



Homelessness in the Fox Cities

Findings from a survey of homeless and precariously housed adults near Appleton, Wisconsin

S E P T E M B E R 2 0 1 5

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Finally, all social science research depends on the willingness and participation of the individuals who make up the population of interest; in this case, adults in the Fox Cities area who are experiencing homelessness or who are precariously housed. Despite the length and depth of the survey, respondents answered hundreds of questions (many of

which are very personal) in face-to-face interviews. Their generosity in sharing the details of their lives gives voice and substance to the reality of homelessness and helps planners, funders, and advocates in their efforts to find solutions. This report tells their stories.

Summary

Towards the end of 2014, the Fox Cities Housing Coalition (FCHC) approached Wilder Research to conduct a study that would:

- Illustrate the characteristics of homeless and precariously housed adults in the Fox Cities,
- Explore how those two groups differ from each other, and
- Provide recommendations on how FCHC and other organizations can better serve those who are precariously housed, so that providers in the Fox Cities area can work to prevent homelessness before it even occurs.

To do this, FCHC and Wilder Research worked together to develop and implement a survey of homeless and precariously housed adults. In total, interviewers conducted 506 unduplicated in-person interviews with four groups of people; the four groups were determined based on how respondents answered the initial screening questions:

- **Unsheltered homeless:** Those who live in a place that is not a regular or permanent place to stay, such as outdoors, in a car or vacant building, a place of business, or a motel
- **Sheltered homeless:** Those who live in a shelter or time-limited transitional housing program, such as The Housing Partnership or Salvation Army
- **Doubled up:** Those who are temporarily doubled up with a friend or family member because of economic reasons, or because they have nowhere else to go
- **Precariously housed:** Those who are staying in their own home or apartment AND are having trouble paying rent or mortgage, or are about to be evicted

Some of the key findings and differences between these populations are outlined below.

Demographics

	Unsheltered homeless (N=38)	Sheltered homeless (N=183)	Doubled up (N=107)	Precariously housed (N=178)
Male	68%	61%	44%	37%
Female	30%	39%	56%	64%
White	70%	72%	62%	67%
African American	24%	13%	27%	13%
Average age	39.7 years old	40.7 years old	39.9 years old	45.0 years old
Educated past high school	26%	39%	30%	49%

- Precariously housed adults are older and more educated than those who are homeless. On average, precariously housed adults are 45 years old (compared to sheltered, unsheltered, and doubled up adults, who have an average age of about 40 years old).
- Precariously housed and doubled up adults are more likely to be women, whereas men are more likely to be homeless (sheltered or unsheltered).
- While respondents were predominantly white, African-Americans were more likely to be doubled up (27%) and unsheltered (24%) than sheltered (13%) or precariously housed (13%).

Housing history

As mentioned above, respondents lived in one of four types of housing situation: sheltered, unsheltered, doubled up, or precariously housed.

- Precariously housed (39%) and doubled up (41%) adults were more likely to have lived in the Fox Cities area for at least 20 years, while the majority of sheltered (54%) and unsheltered (63%) adults had been living there for five years or less.
- Sheltered and unsheltered adults had been homeless about five times in their lives, and both groups reported becoming homeless at around 30 years old; doubled up adults had experienced homelessness roughly six times over the course of their lives. (Precariously housed adults were not asked about past periods of homelessness.)
- Sheltered adults were more likely than those who were unsheltered to be alone on the night before their interview (80%, compared to 47%). The majority of doubled up respondents were staying exclusively with friends (58%) and had been living in their current situation for six months or less (72%).

Prior adverse experiences of homeless adults

For many, homelessness is merely the latest of a chain of adverse experiences that often begin in childhood. These can include violence, abuse, out-of-home placements, and incarceration.

Childhood physical and sexual abuse

- Roughly four in ten sheltered (40%), unsheltered (37%), and precariously housed (40%) adults were physically mistreated as children. In almost all cases, women were more likely to have been physically abused, with the exception of precariously housed men (43%) who reported more childhood physical abuse than women (38%).
- Doubled up adults were less likely than the other groups to report childhood physical (28%) or sexual (24%) abuse; however, they were more likely to report neglect.
- Women were much more likely than men to have experienced sexual abuse, particularly unsheltered (46%), sheltered (43%), and doubled up (30%) women who were roughly twice as likely as men to have reported such abuse.

Domestic violence

- Roughly four in ten homeless adults reported they had stayed in an abusive situation because they had no place else to go; 24 percent of sheltered and unsheltered adults had been in an abusive relationship just in the past 12 months. As with childhood abuse, domestic violence was especially high among homeless women: 68 percent of sheltered women said they had stayed in an abusive relationship because they had no place else to go (compared to 25% of men) and 42 percent of sheltered women had been in an abusive relationship in the past year (compared to 12% of men).

Out-of-home placements and incarceration

- The most common out-of-home placement for most groups was a drug or alcohol treatment facility. Sheltered adults (33%) were more likely to have lived in a treatment facility than unsheltered (21%), doubled up (16%), or precariously housed (16%) adults.
- The majority of homeless and precariously housed adults had been incarcerated at some point during their lifetime, typically in a county jail. Precariously housed and doubled up adults were less likely to have been incarcerated than the sheltered and unsheltered populations.

Factors associated with homelessness

Economic stability and income

- Study participants most often lost their last housing because of economic instability – they were unable to afford their rent or mortgage (54% to 61%) or they had lost their job or had their hours cut (50% to 58%). (Precariously housed adults were not asked about reasons for losing housing.)
- There were fairly large differences in income between respondents in the four types of housing situations. The median income (excluding food stamps) for those who were precariously housed was \$846, compared to \$200 for sheltered adults. Respondents who had attended at least some college also earned a higher median monthly income (\$775) than high school graduates or those who had not finished high school (\$600).

	Unsheltered homeless (N= 38)	Sheltered homeless (N=183)	Doubled up (N=107)	Precariously housed (N=178)
Median estimated income	\$335.00	\$200.00	\$507.00	\$846.19

Physical and mental health

- Respondents faced a variety of physical, mental, and chemical health problems. The majority in all housing situations had a significant mental illness¹ and over four in ten homeless adults have had thoughts about committing suicide.
- Over four in ten respondents had been diagnosed with anxiety or panic disorder in the last two years, and similar numbers had been diagnosed with major depression.
- Roughly four in ten respondents in all groups said they needed to see someone for physical or mental health problems; doubled up adults were less likely than other groups to say they needed to see a health professional.
- When asked if there is anything that prevents them from getting needed health care, at least three in ten respondents across all groups said “yes,” with unsheltered (45%) and precariously housed (43%) being the most likely to face barriers. The top factor preventing all groups from getting health care was a lack of money.

¹ “Significant mental illness” means that the respondent has been told by a doctor in the past two years that he or she has at least one of seven mental health conditions – schizophrenia; paranoid or delusional disorder, other than schizophrenia; manic episodes or manic depression, also called bipolar disorder; major depression; anti-social personality, obsessive-compulsive personality, or any other severe personality disorder; Post-Traumatic Stress Disorder (PTSD); or anxiety or panic disorder) – or the respondent has been in inpatient or outpatient mental health treatment in the past two years.

