

Homeless Conditions in Gainesville



**Findings from the January 25/26, 2007
Homeless Point-in-Time Census & Enumeration**

**Gainesville/Alachua County Office on Homelessness
&
Alachua County Coalition for the Homeless & Hungry**

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Contents

Key Findings	3
Survey Methodology and Limitations	4
Defining Homelessness	5
Who is Homeless in Alachua County?	7
Demographic Characteristics	8
Instances and Duration of Homelessness	8
Availability of Shelter by Family Status and Sex	9
Community Ties and Places of Origin	10
Chronic Homelessness	10
Reasons for Homelessness, and Experiences While Homeless	12
Health Care and Disabilities	13
Employment and Educational Attainment	14
Income and Mainstream Resource Assistance	15
Service Needs, by Subpopulation Type	16

List of Tables

I. Street & Agency Count Results, January 2007	7
II. Demographic Characteristics	8
III. Homelessness Duration	9
IV. Instances of Homelessness	9
V. Place of Previous Night Stay	9
VI. Reason for Coming to County	10
VII. Percent of Individuals from Alachua County, by Sleeping Location	11
VIII. Chronic Homelessness Experiences	11
IX. Reasons for Homelessness	12
X. Primary Reasons [for Homelessness], by Type	12
XI. Disability Prevalence	13
XII. Employment Status	14
XIII. Educational Attainment	14
XIV. Income and Mainstream Resource Assistance	15
XV. Service Needs, by Subpopulation Type	16

Appendices

- I. Survey Instrument
- II. Volunteer Training Packet

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Key Findings

- Staff, advocates and volunteers counted 952 men, women and children without a safe, adequate place to call home in the 24-hour period spanning January 25 & 26, 2007. 317 of these are under the age of 18.
- The 2007 total (952) represents a 20% decrease in the number of homeless people found in Alachua County at the same time last year.
- Nearly 60% of homeless people have been homeless for less than a year. 7.5% had been homeless less than a week at the time of the survey, and an additional 8.5% homeless less than a month.
- 43.7% of Alachua County's homeless population is unsheltered on any given night. This lack of any shelter is more common for individuals (37%) than family members (18.6%).
- For the second year in a row, the Alachua County Jail housed more homeless individuals on the night of the survey than any single homeless housing program in Alachua County.
- Alachua County's homeless population is largely a homegrown one, with more than half of the local homeless having lived and worked in Alachua County prior to losing their housing.
- 28% of the adult population (179 individuals) is considered long-term, or "chronically homeless," a decrease of 18.3% from the count of chronically homeless individuals (219) taken during the 2006 census.
- Men's violence against women – the largest cause of homelessness among women in Alachua County – again makes a dramatic contribution to the number of women without safe or affordable housing in the area. More than 1 in 5 homeless women (22.2%) indicated domestic violence as the main reason they are homeless.
- 46.3% of homeless adults reported having used a hospital emergency department for basic medical care in the past year.
- 19% of all homeless people reported being arrested for not having a place to stay within the last year. The unsheltered population was six times more likely than those with shelter to report such an arrest.
- Six in 10 homeless adults self-report having some physical, medical or mental health problem.
- Nearly 2/3 of homeless adults have at least some high school education, and 44.6% hold a high school diploma or GED. One in 10 homeless adults has a college degree, and 28.3% have at least some college education.

Survey Methodology and Limitations

The Alachua County Coalition for the Homeless & Hungry and the Gainesville/Alachua County Office on Homelessness conducted a 24-hour point-in-time survey to provide a snapshot of local homelessness on January 25 and 26, 2007. Point-in-time counts are designed to find the number of homeless people living on the streets and in abandoned buildings, in woods and campgrounds, and in vehicles, as well as those in emergency shelters, transitional housing programs and hospitals, jails and treatment facilities.

During the survey, more than 3 dozen trained volunteers and agency staff roamed places throughout Gainesville where homeless people are known to congregate, and administered the point-in-time survey (see Appendix I) of individuals and family members staying in local homeless housing programs. For 24 hours, surveyors roamed downtown Gainesville; libraries; parks, wooded areas and “tent cities; bridges, overpasses, parking lots and alleys searching for homeless people and asking them about their basic demographic information, experiences and service needs. Simultaneously, case managers and social workers at area housing providers conducted identical surveys with individuals and families in residence at their respective programs.

The primary concern in conducting the survey was the risk that individuals would be counted more than once. The point-in-time planning group set a short survey period – 24 hours – to reduce the chance of this occurring. Surveyors asked pre-survey questions to insure an individual had not already taken the survey, and requested respondents give their first name, last initial and date of birth to be checked against other completed surveys as they were keyed into the database. Care packages – designed to serve as an incentive to encourage survey participation – were given freely, regardless of whether an individual agreed to take a survey. At no point was the provision of services or access to food or other assistance made contingent upon completion of the survey.

In instances where a respondent did not complete a survey, or answer a particular question, staff encoded missing values. The sample size remained largely static at 355, providing detailed responses for more than half of all homeless adults.

