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SEARCHING FOR ADVOCACY:

A MEASURE OF LOCAL ATTENTIVENESS TO HOMELESSNESS

A Thesis Project

Presented in Partial Fulfillment of the Requirements for

the Degree Bachelor of Social Work with

Honors College Graduate Distinction at Western Kentucky University

By

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*****

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2010

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ABSTRACT

From urban capitals to rural countryside, and every locality in between, homelessness is a national phenomenon that affects every community. Each locality responds to it differently through the variety of homeless programs and services it offers. By doing such, each locality displays a certain level of attentiveness to their homeless population. This article explores how 10 small southeastern cities respond to their local homelessness and seeks to compare the homeless attentiveness of Bowling Green, Kentucky to similar localities. An evaluative measure of municipal attentiveness based on a range of homelessness program areas is used to score each city's response to its homelessness. A non-parametric test finds that there is not a significant difference in the attentiveness of evaluated localities, and in turn concludes that Bowling Green's attentiveness to its homelessness is not significantly less than that of the other cities. However, an analysis of the descriptive statistics reveal the strengths and weaknesses of Bowling Green's response to homelessness, identifying prevention and emergency services as areas needing more attention. This research and its following discussion serve as a starting point for the ten localities examined, as well as other similar localities, to examine their own response to local homelessness.
Keywords: homelessness, local government, Bowling Green, social work

I am dedicating this to my loving parents, Bill and Marta Aldrich, who instilled in me the importance of people –all people.

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I started this thesis with a question. I ended it with a passion. The journey in between has been the most challenging, yet rewarding academic experience of my life. This journey included many late nights at the library and questions of personal sanity, but more so, conversations with good people who went out of their way to help me succeed. For that, I am grateful.

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CHAPTER 1

LITERATURE REVIEW

Homelessness: The Definition

"Homeless" is constantly being defined and re-defined. The federal definition of a homeless person is "an individual who lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is (a) a supervised, publicly, or privately operated shelter to provide temporary living accommodations…, (b) an institution that provides temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings" (Housing and Urban Development USER, 2005).

No matter how it is defined, there is no denying the challenge of homelessness. Approximately 3.5 million people will experience homelessness this year in the United States, according to the Los Angeles Homeless Services Coalition (2009). Homelessness is not a character flaw, nor is it a defining label for an individual. Rather, it is a lifestyle circumstance. This social problem reflects a situation of extreme poverty, which usually is a reaction of an uncontrollable crisis. HUD User, a policy development and research information service for the Department of Housing, explains that the homeless "generally

have low self-esteem, feel little sense of accountability, and suffer from hopelessness" (2005). It goes on to say that homelessness separates individuals from their families and their communities.

Arguments continue on whether homelessness is a housing problem or a money problem, a local problem or a federal problem, an individual problem or a social problem (Wright & Rubin, 1991). President Ronald Reagan argued that people who are homeless are homeless by choice. However, research conducted in the 1980s quickly disproved this theory. Often, one's status as being homeless is complicated by other social problems, such as domestic abuse, mental illness, addictions, lack of education, and/or unemployment (Wright, 1991).

The Face of Homelessness

As of 1994, 13.5 million adult residents of the United States, or 7.4 percent of the population, said they have been homeless at some point in their life (Link, Susser, Stueve, Phelan, Moore, & Struening 1994.) The form in which homelessness appears is different in every community. Nationally, 39 percent of people who were homeless in 2003 were children. Of that population, 42 percent were under the age of 5 (National Coalition for the Homeless, 2008). The majority of people who are homeless are single men at 51 percent, while single women comprise 17 percent and families with children make up 33 percent (U.S. Conference of Mayors, 2005). See *Figure 1.1*.

In rural areas, the largest groups of homeless populations are families, single mothers, and children (Vissing, 1996). Although ethnicity varies by location, according to the U.S. Conference of Mayors (2001), the ethnicity of today's national homeless population is broken down into the following: 49 percent African-American, 35 percent