- Four in ten sheltered (43%) and precariously housed (40%) adults reported getting medical care from an emergency room in the last six months, while unsheltered (34%) and doubled up (26%) adults were less likely to have visited the emergency room.

Substance use

- Unsheltered (26%) and sheltered (19%) adults were more likely to have been told in the past two years that they have alcohol abuse disorder, at least twice the rate of precariously housed (10%) and doubled up (9%) adults. Similarly, more unsheltered (34%) and sheltered (29%) adults considered themselves to be alcoholic or chemically dependent, than those who are precariously housed (20%) or doubled up (19%).

Family and social support

In addition to the factors outlined above, family structure and relationships often have an impact on an individual's housing situation. For example, those who were not literally homeless appeared to have more substantial social connections, often allowing them to stay with friends or family.

- Precariously housed adults (17%) were more likely to be married than any other group, particularly those who are doubled up (4%). Precariously housed (32%) and unsheltered (32%) adults were twice as likely to be living with their partner or significant other as those who were doubled up (16%) and three times as likely as those who are sheltered (11%).
- While sheltered and unsheltered adults are more likely to report having minor children than doubled up adults, they are less likely to have their children living with them (15% and 14% respectively, compared to 22%). Precariously housed adults (33%) are most likely to have their children living with them.
- Many respondents viewed their current relationships with friends and family as a source of strength, particularly those who were doubled up (52%) or precariously housed (51%); although, nearly a quarter of sheltered adults (23%) felt that these relationships were a source of stress.
- The majority of respondents said that they always have someone to encourage them when they are down, as well as someone positive with whom they can have fun. Precariously housed adults were more likely to always have these positive sources of support.
- While many respondents had positive and encouraging relationships in their lives, adults across all groups were less likely to be connected to the community at large; 40 to 60 percent had never attended a community social event; 30 to 40 percent had never attended

church or a religious event; and the majority of respondents across all types of housing situations had never attended support groups.

- It should also be noted that over one-third of unsheltered (37%) and sheltered (35%) adults said they *never* attend social events with friends or family, compared to 14 percent of precariously housed and 20 percent of doubled up respondents, indicating that social connections are an area of need for those facing homelessness.

As seen above, there are several differences between the four groups of adults surveyed in the Fox Cities area. While meeting the needs of all four groups can be challenging, the Fox Cities Housing Coalition and other organizations in the Fox Cities area have taken an important step in creating a comprehensive planning effort to end homelessness, and prevent future homelessness. The findings from this study, which are outlined in greater detail below, will help inform these efforts.

Introduction

In December 2014, the Fox Cities Housing Coalition (FCHC) approached Wilder Research to conduct a survey of homelessness and housing instability in the Appleton, Wisconsin region. FCHC staff were particularly interested to know:

- What are the characteristics of homeless and precariously housed adults in the Fox Cities?
- How do those two groups differ from each other?
- How can FCHC and other organizations better serve the population of those who are precariously housed?

Definitions

There is no single definition of homelessness. Even within federal government, the definition used by the U.S. Department of Housing and Urban Development (HUD) is more restrictive than those used by the U.S. Department of Education under the McKinney Vento Act and the U.S. Department of Health and Human Services (DHHS). The DHHS definition is defined in section 330(h)(5)(A) as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.” The DHHS definition states that a homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]

An individual may be considered to be homeless if that person is “doubled up,” a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. A recognition of the instability of an individual’s living arrangements is critical to the definition of homelessness. (HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice. Downloaded 8/24/2015 from <https://www.nhchc.org/faq/official-definition-homelessness/>)

Methodology

In order to begin answering these questions, FCHC approached Wilder Research to develop and help implement a survey similar to the Statewide Study of Homelessness that Wilder conducts in Minnesota every three years.

Survey instrument and training

Like the Statewide Study of Homelessness, the survey instrument used in this study was about 30 pages in length and contained hundreds of questions (both closed- and open-ended) regarding respondents' demographics, their current and past housing situations, education, employment and income, physical and mental health, substance use, and past trauma. Based on how respondents answered the initial survey questions, they were screened into one of three housing sections: one for homeless adults (either unsheltered or sheltered); one for those who are doubled-up; and one for precariously housed, or those who are having difficulty paying their rent or mortgage, or are about to be evicted. Other than the housing sections, all respondents were asked the same set of questions. A copy of the instrument can be found in the Appendix of this report.

Because of the sensitive nature of these questions, and the long length of the interviews (about 35 to 45 minutes), Wilder staff conducted two trainings with volunteer interviewers on March 23 and 24 in Appleton, Wisconsin. The training included instruction on how to conduct a social science interview and a review of the Health Insurance Portability and Accountability Act (HIPAA) through a form created specifically for this project; forms from the training are appended to this report. Volunteers had the opportunity to hear how the specific survey questions should be read and navigated, as well as to ask questions about the instrument. FCHC staff also provided context for the study and guidance on the logistics of conducting the interviews.

Data collection

Because of the desire to interview those who were precariously housed, as well as homeless adults, the period of data collection was open for nearly one month, from April 2 to April 30. In total, 125 volunteers, through the coordination efforts of FCHC, conducted 506 unduplicated face-to-face interviews with homeless adults. More than 506 respondents were initially interviewed; however, because of the long length of the data collection period, some respondents completed the survey more than once. FCHC initially sent 603 surveys to Wilder, but 84 were considered to be duplicates and 13 were not complete enough to be considered for analysis. Wilder staff de-duplicated surveys by analyzing the responses to key questions and removing those surveys where the responses indicated someone had taken the survey multiple times.

Respondents were paid a small honorarium of \$10 cash for their time. All interviews were confidential and anonymous.

Interviews were conducted at the following locations:

- The Housing Partnership
- AIDS Resource Center of Wisconsin
- County Veterans Service Organization
- Fox Valley Technical College
- Goodwill Industries of North Central Wisconsin
- Habitat for Humanity
- Harbor House
- LEAVEN
- Loaves & Fishes (at Trinity Lutheran Church in Appleton)
- Mission Church
- Outagamie County Economic Support offices
- Partnership Community Health - Dental office
- Partnership Community Health - Medical office
- Riverview Gardens
- St. Joseph's Food Pantry
- STEP Industries
- The Salvation Army

There was a wide range of activity across all sites, with the most number of interviews conducted at LEAVEN, The Salvation Army, and St. Joseph's Food Pantry.

Data analysis

After all of the interviews had been conducted, FCHC staff sent the completed surveys to Wilder Research for analysis. Upon receipt, Wilder coded all open-ended responses, checked for duplicate forms and other errors, keyed all responses into an electronic file, and ran analyses using the IBM SPSS Statistics program. Data were analyzed according to respondents' housing situation on the night before their interview:

- **Unsheltered homeless:** In a place that is not a regular or permanent place to stay, such as outdoors, in a car or vacant building, a place of business, or a motel
- **Sheltered homeless:** In a shelter or time-limited transitional housing program, such as The Housing Partnership or Salvation Army
- **Doubled up:** Temporarily doubled up with a friend or family member because of economic reasons, or the respondent had nowhere else to go
- **Precariously housed:** Staying in their own home or apartment AND was having trouble paying rent or mortgage, or about to be evicted

Therefore, while findings are based on a total of 506 interviews, nearly all of the tables in the report are divided into these four housing categories. Unless otherwise stated, the tables represent valid percentages, meaning they were calculated only from those who answered the question. N-sizes (or the number of respondents) vary throughout the report and are listed near the top of each table.