Homelessness is impossible to measure with 100% accuracy. Research on attempts to count homeless people – particularly those without shelter – finds that point-in-time surveys consistently undercount the population.¹ Surveyors venture into unfamiliar areas and attempt to locate sleeping locations that are, by design, hidden from sight and hard to find. Youth, the recently homeless, and people doubled up with family and friends are particularly difficult to find.²

Additionally, volunteers for the street count primarily focused their efforts within a 39-block radius of Gainesville’s downtown area, but not campgrounds, motels, or other locations in which people may have taken up temporary residence. Point-in-time counts notoriously will miss individuals who are staying inside or in vehicles on the night of the survey, even if they sleep on the street the other 364 days of the year. These “hidden homeless,” including adults temporarily doubled or tripled up at a friend or relative’s place, are nearly impossible to find and count. A large national study of formerly homeless individuals found that people who had been literally homeless (and not doubled up) most often stayed in their cars (59.2%), and

¹ Urban Institute, The. *A New Look at Homelessness in America*. February 1, 2000. <http://www.urban.org>; Farrell, S.J., and E.D. Reissing. “Picking up the Challenge: Developing a Methodology to Enumerate and Assess the Needs of the Street Homeless Population.” *Evaluation Review*, Vol. 28, No. 2. April 2004, pp. 144-155.

² James, Franklin J. “Counting Homeless Persons with Surveys of Users of Services for the Homeless.” *Housing Policy Debate*, Vol. 2, Issue 3, 1991, pp. 733-753.

not on the streets.³ Comparatively, volunteers only identified 10 people in a sample of 412 – 2.4% – who reported sleeping in their cars on the previous night.

Per HUD requirements, the point-in-time survey is performed annually during the last week of January to minimize seasonal and monthly fluctuations in homelessness in a given area. Florida communities typically see an increase in homelessness in winter months when colder northern climates drive unsheltered homeless individuals to warmer areas. Further, the surveys are conducted in the last week of the month to attempt to reflect individuals whose monthly Social Security, Disability, Veterans or other entitlement checks run out prior to the end of the month and leave people without adequate access to temporary housing that was affordable earlier in the month.

Defining Homelessness

This survey uses a hybrid of the two primary federal definitions of homelessness, counting all adults and children considered homeless by the U.S. Dept. of Housing & Urban Development (HUD), as well as those children who the Stewart B. McKinney Act considers homeless.

This is a standard both for homeless census counts and grant applications for homeless services funding, and is accepted by local, state and national homeless coalitions as the most adequate definition to use, in terms of the population it includes and excludes and as a means to maintain consistency when coalitions across the country report their numbers. Bills pending in the Florida Legislature and across the country currently seek to codify this hybrid definition as state and national standard.⁴

According to HUD, a person is considered homeless only when she or he resides in one of the places described below:

1. In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street)
2. In an emergency shelter
3. In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
4. In any of the above places, but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
5. Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing.
6. Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing.

³ National Coalition for the Homeless Fact Sheet #2. “How Many People Experience Homelessness.” June 2006. <http://www.nationalhomeless.org>. Accessed March 20, 2007.

⁴ “Questions and Answers About Expanding HUD’s Definition of Homelessness,” National Policy and Advocacy Council on Homelessness, April 2, 2007. <http://www.npach.org/>

7. Is fleeing a domestic violence housing situation and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing.

The HUD definition does *not* include as homeless those who are:

1. In housing, even though they pay an excessive amount for their housing, their housing is substandard and in need of repair, or the housing is crowded (such as instances when multiple families share a single-family home due to economic hardship).
2. Incarcerated. However, upon discharge, the person is eligible if no subsequent housing has been identified and the person lacks the resources and support networks needed to obtain housing.
3. Living in a long-term (greater than 30 days) arrangement with relatives or friends.
4. Living in a Board and Care, Adult Congregate Living Facility, or similar place.
5. Being discharged from an institution that is required to provide or arrange housing upon release
6. Wards of the state, including youth in foster care of juvenile detention facilities.⁵

The educational subtitle of the Stewart B. McKinney Act expands the definition of homeless to include:

1. Children and youth who are “doubled up” with friends or family due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
2. Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.⁶

The broadness of the McKinney-Vento definition of homelessness for children and youth encompasses more children than the HUD definition, which makes no allowances for shared housing made necessary as a result of economic hardship. The McKinney definition, however, provides a more accurate glimpse into the magnitude of poverty, homelessness and near-homelessness in Alachua County.

⁵ HUD NOFA applications website: <http://documents.csh.org/documents/ke/HOMENOF10-15-03.doc>. Accessed April 5, 2007; US Code, Title 42, Chapter 119, Subchapter I, Section 11302, <http://www4.law.cornell.edu/usdoce/42/11302.html>.

⁶ “The McKinney-Vento Homeless Assistance Act,” National Center for Homeless Education. http://www.serve.org/nche/downloads/mv_full_text.pdf. Accessed April 6, 2007.

