3 years, have you experienced homelessness four or more separate times?
   _____ Yes       b. _____ No       c. _____ Refused/Don’t know

21. Before you became homeless, did you ever have to leave a place you were staying because you, your children or other persons in the household were verbally, emotionally or physically abused or neglected or because you were afraid that abuse would occur?
   a. _____ Yes – what kind of violence? _____ emotional/mental _____ physical _____ sexual
   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?
   d. _____ I’ve never stayed in a shelter
   e. _____ Yes – what kind of violence _____ emotional/mental _____ physical _____ sexual
   f. _____ No
   g. _____ Refused/Don’t know

23. Why did you have to leave the last regular place you stayed before becoming homeless this time? Please check all that apply.
   a. _____ because of loss of my job or other source of income (such as unemployment benefits)
   b. _____ because of loss of job by family member
   c. _____ cause bills were higher than earnings
   d. _____ could not afford to pay rent or mortgage, because of change in family status (divorce/breakup)
   e. _____ because of change in assistance eligibility, e.g., lost TANF, rental assistance, etc.
   f. _____ because I got sick or became disabled and couldn’t work (NOT HIV related)
   g. _____ because I am HIV positive
   h. _____ because of medical debt
   i. _____ because of neglect or abuse in the household
   j. _____ was kicked out by another person living in the household
   k. _____ was kicked out by landlord because of ____________________________ (please give reason)
   l. _____ because of my drug or alcohol use
   m. _____ because I aged out of foster care
   n. _____ because I am a registered sex offender
   o. _____ because I went to jail/prison
   p. _____ lost residence because of natural disaster 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 question applies to the interviewee and those in their immediate household.

24. Are you covered by any of the following health insurance plans?
   a. _____ Private insurance
   b. _____ Medicare
   c. _____ Medicaid
   d. _____ Gold Card
   e. _____ Veteran’s Administration
   f. _____ TRICARE (aka CHAMPUS)
   g. _____ COBRA
   h. _____ CHIP
   i. _____ Other, what type? ____________________________
   j. _____ None
   k. _____ Refused/Don’t know

25. 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 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 much trouble to wait at hospital/clinic
h. ____ Too sick to go
i. ____ Don’t like doctors or hospitals
j. ____ Don’t have a card to get into
k. ___ Other ___________________
l. ____ Refused/Don’t know

Do you know there’s a Homeless Gold Card program?

a. ____ Yes
b. ____ No
c. ____ Refused/Don’t know

26. Do you suffer from any of these?

a. _____ Depression
b. _____ Bipolar disorder
c. _____ ADHD
d. _____ Anxiety
e. _____ Brain or head injury
f. _____ Schizophrenia/Schizoaffective Disorder
g. _____ Post Traumatic Stress Disorder (PTSD)
h. _____ Personality Disorder
i. _____ I don’t have any of these
j. _____ Refused/Don’t know

IF YES, in the past year, were you able to get the care you needed?

a. ____ Yes
b. ____ No
c._____ Refused/Don’t know

IF NO, what are the reasons you did not get treatment?

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 much trouble to wait at hospital/clinic
h. ____ Too sick to go
i. ____ Don’t like doctors or hospitals
j. ____ Don’t have a card to get into
k. ___ Other ___________________
l. ____ Refused/Don’t know
27. Have you had drug or alcohol issues 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 (you were able to get the care you needed), where did you go for treatment?
   a. _____ Riverside  d. _____ 12-step program
   b. _____ Ben Taub  e. _____ Other (specify) ___________________
   c. _____ Cenikor  f. _____ Refused/Don’t Know

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

28. 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
   e. _____ Heart disease  l. _____ Rheumatoid Arthritis
   f. _____ TB (tuberculosis)  m. _____ Developmental Disability
   g. _____ Emphysema/COPD  n. _____ OTHER, please list
   __________________________________________________________
   o. _____ Refused/Don’t know
29. Do you have any of the following conditions/disabilities? (PLEASE CHECK ALL THAT APPLY)
   a. _____ Uncorrected problems with vision OR _____ Blindness
   b. _____ Uncorrected 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

30. If you have any of these medical conditions or 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

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

32. 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

33. In the past year, have you been discharged from a hospital to the streets?
   a. _____ Yes
   b. _____ No
   c. _____ Refused/Don’t know

34. 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

   If “yes”, why were you turned away or refused services?

These next questions deal with sensitive subjects. Remind the respondent that the survey is anonymous and that we are not diagnosing or judging – our purpose is to collect information about the needs of those experiencing homelessness so we can provide better services.

35. Do you currently smoke tobacco?
   a. _____ Yes
   b. _____ No
   c. _____ Refused/Don’t know
36. **In the past 30 days, how much alcohol have you consumed?**
   a. _____ Yes, light use    b. _____ Yes, heavy use    c. _____ None
   d. _______ Refused/Don’t know

37. **Have you had a feeling of guilt or remorse after drinking?**
   a. _____ Yes    b. _____ No    c. _______ Refused/Don’t know

38. **Has a friend or a family member ever told you about things you said or did while you were drinking that you could not remember?**
   a. _____ Yes    b. _____ No    c. _______ Refused/Don’t know

39. **Have you failed to do what was normally expected of you because of drinking?**
   a. _____ Yes    b. _____ No    c. _______ Refused/Don’t know

40. **Do you sometimes take a drink when you first get up in the morning?**
   a. _____ Yes    b. _____ No    c. _______ Refused/Don’t know

41. **Again, we are asking people to think back over a period of time – six months. That would have been back to September.** In the past six months, how frequently have you used the following? **For each substance, please put an “x” in the appropriate box.**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never used</th>
<th>Used in past but don’t use now</th>
<th>Use now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crack</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crystal Meth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants such as glue, gasoline, markers, aerosol sprays, or nitrites (poppers/snappers like in room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Type</td>
<td></td>
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<td></td>
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<tr>
<td>-------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deodorizers) to get high</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription drugs to get high</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over the counter drugs, mouthwash, or rubbing alcohol to get high</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* continue on back if more drugs

**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. Also, if the interviewee stopped the interview early, please note reason if known (bored, irritated, had to leave, etc.).

**THANK YOU FOR YOUR TIME WITH THIS VERY IMPORTANT SURVEY.**