Data limitations

This is a point-in-time study of the homeless population in the Fox Cities area. This means that, if the survey were extended over the course of a year, many more short-term episodes of homelessness would occur, but relatively few additional long-term episodes would be added to those already documented here. Therefore, when interpreting these findings it is important to bear in mind that they better represent the experiences of those who are homeless for lengthy periods of time (or repeatedly) than for those whose experiences of homelessness are short.

In addition, counts for the sheltered homeless population typically reflect issues of capacity (number of beds) rather than the actual homeless population. Like many areas of the country, shelters in the Fox Cities area are often at capacity, so there can be little fluctuation in the numbers of sheltered homeless persons.

With regard to the unsheltered homeless, the doubled up, and the precariously housed populations, it is impossible to know from this study the total numbers of persons who were

not found for this convenience sample. Therefore, we do not know how representative our study sample is for the entire population. Since little was known about these populations locally, the information presented here will be helpful for planning purposes and future efforts.

Finally, the survey was completely voluntary, and respondents who chose to participate could skip questions they were not comfortable answering. In addition, some questions (especially those relating to certain kinds of health) are personal and sensitive, and it is likely that some levels of trauma and distress are under-represented as a result.

Findings

The data presented in this report are based on 506 in-person interviews conducted with homeless adults in four types of housing situations (Figure 1).

1. Total number of interviews completed, by housing situation (N=506)

	N	%
Unsheltered homeless	38	8%
Sheltered homeless	183	36%
Doubled up	107	21%
Precariously housed	178	35%

Demographic characteristics

There are several demographic similarities between these four groups. For example, the majority of each group is white and roughly half are between 35 and 54 years old; however, the following differences also emerged.

Those who were precariously housed are older. While the percentage of mid-aged respondents was similar across all four groups, there were some differences between the younger and older populations. Around a quarter of precariously housed adults in the Fox Cities area are 55 years old or older, compared to only 13 percent of sheltered homeless, and 11 percent of unsheltered homeless or doubled-up adults. The average age of precariously housed adults is 45 years, whereas the homeless and doubled up populations have an average age of between 40 and 41 years old (Figure 2).

2. Age

	Unsheltered homeless (N=37)	Sheltered homeless (N=181)	Doubled up (N=106)	Precariously housed (N=178)
18-24 years old	11%	11%	16%	6%
25-34 years old	27%	28%	24%	18%
35-54 years old	51%	48%	49%	49%
55+ years old	11%	13%	11%	26%
Average age	40 years old	41 years old	40 years old	45 years old

More female respondents are doubled up or are precariously housed. The majority of unsheltered and sheltered homeless people interviewed were male (68% and 61%, respectively), but 56% of doubled up and 64% of precariously housed respondents were female (Figure 3).

3. Gender

	Unsheltered homeless (N=37)	Sheltered homeless (N=183)	Doubled up (N=107)	Precariously housed (N=178)
Male	68%	61%	44%	37%
Female	30%	39%	56%	64%
Transgender	3%	1%	0%	0%

African-Americans are predominantly unsheltered or doubled up. As mentioned above, the majority of respondents across all four housing situations were white; however, unlike other racial and ethnic groups, African-American respondents are more likely to be doubled up (27%) or unsheltered (24%) than sheltered (13%) or precariously housed (13%) (Figure 4).

4. Race and ethnicity

	Unsheltered homeless (N=37)	Sheltered homeless (N=181)	Doubled up (N=104)	Precariously housed (N=178)
White, non-Hispanic	70%	72%	62%	67%
African American	24%	13%	27%	13%
Hispanic	0%	6%	4%	7%
American Indian	3%	3%	4%	3%
Asian or Pacific Islander	0%	2%	2%	3%
African Native	0%	0%	0%	1%
Other	3%	3%	2%	6%

Precariously housed adults have received more education. Precariously housed adults are more likely to have received education past high school, meaning some college or a completed college degree (49%), compared to sheltered (39%), doubled up (30%), or unsheltered adults (26%) (Figure 5).

5. Highest level of education completed

	Unsheltered homeless (N=38)	Sheltered homeless (N=181)	Doubled up (N=107)	Precariously housed (N=176)
8 th grade or less	5%	2%	6%	5%
Some high school	37%	35%	38%	21%
High school graduate	32%	25%	26%	26%
Some college, but no degree	18%	23%	19%	30%
Completed any college degree	8%	16%	11%	19%

Housing history

Between 58 and 69 percent of respondents in all four groups grew up in Wisconsin; including one-third or more in the Fox Cities area. Respondents who were doubled up or precariously housed were more likely to have grown up in the Fox Cities area (43% and 37%, respectively), while unsheltered adults were most likely to have come from another state (40%) (Figure 6).

6. Location lived most of the time from birth until age 18

	Unsheltered homeless (N=38)	Sheltered homeless (N=181)	Doubled up (N=106)	Precariously housed (N=175)
In Fox Cities area	34%	32%	43%	37%
Anywhere else in Wisconsin	24%	37%	23%	30%
Another state	40%	31%	33%	30%
Another country	3%	1%	2%	3%

The doubled up (41%) and precariously housed (39%) populations were also more likely to have lived in the Fox Cities area for 20 years or more, while the majority of sheltered (54%) and unsheltered (63%) homeless adults had lived in the Fox Cities area for five years or less (Figure 7).

7. Length of time in Fox Cities area

	Unsheltered homeless (N=38)	Sheltered homeless (N=182)	Doubled up (N=107)	Precariously housed (N=175)
Less than 2 months	8%	6%	6%	0%
2 months or more, but <1 year	18%	12%	8%	9%
1 to 2 years	13%	18%	6%	10%
3 to 5 years	24%	18%	13%	15%
6 to 10 years	8%	6%	19%	12%
11 to 19 years	5%	12%	8%	15%
20 years or more	24%	29%	41%	39%

Most respondents (across all types of housing situations) had lived with their biological parents from the time they were born until they were 18 years old (Figure 8).

8. People lived with growing up

	Unsheltered homeless (N=38)	Sheltered homeless (N=176)	Doubled up (N=107)	Precariously housed (N=173)
Biological parents	82%	80%	88%	80%
Adoptive parents	3%	3%	6%	3%
A blended family	5%	9%	4%	6%
A foster family	8%	2%	1%	3%
Grandparents or other relatives	3%	6%	1%	5%
Someone else	0%	1%	1%	4%

Sheltered and unsheltered homeless

Those who were staying in a shelter or time-limited transitional housing program were more likely than respondents who were unsheltered – living outdoors, in a car, or some other place not meant for habitation – to be alone on the night before their interview (79%, compared to 47%). Overall, respondents had been homeless an average of three times in the past three years, and roughly five times over the course of their entire lives; for doubled up adults, these averages were slightly higher.