Who is Homeless in Alachua County?

Staff, advocates and volunteers counted 952 men, women and children without a safe, adequate place to call home in the 24-hour period spanning January 25 & 26, 2007. Of these, 278 (240 adults, 38 children) were sheltered through local emergency shelter, transitional and permanent supportive housing programs. The count identified 395 individuals without any shelter, or those temporarily residing in area hospitals, jails, detoxification programs, or cold night shelters. The School Board of Alachua County reported an additional 279 children considered homeless in its records (see Figure I).

The 2006 point-in-time count, in comparison, found approximately 1,200 homeless individuals in a 24-hour period one year earlier. The 2007 total represents a 20% decrease in the number of homeless people found in Alachua County since last year.

Figure I: Street & Agency Count Results, January 2007

	Program	Population Served*	Housing Type(s)**	Capacity***	2007 Count
Homeless Housing Programs	Arbor House (2 Programs)	FC	ES/TH	20	5
	Chrysalis Community	SF	TH	4	2
	CDS Interface Youth Shelter	Y	ES	20	20
	Fire of God Ministries	SF	ES	3	3
	House of Hope (2 Programs)	SM, SF	TH	14	14
	Interfaith Hospitality Network	FC	ES	20	7
	Joshua's Journey	SM	TH	12	11
	Lazarus Restoration Ministries	FC	TH	3	5
	Meridian Behavioral Healthcare (2 programs)	SMI	TH/PSH	33	22
	Peaceful Paths (2 programs)	DV	ES/TH	43	27
	Pleasant Place	Y	ES	16	9
	St. Francis House (3 programs)	FC, SMF	ES/TH/PSH	73	66
	The Salvation Army	SM	ES	25	21
	VAMC - Health Care for Homeless Veterans	VET	TH	12	12
	VETSPACE (3 programs)	VET	TH/PSH	49	36
	Volunteers of America @ Bailey Village	VET	TH	18	18
Homeless Housing Programs SUBTOTAL				365	278
Street	Street/Woods, Cold Night Shelters, Soup Kitchens				318
	Alachua County Jail				51
	Area Hospitals/Detoxification/Crisis Centers				19
	Other Alachua County Municipalities				7
	Unsheltered SUBTOTAL				
School	School Board of Alachua County Count, 1/25/07	Y			279
	School Board SUBTOTAL				
TOTAL HOMELESS POPULATION, 1/25-26/2007					952

* Population Served: (DV) Domestic Violence; (FC) Families w/ Children; (SM/F); Single Male/Single Female; (SMI) Severe Mental Illness; (VET) Veterans; (Y) Unaccompanied Youth; ** Housing Type: (ES) Emergency Shelter (0-90 days); (TH) Transitional Housing (60 days-2 years); (PSH) Permanent Supportive Housing (2+ years); *** Capacity: Point-in-time counts are NOT an accurate assessment of the typical vacancy rate of a program. Instead, one must assess vacancy rates over a longer period of time to truly gauge shelter usage and vacancy. Capacity is given as the number of TOTAL BEDS AVAILABLE, though this may overstate the program capacity if, for instance, a family of three is utilizing a housing unit that may otherwise hold five individuals.

Demographic Characteristics

The 2007 point-in-time count and survey identified 635 homeless adults and 38 children, with an additional 279 children reported as homeless by the Homeless Liaison of the School Board of Alachua County.

Figure II: Demographic Characteristics

Full Population (n=383)		
Age	%	#
Under 18	33.3%	317
18-59	64.2%	611
60 & Up	2.5%	24
Adults (N=635)		
Sex (Adults only)		
Male	70.5%	448
Female	29.5%	187
(n=635)		
Race (Adults only)		
Black/African American	42.5%	270
White	50.7%	322
American Indian	3.4%	21
Asian	.3%	2
Other	3.1%	20
(N=673)		
Family Composition*		
Individuals	87.6%	589
Family w/ Children	12.4%	83
(N=635)		
U.S. Military Veteran	34.7%	220
Mean Age - Adults		
	44.1	

* "Family Composition" is calculated using adults and children meeting the U.S. Dept. of Housing & Urban Development definition of "homeless," and none considered homeless exclusively under McKinney-Vento.

Volunteers and agency staff administered the point-in-time survey to homeless adults, with exceptions made for youth staying in emergency shelters tailored to those 18 and under. **Responses and percentages used throughout this report apply only to homeless individuals 18 years of age or older.**

Instances and Duration of Homelessness

Homelessness is, for most people, a temporary condition brought about by an economic or medical crisis that leads to a loss of housing. Alachua County residents with housing rarely see the true composition of the homeless population; rather, the relatively few, but highly visible, homeless people on sidewalks, in parks and soup kitchen lines dominate perceptions of "homelessness" while hundreds more remain unseen in emergency and transitional housing programs, day labor pools, service-sector employment and education and skills training programs.

The transitive nature of homelessness is seen most clearly by examining the amount of time individuals and families spend homeless. A full 58% of survey respondents have been homeless for less than a year, with 7.5% homeless less than a week at the time of the survey, and an additional 8.5% homeless less than a month.

Time spent homeless was universally longer for individuals than it was for families (see Figure III, following page), in part due to the relative ease by which homeless families can tap into existing support networks and programs.

Though just over 10% of the local homeless population is a member of a family with children, nearly 1/2 of available emergency and transitional housing exists to serve families with children exclusively, and is unavailable to individuals.

Individuals were more likely than family members to have been homeless multiple times over the past 3 years. For the majority of individuals and families, however, this current episode of homelessness is the first in at least 3 years (See Figure IV).

Figure III: Homelessness Duration

(N=635)	All	Individuals	Families
Less than 1 week	7.5%	6.9%	13.5%
1 week to 1 month	8.5%	8%	13.5%
1 to 3 months	12.9%	11.6%	21.6%
3 months to 1 year	29.2%	29.5%	24.3%
1 to 3 years	24.8%	25.8%	18.9%
More than 3 years	17%	18.2%	8.1%

Availability of Shelter by Family Status & Sex

As in years past, women and families remain more likely to find shelter through local homeless housing programs than their male or non-family counterparts; 43.3% of females and 32.6% of males, and 53.5% of family members and 33.7% of non-family members report having stayed in emergency shelter or transitional housing on the night prior to the survey. Individuals were twice as likely as families to stay on the street or in the woods.

Figure IV: Instances of Homelessness

(N=635)	All	Individuals	Families
1 times	54.9%	53.2%	66.7%
2-3 times	23.6%	24.4%	19%
4 or more times	21.2%	22.3%	14.3%

Amid a small increase in the number of homeless women from 2003 (178) to 2007 (187), the percentage of women staying in emergency or transitional housing programs has dropped from 66.1% in 2003 to 43.3% in 2007, largely due to normal fluctuations in shelter occupancy among programs serving primarily women. Conversely, the number of women staying on the street or in the woods over the past 4 years has doubled, from 11.8% (21 women) in 2003 to 23.1% (43 women) in 2007. An additional 14 women spent the night at a seasonal Cold Night (emergency) Shelter in 2007, and returned to the street or woods once those shelters closed in late winter.

For men, the most prevalent response on where they had spent the previous night was on the street or in the woods (27.7%; 124 men), followed by transitional (17.7%), emergency (14.9%) and seasonal Cold Weather (14.9%) shelter.

Figure V: Place of Previous Night Stay

(N=635)	All (n=412)	% of total population	Male	Female	Individuals	Families
Emergency Shelter	56	13.6%	14.9%	18.3%	14.2%	30.2%
Transitional Housing	70	17%	17.7%	25%	19.5%	23.3%
Street/Woods	93	22.6%	27.7%	23.1%	27.7%	14%
Friend/Relative	56	13.6%	15.3%	17.3%	14.5%	25.6%
Hotel/Motel	5	1.2%	1.2%	1.9%	1.3%	2.3%
Vehicle	10	2.4%	3.2%	1.9%	3.3%	0%
Other	7	1.7%	5.1%	4.8%	5.3%	4.6%
Hospital/Detox*	19	4.6%				
County Jail*	51	12.4%				
Cold Night Shelter	45	10.9%	14.9%	7.7%	14.2%	0%
Total	412	100%	100%	100%	100%	100%

* Note: Officials from local hospitals, treatment and incarceration facilities reported the number of homeless in respective facilities as a sum total. No data on sex or family status is available; percentages by sex or family status are calculated with these facilities omitted.

Using a lenient definition of "shelter," such that it includes not only emergency shelter and transitional housing, but also temporary arrangements such as motel rooms, seasonal shelter, and the homes of friends and relatives (but not jail or hospital beds), 43.7% of Alachua County's homeless population is unsheltered on any given night.

The lack of any shelter is most common among non-family individuals (37%), and least prevalent among family members (18.6%).

This year marks the second in a row in which the Alachua County Jail housed more homeless individuals per night than any single homeless housing program in Alachua County.

Community Ties and Places of Origin

Alachua County's homeless population is largely a homegrown one, with more than half (56.2%) of the local homeless having lived and worked in Alachua County prior to losing their housing. An additional 26.6% made their way to Gainesville from elsewhere in the Sunshine State, while 17.2% became homeless out of state and ended up in Alachua County. In this review, an individual was considered a resident if she or he lived in the county *prior* to becoming homeless, for any length of time.

Figure VI: Reason for Coming to County

Born or grew up here	20.1%
Family or friends are here	25.1%
Good weather	3.5%
Thought/heard there were good jobs	11.8%
Thought/heard there were good shelters/services here	18%
Visited & decided to stay	6.5%
Other*	15%
* Reasons given for "Other:" Veterans Affairs Medical Center (29); Hospitals/Medical Facilities (2); University of Florida (2); Discharged from Prison (1); Stranded (1); State Work Release Program (1)	

While a variety of factors draws people to the county (See Figure VI), ties to the local community were the most prevalent reason for someone's decision to live in Alachua County while homeless. A fifth of local homeless residents (20.1%) was born or grew up in the county, and the presence of family or friends drew another 25%. A full quarter of the population has lived here for more than 5 years, with only 30% of homeless individuals and families having been in the community for less than a year.