Sheltered and unsheltered adults were also asked about the age at which they first became homeless (either with or without their parents); both groups reported becoming homeless at around 30 years old (Figure 9).

9. Average number of times homeless and age of first homeless episode

	Unsheltered homeless (N=33-36)	Sheltered homeless (N=170-182)	Doubled up (N=93-99)
Average # of times homeless in past 3 years	2.7 times	2.6 times	3.0 times
Average # of times homeless during lifetime	4.7 times	4.9 times	5.6 times
Average age first homeless, with or without parents	29.1 years old	31.7 years old	n/a*

* Doubled-up respondents were not asked about the age at which they first became homeless.

Doubled up

The majority of respondents who were doubled on the night before their interview were staying exclusively with friends (58%) (Figure 10) and had been living in their current situation for six months or less (72%) (Figure 11). As noted above, they had also experienced homelessness roughly six times over the course of their lives.

10. Who doubled up adults stayed with prior to their interview

	Doubled up (N=106)
Family	42%
Friends	58%
Both family and friends	1%

11. Length of time in their temporary arrangement

	Doubled up (N=106)
Less than 1 week	18%
1 to 4 weeks	12%
1 to 6 months	42%
7 to 11 months	7%
At least 1 year, but <3 years	14%
At least 3 years, but <5 years	1%
5 years or longer	7%

When asked, “How long do you believe you can stay [in your current housing situation] before you need to leave,” 38 percent of doubled-up adults said less than one month, and 20 percent were unsure about when they would have to leave (Figure 12).

12. Length of time it is OK to stay in current living situation

	Doubled up (N=98)
Less than 1 month	38%
1 to 3 months	22%
More than 3 months	20%
Don't know	19%

Precariously housed

The majority of precariously housed adults were renting (87%) (Figure 13) and the median amount they paid in rent and utilities was \$620 (Figure 14).

13. Renting versus owning among *precariously housed* adults

	Precariously housed (N=178)
Rent	87%
Own	13%
Other	1%

14. Amount paid per month by *precariously housed* adults

	Rent or mortgage (N=169)	Utilities (N=154)
Minimum	\$50.00	\$0.00
Maximum	\$995.00	\$800.00
Mean	\$489.46	\$152.06
Median	\$500.00	\$120.00

Prior adverse experiences of homeless adults

Childhood abuse

A history of abuse during childhood is common among homeless adults, particularly women. Roughly four in ten unsheltered (37%), sheltered (40%), and precariously housed (40%) adults were physically mistreated as children. While doubled up individuals were less likely to have experienced physical abuse (28%) than those in the other three housing situations, all groups in this study had a higher prevalence of abuse than the general U.S. population, where estimates of the lifetime prevalence of physical or sexual abuse range from 16 to 18 percent.² Unsheltered (55%), sheltered (49%), and doubled up (36%) women were more likely than men to have been physically abused; however, more precariously housed men (43%) than women (38%) reported physical abuse during childhood (Figure 15).

15. Physical mistreatment as a child or youth

% saying “yes”	Unsheltered homeless (N=11-36)	Sheltered homeless (N=69-180)	Doubled up (N=47-106)	Precariously housed (N=63-174)
Total	37%	40%	28%	40%
Female	55%	49%	36%	38%
Male	28%	34%	19%	43%

Overall, childhood sexual abuse was less prevalent than physical abuse. Again, women were much more likely than men to have experienced sexual abuse, particularly unsheltered (46%), sheltered (43%), and doubled up (30%) women, who were roughly twice as likely as men to have reported such abuse (Figure 16).

16. Sexual mistreatment as a child or youth

% saying “yes”	Unsheltered homeless (N=11-36)	Sheltered homeless (N=67-177)	Doubled up (N=47-107)	Precariously housed (N=63-172)
Total	29%	31%	24%	26%
Female	46%	43%	30%	28%
Male	20%	23%	17%	22%

² Habetha, S., Bleich, S., Weidenhammer, J., & Fegerg, J.M. (2012). A prevalence-based approach to societal costs occurring in consequence of child abuse and neglect. *Child and Adolescent Psychiatry and Mental Health*, 6(35), 1753-2000.

Homeless and precariously housed adults also faced neglect as children; numbers were slightly higher among doubled up adults (22%) than the other three groups. Sheltered women (23%) were more likely than sheltered men (12%) to have experienced childhood neglect; otherwise, numbers were similar between men and women (Figure 17).

17. Neglect as a child or youth

% saying “yes”	Unsheltered homeless (N=11-36)	Sheltered homeless (N=70-179)	Doubled up (N=47-107)	Precariously housed (N=64-177)
Total	13%	17%	22%	14%
Female	9%	23%	20%	13%
Male	12%	12%	26%	16%

Out-of-home placements

Respondents were asked if they had ever lived in a variety of out-of-home placements, including treatment facilities, halfway houses, mental health facilities, foster homes, or homes for people with disabilities. The most common placement for most groups was a drug or alcohol treatment facility, and sheltered homeless adults (33%) were more likely to have lived there than unsheltered (21%), doubled up (16%), or precariously housed (16%) adults.

Sheltered adults (23%) were also more likely than the other three groups interviewed to have ever lived in a halfway house (Figure 18).

18. Experiences in out-of-home placements

Have you ever lived in a...	Unsheltered homeless (N=38)	Sheltered homeless (N=182)	Doubled up (N=106-107)	Precariously housed (N=174-177)
Drug or alcohol treatment facility	21%	33%	16%	16%
Halfway house (any kind)	11%	23%	14%	12%
Facility for persons with emotional, behavioral, or mental health problems	11%	20%	15%	19%
Foster home	11%	10%	9%	11%
Home for people with disabilities	5%	2%	3%	5%

Most respondents had been incarcerated at some point during their lifetime, but homeless respondents (sheltered and unsheltered) were more likely to have been incarcerated than doubled up and precariously housed respondents. County jail was by far the most common type of incarceration for all of the groups (47% to 76%) (Figure 19).

19. Involvement with the criminal justice system

Have you ever been incarcerated in a...	Unsheltered homeless (N=38)	Sheltered homeless (N=183)	Doubled up (N=107)	Precariously housed (N=178)
Juvenile detention center	13%	14%	12%	12%
County jail	76%	68%	51%	47%
State or federal prison	13%	16%	11%	10%
Any of the above	76%	69%	56%	49%

Domestic violence and trauma

Homeless and precariously housed adults often face past victimization and trauma. Roughly four in ten homeless adults said they have stayed in an abusive situation because they had no place else to go; and 24 percent of sheltered and unsheltered adults had been in an abusive relationship in the past 12 months (Figure 20). As with childhood abuse, domestic violence was especially high among homeless women; 68 percent of sheltered women said they had stayed in an abusive relationship because they had no place else to go (compared to 25% of men) and 42 percent of sheltered women had been in an abusive relationship in the past year (compared to 12% of men).