11.8% of respondents chose to come to Alachua County because they thought or heard there were good jobs available; another 18% indicated they thought or heard there were good shelters or services in the area. For this "shelters/services" response, a majority of respondents cited the Malcom J. Randall Veterans Affairs Medical Center as the specific service drawing them here; of those who chose "Other" as the primary reason, 60% indicated the VAMC was their primary draw. Overall, veterans were more than twice as likely to have come to Alachua County for shelter or services (28.6%) than non-veterans (12.4%).

Chronic Homelessness

The U.S. Interagency Council on Homelessness has in recent years spearheaded a number of initiatives aimed at getting "chronically homeless" individuals off the street and into permanent supportive housing. A chronically homeless person, according to HUD, is someone who is (1) Unaccompanied (no family); (2) disabled; and (3) homeless four or more times over the past three years, *or* homeless for a period lasting longer than a year.⁷

⁷ Notice of Funding Availability for the Collaborative Initiative to Help End Chronic Homelessness/Federal Register, Vol. 68, No. 17/Monday, January 27, 2003, 4019. This definition is shared by the U.S. Department of Housing and Urban Development, the U.S. Department of Health and Human Services, and the U.S. Department of Veterans Affairs.

Chronic homelessness has drawn national attention as a particular drain on resources dedicated to helping the homeless, and a growing number of studies are demonstrating it costs municipalities more to do nothing for the homeless than it does to provide housing and services.⁸

Chronically homeless individuals are frequent users and misusers of an expensive array of supportive services; public health, hospital and detoxification facilities; and the criminal justice system. Federal research has shown that chronically homeless individuals typically comprise 10% of any given homeless population, but utilize more than 50% of overall available resources.⁹

Locally, chronically homeless individuals are less likely to remain sheltered through area housing programs, more likely to have used a hospital emergency room for basic medical care in the past year, more likely to have been discharged into homelessness from the local jail or area correctional facility, and more likely to have spent part of his or her life in the foster care system as a child (See Figure VIII).

There are 179 individuals who meet the criteria for chronic homelessness, a decrease of 18.3% from the count of chronically homeless individuals (219) taken during the 2006 census. While a variety of reasons have impacted this tally, recent advancements by the Alachua County Housing Authority and Meridian Behavioral Healthcare in implementing a Housing First strategy have significantly impacted this population.

Those agencies have, in partnership, begun a pilot program housing 15 chronically homeless individuals with severe mental illnesses and/or substance abuse issues around the city in scattered

Figure VII: % of individuals from Alachua County, by Sleeping Location

	Gainesville/ Alachua Cty	Other Florida	Out of State
Emergency Shelter	69%	23.8%	7.1%
# of respondents	29	10	3
Transitional Housing	48.3%	37.9%	13.8%
# of respondents	28	22	8
Street/Woods	50%	19%	31%
# of respondents	42	16	26
Friend/Relative	56.9%	23.5%	19.6%
# of respondents	29	12	10
Hotel/Motel	80%	20%	0%
# of respondents	4	1	0
Vehicle	40%	10%	50%
# of respondents	4	1	5
Treatment Facility	71.4%	28.6%	0%
# of respondents	5	2	0
Cold Night Shelter	63.6%	29.5%	6.8%
# of respondents	28	13	3
Other	50%	0%	50%
# of respondents	2	0	2

Figure VIII: Chronic Homelessness Experiences

	General Population	Chronically Homeless
Percent in shelter/transitional housing, January 2007	46.5%	33.7%
% using hospital ER for basic medical care, past 12 months	46.3%	57.7%
% arrested for not having a place to stay, past 12 months	18.7%	36.2%
% discharged from jail, hospital or prison with no place to go, past 12 months	43.6%	66.7%
% in foster care as child	12%	16%

⁸ For examples, see: Culhane, Metraux and Hadley. "The Impact of Supportive Housing for Homeless Persons with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York/New York Initiative," *Housing Policy Debate*, 2001; Salit S.A., Kuhn E.M., Hartz A.J., Vu J.M., Mosso A.L. "Hospitalization costs associated with homelessness in New York City." *New England Journal of Medicine* 1998; 338: 1734-1740; Williams, Francine and Deborah Dennis. "Preventing Chronic Homelessness: Effective Approaches Emphasize Flexibility." *Access*. National Resource Center on Homelessness and Mental Illness, July 2002.

⁹ Toolkit for Ending Homelessness. National Alliance to End Homelessness, February 2003.

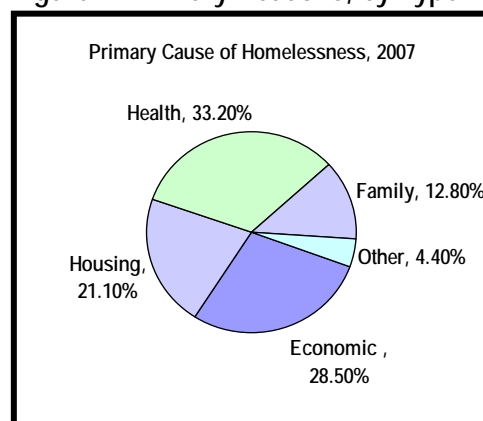
site housing. Individuals with medical disabilities housed through the City Of Gainesville-funded Winter Shelter Program also accounted for a portion of the decrease, though with the advent of warmer weather that program has ended and will result in those individuals returning to their previous homeless situation. Additionally, this community is one year into the implementation of its 10-Year Plan to End Homelessness, which aims to unite local service providers under the stated goal of ending homelessness by moving chronically homeless people into housing rapidly, rather than simply managing the symptoms of homelessness.¹⁰

Reasons for Homelessness, and Experiences while Homeless

Figure IX: Reasons for Homelessness

	Self-reported reason for homelessness	Full Population	Chronically Homeless
Economic	Unemployed/lost job	14.2%	8.6%
	Income too little	11.3%	11.8%
	Welfare benefits ended	0.3%	0%
	Lack of training/education	0.6%	2.2%
	Money management problems	0.9%	1.1%
	No jobs available	0.6%	1.1%
	"I choose not to work"	0.6%	3.2%
Housing Issues	Evicted	8.3%	3.2%
	Temporary arrangement ended	3.3%	1.1%
	Released from jail/prison/hospital	6.5%	7.5%
	Unsafe housing	1.2%	0%
	Homeless by choice	1.8%	1.1%
Health	Physical/medical problems	6.8%	12.9%
	Mental health problems	7.1%	12.9%
	Substance Abuse	19.3%	21.5%
Family	Divorce/Breakup	3.3%	3.2%
	Left to escape abuse	7.1%	4.3%
	Ordered out by police/court	1.2%	2.2%
	Ran away from home	1.2%	1.1%
	Other*	4.4%	4.3%

Figure X: Primary Reasons, by Type



The primary reasons for homelessness in Alachua County remained consistent with information obtained in past surveys, with health issues surpassing economic causes of homelessness again in 2007 (See Figs. IX & X, above).

Men's violence against women – the largest cause of homelessness among women in Alachua County – again makes a dramatic contribution to the number of women without safe or affordable housing in the area. Though 7.1% of all homeless persons cited domestic violence as their primary cause of homelessness, more than 1 in 5 homeless women (22.2%) indicated domestic violence as the main reason they are homeless. Substance abuse (15.2%), not enough income (14.1%), eviction (12.1%) and unemployment (8.1%) also had significant impacts on female homelessness.

For men, the primary causes of homelessness were substance abuse (21%), unemployment (16.8%), not enough income (10.1%), and discharge from jails, prisons or hospitals into homelessness (8.4%).

Discharge planning – that is, preventative planning intended to insure individuals have the housing and supportive services they need available to them upon release from jails, hospitals or prisons – is emerging as a key element of homelessness prevention. Nearly half of all homeless people – 43.6%, or 277 unduplicated adults – report having been discharged in the past 12 months from a jail, hospital or prison

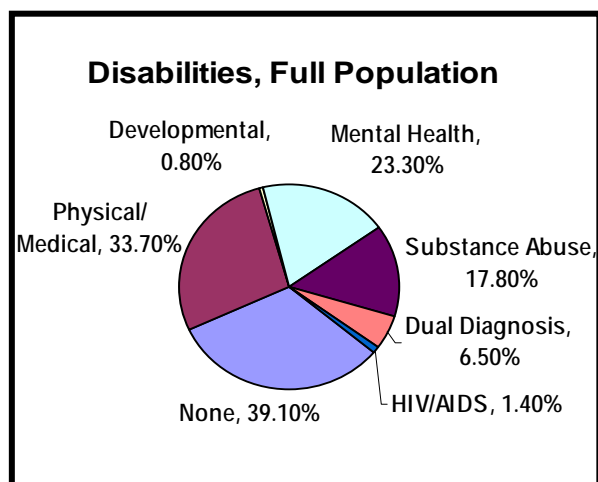
¹⁰ For more information, please see Project GRACE: The Gainesville/Alachua County 10-Year Plan to End Homelessness; December 15, 2005. Available online at <http://www.alachuacounty.us/government/bocc/>.

with no place to go upon release. Among chronically homeless people, 2/3 (119 individuals) report having been discharged from one of these institutions in the past year.

Health Care and Disabilities

People who are homeless, and particularly those who are chronically homeless, are more likely to access costly health care services than housed individuals. In a 2005 study of local costs of homelessness, Shands officials reported \$2.5 million in uncompensated Emergency Dept. care to homeless individuals in 2004, and estimated an additional \$625,000 in uncompensated physician charges to homeless individuals.