20. History of abusive relationships

	Unsheltered homeless (N=11-36)	Sheltered homeless (N=71-182)	Doubled up (N=47-107)	Precariously housed (N=63-177)
Have stayed in an abusive relationship because there was no place else to go				
Total	42%	42%	43%	37%
Female	36%	68%	56%	45%
Male	44%	25%	26%	22%
Have been in an abusive relationship in the previous 12 months				
Total	24%	24%	14%	10%
Female	36%	42%	17%	9%
Male	20%	12%	11%	11%

Unsheltered (27%), doubled up (18%), and sheltered (16%) adults were more likely to have engaged in sexual activities for the purpose of getting food, clothing, or other things than precariously housed adults (6%). Again, women were usually more likely to have experienced this exploitation than men (Figure 21).

21. Have ever engaged in sexual activities to get shelter, clothing, or food

% saying "yes"	Unsheltered homeless (N=10-35)	Sheltered homeless (N=71-182)	Doubled up (N=47-107)	Precariously housed (N=64-177)
Total	27%	16%	18%	6%
Female	40%	25%	22%	4%
Male	20%	11%	13%	8%

Factors associated with homelessness

In addition to the adverse experiences described above, other common factors that contribute to homelessness include economic instability, physical and mental health issues, substance abuse, and relationship conflicts.

Reasons for leaving last regular housing

Study participants most often lost their last housing because they were unable to afford their rent or mortgage (54% to 61%) or because they had lost their job or had their hours cut (50% to 58%). Reasons for leaving their last housing were generally the same across groups; however, unsheltered adults were more likely to have been evicted or not have their lease renewed (55%). Respondents also lost housing because of personal conflict, such as a breakup with a spouse or partner (24% to 29%) or having problems getting along with others in the household (21% to 29%) (Figure 22).

22. Reasons why adults left their last regular housing

Did you leave your last regular or permanent housing because...	Unsheltered homeless (N=37-38)	Sheltered homeless (N=181-183)	Doubled up (N=97-99)
You could not afford rent or house payments	54%	61%	59%
You lost your job or had your hours cut	53%	58%	50%
You were evicted or your lease was not renewed	55%	38%	42%
A breakup with your spouse or partner	24%	29%	26%
Problems getting along with other people you lived with	29%	28%	21%
Abuse by someone you lived with	16%	25%	14%
Someone else living with you had a drinking or drug problem	21%	24%	20%

Note: Totals exceed 100% because respondents could identify multiple reasons.

22. Reasons why adults left their last regular housing (continued)

Did you leave your last regular or permanent housing because...	Unsheltered homeless (N=37-38)	Sheltered homeless (N=181-183)	Doubled up (N=97-99)
You entered treatment, jail, prison, or other residential program	29%	21%	15%
A guest or visitor had a behavior problem	21%	20%	20%
You had a drinking or drug problem	16%	20%	10%
Substandard or unsafe housing	18%	14%	10%
A place you were renting or owned was foreclosed on or sold	14%	14%	8%
Violence in the neighborhood	11%	12%	10%

Note: Totals exceed 100% because respondents could identify multiple reasons.

Employment status and income

Economic instability is not surprising given that respondents have low levels of employment and income. Only a quarter of unsheltered (26%), sheltered (24%), and doubled up (27%) adults are employed (either full or part time) and, while precariously housed adults are more likely to be employed, still fewer than four in ten (37%) are employed, and only 16 percent are employed full time (Figure 23).

There are also differences in income across the housing situation groups. The median amount for those who were precariously housed (\$846) was higher than for sheltered adults (\$200), unsheltered (\$335), and doubled up (\$507) adults.

23. Current employment status and median monthly income

	Unsheltered homeless (N=38)	Sheltered homeless (N=183)	Doubled up (N=107)	Precariously housed (N=177)
Employed full time	13%	14%	14%	16%
Employed part time (<35 hours/week)	13%	10%	13%	21%
Not employed	74%	76%	73%	63%
Median monthly income from all sources (excluding food stamps)	\$335	\$200	\$507	\$846

Income was also dependent on the amount of education that respondents had received. Overall, respondents who had attended at least some college earned a median monthly income

of \$775; whereas high school graduates earned \$600 per month and those who had not finished high school earned \$624 (which was more than high school graduates) (Figure 24). As mentioned in the Demographics section, precariously housed adults are more likely to have received higher levels of education than the other three groups.

24. Median income by level of education

	Median income
Less than high school (N=66)	\$624
High school graduate (n=180)	\$600
Some college or more (n=183)	\$775

Physical, mental, and chemical health

Physical, mental, and chemical health issues can pose significant concerns among the homeless population; and these issues are often co-occurring.

Health care needs

Over half of unsheltered (58%), sheltered (59%), and precariously housed (51%) adults said that they need to see a health professional about tooth or gum problems, and roughly 40 percent of all groups said they needed to see someone for physical health problems; this was particularly true for precariously housed adults (48%) (Figure 25).

More than three in ten respondents across all groups also felt they needed to see a professional for emotional or mental health problems. Fewer homeless and precariously housed adults felt that they needed to seek help for a drug or alcohol problem, with the highest percentage being among unsheltered (16%) and sheltered (14%) adults. In nearly all of the questions asked, doubled up adults were less likely to say that they needed to see a health professional.

25. Issues needing medical attention

Do you feel that you now need to see a health professional about...	Unsheltered homeless (N=37-38)	Sheltered homeless (N=181-183)	Doubled up (N=106-107)	Precariously housed (N=174-177)
Tooth or gum problems	58%	59%	40%	51%
Physical health problems	40%	36%	37%	48%
Emotional or mental health problems	41%	39%	32%	36%
Drug or alcohol problems	16%	14%	6%	9%

Respondents were asked if there is anything that prevents them from getting the health care they need right now; unsheltered (45%) and precariously housed (43%) adults were most likely to answer “yes” to this question, with over three in ten doubled up (36%) and sheltered homeless (31%) saying that they also face factors that prevent them from getting needed health care (Figure 26).

When asked about the specific factors that prevent respondents from getting health care, the top reason among all respondents was a lack of money; this was particularly true for unsheltered adults (40%). Roughly two in ten adults also said that a lack of insurance was preventing them from getting health care. Very few respondents said that they “would rather not go” to the doctor.

26. Factors that prevent respondents from getting health care

	Unsheltered homeless (N=38)	Sheltered homeless (N=182)	Doubled up (N=107)	Precariously housed (N=174)
Said “yes” to any factor	45%	31%	36%	43%
You have no money	40%	25%	30%	34%
You have no insurance	24%	17%	18%	21%
You do not know where to go	11%	12%	12%	10%
The care you need isn’t available	8%	8%	10%	7%
You lack transportation	13%	14%	12%	10%
You would rather not go	8%	2%	3%	5%

Note: Totals exceed 100% because respondents could identify multiple reasons.

Mental health and substance abuse

Homeless and precariously housed adults often face challenges related to mental and chemical health issues. The majority of respondents in all housing situations had a significant mental illness. About one-third of homeless respondents were chemically dependent,³ twice the rate of the doubled up and precariously housed respondents. Substance abuse often co-occurs with mental health issues (Figure 27).

³ “Chemically dependent” means the respondent has been diagnosed with alcohol or drug abuse in the past two years, or has been in either inpatient or outpatient treatment in the past two years.