Figure XI: Disability Prevalence



Many of the ailments for which homeless individuals seek medical attention in local emergency rooms – at an average cost of approximately \$700 per visit – could be mitigated or prevented altogether with improved access to primary health care, such as that provided at a fraction of the cost of an ER by volunteer health professionals at the Helping Hands Clinic.¹¹

With limited access to such care, however, 46.3% of homeless adults reported having used a hospital emergency department for basic medical care in the past year.

Women (52.9%) were slightly more likely to use hospitals for this care than men (43.7%); families

(35.5%) were less likely to use hospitals for basic care than individuals (47.2%). Individuals living on the street were 50% more likely to use hospitals for basic care than were individuals in shelters.

Similarly, small portions of the homeless population – typically chronically homeless, addicted males – account for a disproportionate share of arrests and law enforcement contacts. Homeless people live all aspects of their lives in the public eye, and must eat, sleep, and live in public places when no shelter or other housing is available.

Typically, access to shelter has a strong correlation with a reduction in law enforcement contacts for homeless people. Though 19% of all homeless people reported being arrested for not having a place to stay within the last year, the unsheltered population was six times more likely than those with shelter to report such an arrest.

Overall, 60.9% of homeless adults self-report having some physical, medical or mental health problem. These disabilities are self-reported, and prone to underrepresenting the prevalence of these health problems in the homeless community, particularly as it relates to mental health, substance abuse and HIV/AIDS.

¹¹ Alachua County Housing Authority Public/Non-Profit Service Provider Survey & Cost Analysis; June 2005.

Instances of substance abuse remained fairly steady across subpopulations, with one notable exception. The number and percentage of veterans citing substance abuse as their primary cause of homelessness (37.3%) is nearly double that of the general population.

Among all homeless adults who reported a substance abuse problem, however, only 34.5% indicated a need for substance abuse treatment. Likewise, only 33.3% of individuals who reported a mental health problem indicated a need for treatment.

Of those who report having a disability, just over 1 in 2 (52.4%) say the disability prevents them from working.

Employment and Educational Attainment

More than half of homeless adults (55.7%) are unemployed, and though there is a clear relationship between access to housing and employment, the available data does not allow conclusions to be drawn about the causes of this.

Adults in emergency or transitional housing programs are less likely to be unemployed and more likely to hold part- or full-time employment (vs. day labor). Most housing programs require employment as a condition of residency, and give residents access to hygiene facilities and a means of keeping work-related clothing and other items clean and out of the elements. Conversely, unsheltered individuals lack the same level of access to these facilities and are more likely to be unemployed or work intermittent day labor jobs.

Figure XIII: Educational Attainment

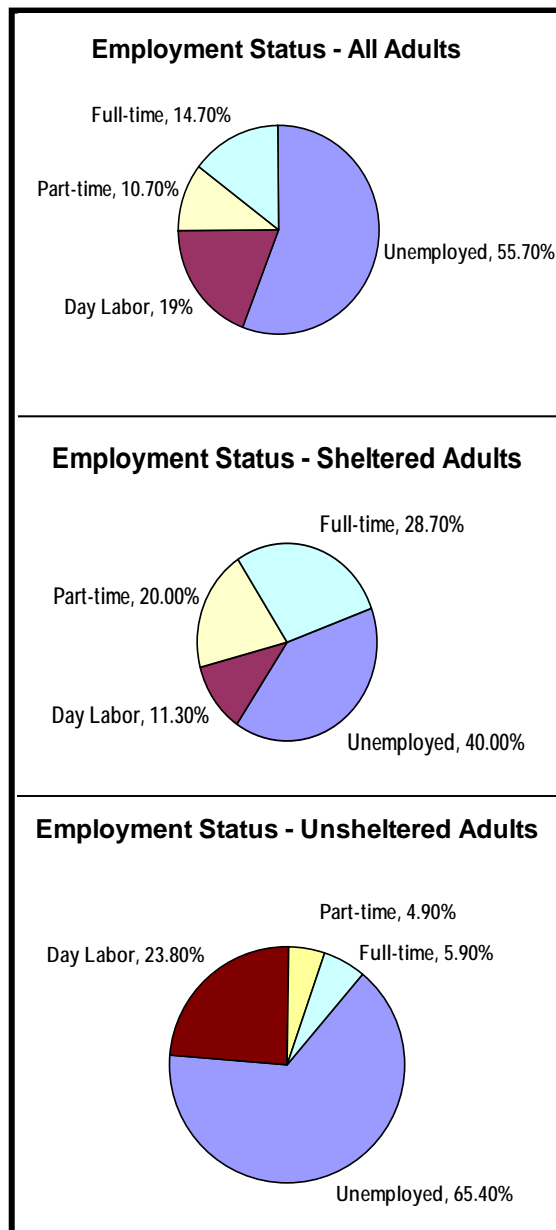
Grade School	4.2%
Some High School	21.1%
HS Diploma/GED	44.6%
Some College	18.5%
College Degree	9.8%
Voc/Trade School	1.8%

Of the unemployed, the majority (58.7%) has been unemployed for over a year; 20.9% have not worked for between 1 month and 1 year; and 20.4% have been without work for less than 1 month.