27. Mental illness and chemical dependency

	Unsheltered homeless (N=38)	Sheltered homeless (N=183)	Doubled up (N=107)	Precariously housed (N=178)
Significant mental illness (MI)	61%	57%	54%	56%
Is chemically dependent (CD)	32%	32%	15%	12%
Either MI or CD	71%	63%	57%	60%
Both MI and CD	21%	26%	12%	8%

More than four in ten homeless adults have had thoughts about committing suicide; this was slightly higher among precariously housed adults (47%, compared to 42% for all other groups). About one-quarter of homeless respondents and one-fifth of doubled up and precariously housed respondents had actually attempted suicide. Roughly one-third of all respondents had sought help for suicidal thoughts (Figure 28).

28. Suicide

% saying “yes”	Unsheltered homeless (N=38)	Sheltered homeless (N=183)	Doubled up (N=107)	Precariously housed (N=173-176)
Ever had thoughts about wanting to end your own life	42%	42%	42%	47%
Ever attempted suicide	26%	24%	22%	21%
Ever sought help for this	34%	33%	28%	34%

The most common mental health diagnoses across all four respondent groups were anxiety or panic disorder and major depression. Unsheltered (45%), sheltered (41%), and precariously housed (36%) adults were more likely than those who are doubled up (31%) to have been diagnosed with major depression. Roughly 20 to 30 percent of all groups had also been diagnosed with either PTSD or bipolar disorder in the last two years (Figure 29).

Respondents were also asked if they had been diagnosed with alcohol or drug abuse disorder. Unsheltered (26%) and sheltered (19%) adults were twice as likely to have been told in the past two years that they have alcohol abuse disorder, compared to precariously housed (10%) and doubled up (9%) adults. Sheltered adults were most likely to have been diagnosed with drug abuse disorder.

29. Mental and chemical health diagnoses in the past 2 years

	Unsheltered homeless (N=38)	Sheltered homeless (N=181-183)	Doubled up (N=104-107)	Precariously housed (N=173-178)
Have significant mental illness	61%	57%	54%	56%
Anxiety or panic disorder	44%	46%	40%	45%
Major depression	45%	41%	31%	36%
Post-Traumatic Stress Disorder (PTSD)	24%	27%	24%	19%
Manic episodes or manic depression, also called bipolar disorder	24%	23%	20%	22%
Alcohol abuse disorder	26%	19%	9%	10%
Drug abuse disorder	11%	17%	10%	5%
Anti-social personality, obsessive-compulsive personality, or any other severe personality disorder	13%	15%	19%	17%
A concussion or Traumatic Brain Injury (TBI)	16%	13%	10%	12%
Paranoid or delusional disorder, other than schizophrenia	8%	6%	6%	6%
Schizophrenia	5%	4%	5%	5%

Having a mental or chemical health issue also appears to have an effect on respondents' employment status. Out of those respondents who were unemployed and not looking for work, 86 percent had a mental or cognitive health condition that limited their day-to-day abilities and 47 percent had TBI symptoms or a diagnosis, whereas respondents who were employed or unemployed, but looking for work were less likely to have a limiting mental health condition (48% and 56%, respectively) or a TBI (38% each) (Figure 30).

The inverse appears to be true for those experiencing substance abuse issues. Of those who were unemployed and not looking for work, 19 percent had an addiction that negatively impacted their finances, and 16 percent were chemically dependent; whereas respondents who were employed or looking for work were *more* likely to have an addiction that impacts their finances (30% and 25%, respectively) or be chemically dependent (24% each).

30. Mental and chemical health by employment status

	Unemployed, not looking (N=127)	Unemployed, but looking (N=213)	Employed (N=152)
Has a limiting mental health condition*	86%	56%	48%
Has TBI symptoms or diagnosis	47%	38%	38%
Has an addiction that is negatively impacting finances	19%	25%	30%
Is chemically dependent	16%	24%	24%

*A "limiting mental health condition" means the respondent has a physical, mental, or other health condition that limits the kind or amount of work he or she can do OR makes it hard for him or her to bathe/shower, eat, get dressed, get in or out of a bed or chair, or get around; OR the respondent often feels confused or has trouble remembering things, or has problems making decisions, to the point that it interferes with daily activities.

Treatment

Respondents were asked if they had received emergency room or outpatient care for mental health. Roughly one-half of respondents in each type of housing situation had received outpatient mental health care at some point in their life and about one-third received care in the last two years; numbers were similar across types of housing. There were bigger differences between groups in terms of emergency room care; four in ten sheltered (43%) and precariously housed (40%) adults reported getting medical care from an emergency room in the last six months, while 34 percent of unsheltered homeless and 26 percent of doubled up adults said the same (Figure 31).

31. Getting physical and mental health treatment

% saying "yes"	Unsheltered homeless (N=38)	Sheltered homeless (N=183)	Doubled up (N=107)	Precariously housed (N=177)
Received outpatient care for mental health, <u>ever</u>	53%	46%	48%	53%
Received outpatient care for mental health, <u>in last 2 years</u>	32%	35%	32%	31%
Received care in an emergency room in the last 6 months	34%	43%	26%	40%

About three in ten unsheltered (34%) and sheltered (29%) adults considered themselves to be alcoholic or chemically dependent, while two in ten precariously housed (20%) and doubled up (19%) adults said the same. Similar numbers of each group had been treated in an outpatient alcohol or drug treatment program at some point in their life; again, this was more

likely for sheltered (37%) and unsheltered (32%) adults. Fewer than two in ten respondents from each type of housing situation had ever been admitted to detox (Figure 32).

32. Getting treatment for substance abuse

% saying “yes”	Unsheltered homeless (N=38)	Sheltered homeless (N=181-183)	Doubled up (N=107)	Precariously housed (N=175-177)
Do you consider yourself an alcoholic or chemically dependent?	34%	29%	19%	20%
Been treated in an outpatient alcohol or drug treatment program, ever	32%	37%	22%	24%
Been treated in an outpatient alcohol or drug treatment program, in last 2 years	8%	16%	7%	6%
Been admitted to a detox center, ever	16%	19%	9%	11%
Been admitted to a detox center, in last 2 years	16%	7%	6%	1%

Family and social support

Living situation

Most of those interviewed had never been married or were divorced, separated, or widowed. Precariously housed adults (17%) were more likely to be married than any other group, particularly those who are doubled up (4%). Precariously housed (32%) and unsheltered (32%) adults were twice as likely to be living with their partner or significant other as those who were doubled up (16%) and three times as likely as those who are sheltered (11%) (Figure 33).

33. Marital status and living situation

	Unsheltered homeless (N=38)	Sheltered homeless (N=181-182)	Doubled up (N=106-107)	Precariously housed (N=174-176)
Never married	58%	65%	66%	44%
Divorced, separated, or widowed	29%	30%	30%	39%
Married	13%	6%	4%	17%
Currently live with partner or significant other	32%	11%	16%	32%

About one-third of precariously housed (37%), sheltered (36%), and unsheltered (32%) adults have minor children (meaning they are under 18 years old), and 25 percent of doubled up adults have minor children. While sheltered and unsheltered adults are more likely to report having minor children than doubled up adults, they are less likely to have their children living with them (15% and 14% respectively, compared to 22% of doubled up adults). Precariously housed adults (33%) are most likely to have their children living with them (Figure 34).

34. Minor children

% saying “yes”	Unsheltered homeless (N=37)	Sheltered homeless (N=181)	Doubled up (N=107)	Precariously housed (N=175)
Have any children under 18 years old	32%	36%	25%	37%
Have children under 18 living with them	14%	15%	22%	33%

Social support

Respondents were asked a variety of questions about their support network. When asked if their current relationships with friends and family were a source of strength or stress, at least 40 percent said “a source of strength,” particularly those who were doubled up (52%) or precariously housed (51%); although, nearly a quarter of sheltered adults (23%) felt that these relationships were a source of stress (Figure 35).

35. Family and friends as a source of strength or stress

In general, how would you describe your relationships with friends and family right now?	Unsheltered homeless (N=30)	Sheltered homeless (N=164)	Doubled up (N=107)	Precariously housed (N=165)
A source of strength	40%	46%	52%	51%
A source of stress	13%	23%	18%	19%
Neither a strength nor a stress	43%	29%	25%	24%
Both	3%	2%	5%	6%

The majority of respondents said that they always have someone to encourage them when they are down, as well as someone positive with whom they can have fun (Figure 36). Again, precariously housed adults were more likely to always have these positive sources of support.

36. Have a source of encouragement

	Unsheltered homeless (N=38)	Sheltered homeless (N=177-179)	Doubled up (N=107)	Precariously housed (N=175-176)
Do you have someone to encourage you when you are down?				
Always	53%	56%	58%	64%
Sometimes	32%	29%	30%	22%
Rarely	11%	7%	8%	5%
Never	5%	7%	4%	9%
Do you have someone positive in your life who you can have fun with?				
Always	55%	55%	51%	57%
Sometimes	29%	27%	35%	27%
Rarely	16%	10%	10%	9%
Never	0%	8%	5%	7%

While many respondents had positive and encouraging relationships with their friends and families, adults across all groups were less likely to be connected to the community at large. Respondents were asked about the frequency with which they attended various meetings and events. The majority of respondents had attended social events with friends or family at least a few times each year. However, it should be noted that over one-third of unsheltered (37%) and sheltered (35%) adults said they *never* attend social events with friends or family, compared to 14 percent of precariously housed and 20 percent of doubled up respondents, indicating that social connections are an area of need for those facing homelessness.

Smaller percentages of respondents had attended church or religious events (30% to 40% had never attended) or community social events (40% to 60% had never attended); and most respondents across all types of housing situations had never attended support group meetings. One notable exception, is that precariously housed adults were just as likely to have attended a community social event (46%) as a social event with friends or family (47%) “a few times a year.” Precariously housed adults were also twice as likely as unsheltered adults (22%) to have attended a community social event “a few times a year” (Figure 37).

37. Frequency of attending various meetings and events

	Unsheltered homeless (N=35-38)	Sheltered homeless (N=175-181)	Doubled up (N=105-107)	Precariously housed (N=171-175)
Social events with friends or family				
One or more times per week	16%	12%	16%	13%
Once or twice a month	13%	24%	30%	27%
A few times a year	34%	29%	35%	47%
Never	37%	35%	20%	14%
Church or religious services				
One or more times per week	16%	30%	22%	25%
Once or twice a month	26%	20%	13%	10%
A few times a year	18%	19%	27%	27%
Never	40%	31%	38%	39%
Community social events				
One or more times per week	11%	8%	7%	4%
Once or twice a month	8%	17%	16%	10%
A few times a year	22%	32%	26%	46%
Never	60%	43%	51%	40%
Support group meetings such as AA or NA				
One or more times per week	6%	17%	9%	9%
Once or twice a month	9%	7%	0%	3%
A few times a year	11%	4%	5%	5%
Never	74%	73%	86%	84%
Other support group meetings				
One or more times per week	6%	15%	6%	5%
Once or twice a month	6%	6%	7%	4%
A few times a year	3%	5%	5%	6%
Never	86%	74%	83%	86%

Conclusions

Based on the results of this survey, the populations of homeless and precariously housed adults in the Fox Cities area do not appear to be substantially different from similar populations, as represented in the Statewide Study of Homelessness conducted by Wilder Research. For example, domestic violence, very low income, unemployment, limited availability of affordable housing, mental health issues, and recent incarceration, are all contributing factors to homelessness in the Fox Cities area, as they are in many communities in Minnesota.

The inclusion of precariously housed and doubled up adults in the Fox Cities survey adds substantially to our overall understanding of how similar these populations are to those who are literally homeless today. As might be expected, however, those who were not literally homeless in the Fox Cities sample appear to have more substantial social connections (often allowing them to stay with friends), higher monthly income, less exposure to domestic violence, and fewer experiences in drug or alcohol treatment than the homeless population.

Despite some of these differences, the similarities across all four groups (sheltered and unsheltered homeless, doubled up, and precariously housed) are striking. For example, a majority of those in each group report a serious or persistent mental health issue; a near majority have been incarcerated in a county jail; more than one third of all survey respondents have stayed in an abusive relationship because there was no place else to go; and with the exception of those who are precariously housed, more than one in five women in each group have engaged in a sexual activity in order to obtain shelter, clothing, or food.

In considering what areas to address when responding to this information, several opportunities emerge.

- There are significant healthcare issues across all populations including a need for more accessible mental health services. It is important to understand that those who are precariously housed are, on average, older than other homeless adults; therefore, programs should ensure that basic needs and housing supports are offered to older adults so that homelessness is prevented in the aging population.
- The high utilization rates for emergency room services in all groups suggest that the ability to connect homeless and precariously housed individuals with a routine health care provider could yield substantial benefits, both in emergency room cost savings and in the health of this population. Many persons interviewed stated that the cost of care was preventing them from accessing the health care they need.
- The average rent paid by precariously housed adults, compared to the income of those who are homeless suggests that the cost of housing itself is simply out of reach for many

of those who are experiencing homelessness today. Efforts to improve the stock of affordable housing almost always yield payoffs in efforts to prevent or end homelessness.

- Coordinated crisis planning may be a useful approach to implement with low income families who are doubled up or precariously housed to shore up their social, economic, and health supports so that preventable situations do not lead to serious instability or homelessness.
- The incidence of abuse and violence as reported by survey respondents suggests that a trauma informed care approach in the delivery of services would be useful. In particular, it may be important to focus efforts on understanding trauma as it relates to those persons seeking safety net services to meet their basic needs.
- There is a high level of exposure to domestic violence for women in all populations except those who are precariously housed. Efforts to focus attention on this issue and provide a means for safe escape from dangerous domestic situations could be of substantial benefit to those who are facing such issues.
- Half or more of all those who are homeless or doubled up reported that a job loss or a reduction of work hours was part of what made it necessary to leave their last regular permanent housing. Employment services that are focused on those who have had challenging employment histories, limited skills, or low education could improve the path to self-sufficiency for many who had difficulty maintaining adequate employment.