Nearly 2/3 of homeless adults have at least some high school education, and 44.6% hold a high school diploma or GED. One in 10 homeless adults has a college degree, and 28.3% have at least some college education.

Homeless adults with at least a high school diploma were slightly more likely to be employed than those without, but a HS diploma did not impact substantially the length of time an individual remained

Figure XII: Employment Status



unemployed. Individuals who reported having an addiction or mental health problem, however, were 20% more likely to be unemployed for longer than a year than the general homeless population.

Income and Mainstream Resource Assistance

Figure XIV represents the income – through work and mainstream assistance programs (food stamps, welfare or other cash assistance, disability payments, etc.) – homeless people report receiving.

Figure XIV: Income & Assistance, by Subpopulation Type										
	All adults (N=635)	Individual (N=556)	Family Members (N=79)	Chronic Homeless (N=179)	Disabled (N=387)	Veterans (N=220)	Unem- ployed (N=354)	Domestic Violence (N=45)	Sheltered (N=194)	Unsheltered (N=441)
Income from work	34%	33%	40%	20%	22.4%	34.2%	2.4%	17.4%	35.6%	32.8%
Supplemental Security Income (SSI)	11%	10.8%	8.6%	14.6%	15.3%	9.4%	13.3%	17.4%	12%	10.2%
Social Security Disability Insurance	5.7%	6.4%	0%	7.3%	8.9%	5.1%	8.4%	0%	5.3%	5.9%
Food Stamps	33.9%	31.9%	51.4%	43.8%	35.6%	22.2%	38%	26.1%	27.3%	39.2%
Veterans Benefit	8.6%	9.2%	5.7%	7.3%	12.9%	24.8%	9%	0%	12.7%	5.4%
Unemployment	1.2%	1.4%	0%	1%	0.5%	0.9%	0.6%	0%	0.7%	1.6%
Help from relatives	6.8%	5.8%	17.1%	5.2%	5.4%	2.6%	8.4%	0%	4.7%	8.6%
Welfare (TANF/ cash assistance)	2.4%	1.7%	8.6%	1%	2.5%	.9%	1.2%	13%	4.7%	0.5%
Other*	6.5%	6.1%	8.6%	8.3%	7.9%	6.8%	5.4%	17.4%	6%	7%
* Other: Panhandling (5); Plasma donation; Child support										

Service Needs, by Subpopulation Type

Figure XV represents responses, by subpopulation, to the question "Of the following services, what do you (or your family) really need right now to get out of homelessness *that you are not able to get?*"

Figure XV: Service Needs, by Subpopulation Type										
	All adults (N=635)	Individual (N=556)	Family Members (N=79)	Chronic Homeless (N=179)	Disabled (N=387)	Veterans (N=220)	Unem- ployed (N=354)	Domestic Violence (N=45)	Sheltered (N=194)	Unsheltered (N=441)
Emergency Shelter	20.8%	23.2%	3.7%	24.5%	22.5%	16.1%	22.2%	40%	6.1%	28.5%
Transitional Housing	27.8%	27.2%	29.6%	31.9%	26.6%	40%	28.4%	80%	12.2%	36%
Permanent Supportive Housing	68.7%	67.6%	81.5%	76.6%	71.1%	72%	71%	100%	76.5%	64.5%
Education/Job Training	22.5%	22.8%	22.2%	25.5%	20.2%	14%	26.5%	20%	8.2%	30.1%
Health Care	23.6%	24%	14.8%	26.6%	22.5%	11.8%	25.9%	40%	4.1%	33.9%
Substance Abuse Treatment	13.4%	14.4%	7.4%	20.2%	16.8%	17.2%	18.5%	20%	5.1%	17.7%
Mental Health Treatment	13.4%	13.2%	18.5%	23.4%	19.1%	11.8%	18.5%	20%	11.2%	14.5%
Financial Assistance	34.5%	35.6%	25.9%	38.3%	35.3%	32.3%	37.7%	20%	27.6%	38.2%
Food/Meals	23.9%	25.2%	14.8%	24.5%	21.4%	17.2%	27.8%	20%	7.1%	32.8%
Day Center	20.1%	21.2%	11.1%	23.4%	18.5%	11.8%	21.6%	60%	3.1%	29%
Dental Care	28.9%	30.8%	11.1%	29.8%	27.7%	31.2%	32.1%	40%	19.4%	33.9%
Other*	19.8%	21.3%	7.4%	20.2%	17.4%	15.2%	21%	0%	9.3%	25.3%
* Other: Work/"Steady Job"/Job with benefits (27); Legal assistance; Subsidized/Affordable Housing (14); Physical therapy; Identification; Transportation										