One thing that could be more useful than follow through on any single recommendation identified above would be the development of an overall regional plan for preventing and ending homelessness. Such a plan would engage a wide range of service providers, planners, and housing specialists, along with those who are currently or who have been recently homeless, in the development of a comprehensive strategy that enlists both public and private sector resources to address the problem. Similar plans have been developed in Minnesota and elsewhere (Heading Home Plans) and have resulted in successful efforts to reduce homelessness among specific populations including veterans.

Clearly homelessness represents a significant challenge, in no small part because of the wide range of distress seen among those experiencing homelessness in all parts of the United States. It is also challenging to end homelessness in the face of long waiting lists for Section 8 and other subsidized housing vouchers and the limited availability of housing that is affordable for very low-income people. Nonetheless, the highly motivated and organized efforts taking place in the Fox Cities area that made this study possible are a first step in a comprehensive planning effort. The efforts in the Fox Cities area to not only understand characteristics of the homeless population but to investigate the circumstances of those who are near homelessness will help to address issues before crises emerge that can lead to long-term individual and family homelessness.

Appendix

Interviewer training

HIPAA form for interviewers

Survey instrument

Instructions for Conducting the Interview

1. **Before beginning the interview, read the respondent the introduction printed on the first page. It is especially important for the respondent to understand that his/her responses will be kept confidential. It is also important for the respondent to know that participation is voluntary.**
2. **Read the questions exactly as they are worded in the questionnaire, without additions, deletions, or subtractions.**

It is important that all interviewers ask the questions in the same manner across the interviews, to ensure consistent responses.

3. **Read the entire question before accepting an answer.**
Sometimes a respondent wants to answer a question before you have finished reading it. It is crucial that the respondent hears the entire question before answering. If the respondent interrupts, you must continue reading the question. This allows the respondent to hear the entire question and also discourages future interruptions.
4. **Ask each respondent every appropriate question, in proper order.**
Arrows and interviewer instructions are provided throughout the questionnaire, indicating the proper sequence of questions in cases where order is dependent on a particular response. Otherwise, the questions should be asked in the order in which they appear.
5. **Don't skip a question because the answer was given earlier or because you "know" the answer.**
Although it is tempting to skip a question because you feel the respondent has already answered it, always ask each question in its entirety. You must expose the respondent to every appropriate question in order of its appearance in the questionnaire.

However, in those situations in which the respondent has already provided information that probably answers the next question, you may preface the question with some combination of the following phrases:

"I know we've talked about this," (or) "I know you just mentioned this, but I need to ask each question as it appears on the questionnaire."

"You have already touched on this, but let me ask you...."

6. **Avoid direct reference to past responses.**
Do not assume that an "answer" that you got in passing is the correct answer to a specific question at a particular point in the interview. Do not direct the respondent by mentioning an earlier answer.

If the answer is different from the one you expect, do not remind the respondent of an earlier remark or try to force consistency.
7. **Clarify a question only if the respondent requests more information.**
Remember that one of the criteria which must be met to get accurate information involves asking the questions in a uniform manner. The uniformity principle applies to clarifications as well.
There are three kinds of clarifications:
 1. Repeat either the entire question or part of the question;
 2. Use clarifications or definitions discussed in the training session;
 3. Use the phrase, "Whatever _____ means to you," whenever the respondent requests information which would endanger your role as an objective interviewer.

8. **When you are asked to repeat one response option, repeat all the options given in the question.**

This is to avoid biasing the respondent toward one particular answer option.

9. **If you feel the respondent has not directly answered the question, probe for further clarification. However, remain neutral even when probing.**

Effective probing requires knowing the question objectives and listening actively to the respondent to decide whether the objectives have been met. Listed below are some suggested probing phrases and techniques.

1. Pause. In this way you are letting the respondent know you expect him/her to continue his response.
2. Repeat the question or part of the question.
3. "What do you mean?" (Or) "How do you mean?"
4. "Would you tell me more about your thinking on that?"
5. "What do you think?" (Or) "What do you expect?"
6. "Which would be closer to the way you feel?"
7. "Are there any other reasons why you feel that way?"

10. **Probe a "don't know" response at least once.**

When a respondent answers "don't know," consider what he/she might really mean:

- * the respondent doesn't understand but doesn't want to admit it;
- * the respondent is thinking about his/her answer and is filling the silence;
- * the respondent doesn't want to answer the question; or
- * the respondent really doesn't know or doesn't have an opinion on the subject.

The most effective probe for a "don't know" response is either to repeat the question, or to pause. The respondent may refuse to answer any question. Use your judgement as to when to stop probing.

11. **Give the respondent feedback as the interview proceeds.**

Feedback consists of statements or actions which indicate to the respondent he is doing a good job. Statements as simple as "I see..." or "Uh-huh," usually are sufficient, but sometimes it is helpful to use phrases such as "That's helpful to know..." or "It's useful to get your ideas on this."

However, remain neutral. Do not engage in any opinions of your own until after the interview.

12. **Avoid needless digression.**

Do not give feedback that is irrelevant to the question objectives. Try to tactfully pull the respondent back to the interview, by repeating the question or going on to the next question. You may want to indicate something like, "I'd be interested in talking about this further, after we finish the interview."

13. **Read questions at a reasonable pace.**

Remember that although you may have read these questions many times, the respondent is hearing them for the first time and needs to understand the questions and to decide on the answers.

14. **Thank the respondent at the conclusion of the interview.**

2015 Project Rush Confidentiality Requirements Important HIPAA Information for Volunteer Interviewers Please Read!

1. A federal law affects interviewers working on this study

In 2003, the Health Insurance Portability and Accountability Act (HIPAA) went into effect. It provides guidelines for the collection and use of personal information for research. It also establishes privacy safeguards that researchers must follow when working with protected health information such as the information about physical and mental health needs that are part of the study interview. The law requires that people who collect or have access to this information take steps to insure the privacy of each respondent.

2. What the HIPAA law means to respondents

The law establishes specific rules to ensure that the rights of research subject are protected; they include the following:

- Adopted written privacy procedures
- Training for all staff and volunteers in privacy procedures (you will receive this training when you are trained to conduct the interview)
- No use of individually identifiable data in any report or publication
- Specific information provided to all research subjects regarding privacy rights
- Both civil and criminal penalties for violating the law (interviewers can avoid any problems by simply following the procedures for the study)

3. What the HIPAA law means to volunteer interviewers

The privacy information for respondents is printed in the introduction to the interview and includes the following:

- Informing respondents that the study is voluntary and that any services they may be receiving will not be affected by whether or not they choose to take part in the study
- Informing respondents that the information they provide is private and confidential and that it will never be released in a way that would allow others to identify them
- Informing respondents that their choice of whether or not to participate in the study will not affect their relationship with any sponsoring organization

In addition, we ask that **you** act to safeguard the privacy of respondents by:

- Turning in completed interviews to site leaders only
- Not leaving interviews in locations where other might see them
- Not talking with others about the people you have interviewed, including information about the backgrounds or circumstances of respondents

4. Other important information

- The HIPAA law insures privacy, but it allows for the release of health information in some special circumstances, like in the event of a medical emergency.
- You are one of the most important links in our commitment to the privacy of study respondents.
- You can call Stephanie Nelson-Dusek at Wilder Research at (651) 280-2675 if you have questions about the law or the responsibilities of interviewers.