Figure 1.1

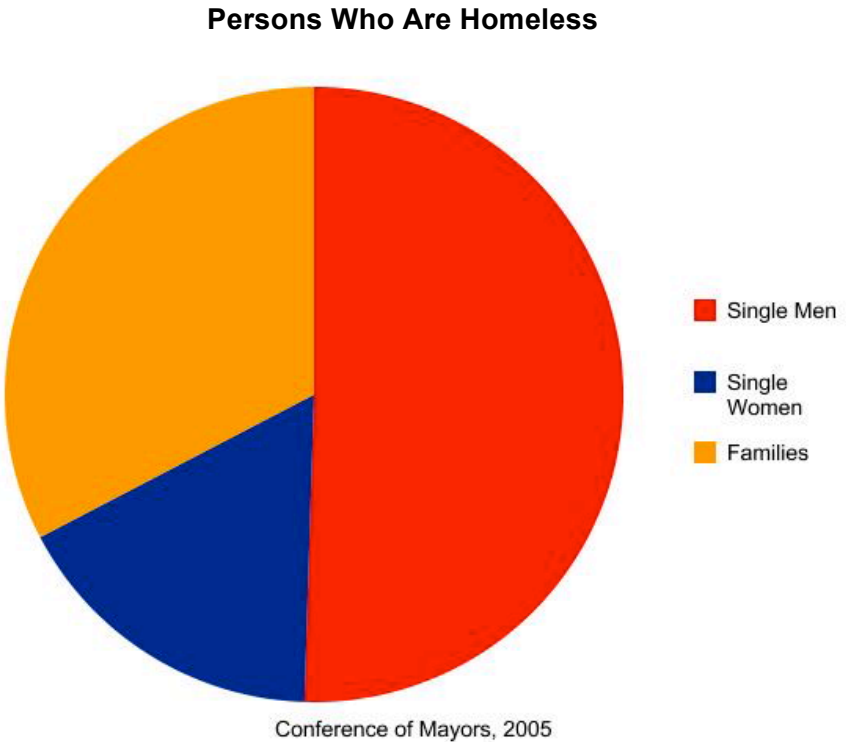
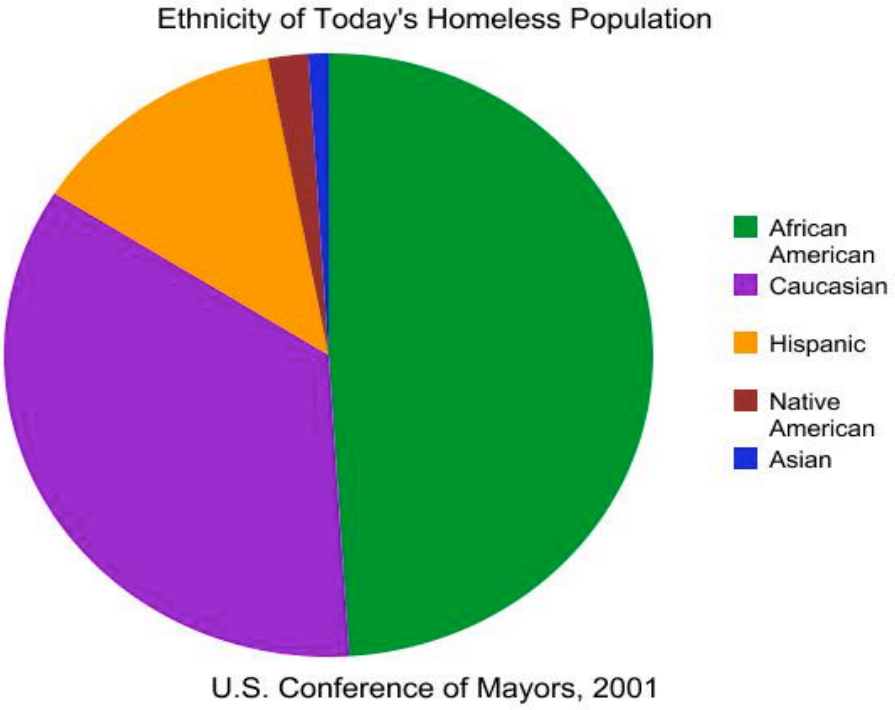


Figure 1.2



Caucasian, 13 percent Hispanic, 2 percent Native American, and 1 percent Asian, as indicated in *Figure 1.2*.

Specifically, four different social groups are more susceptible to losing their shelter: victims of domestic violence, veterans, people with mental illness, and those suffering from addiction disorders (National Coalition for the Homeless, 2008). According to the U.S. Conference of Mayors in 2005, 50 percent of the 24 surveyed cities cited domestic violence as a main cause for homelessness in their area. Women who are in abusive relationships often choose homelessness over continuing to be part of such a harmful relationship. In 2003, 25 percent of surveyed women acknowledged having been abused in the last year, according to a survey of 100 homeless mothers in 10 locations across the country (American Civil Liberties Union, 2008). In 1996, Rosenheck reported that 40 percent of homeless men have served in the armed forces, six percent more than the general adult male population. In addition, it is estimated that approximately 260,000 veterans are homeless at some point during a year (National Coalition for Homeless Veterans, 2010). This explains the high demand on veteran services to develop homeless-specific programming. In addition to domestic violence victims and veterans, people suffering from mental illness are also extremely vulnerable to becoming homeless. Sixteen percent of today's homeless population is estimated to suffer some form of severe and persistent mental illness (U.S. Conference of Mayors, 2005). Of this population, between five and seven percent are thought to need institutionalization, while the rest are able to live on their own with supportive housing options, according to the Federal Task Force on Homelessness and Severe Mental Illness (1992). Although research done in the 1980s found high numbers of addictions among single homeless

men, current research questions such figures (Koegel et al., 1996). In 2005, the U.S. Conference of Mayors reported that 30 percent of homeless adults struggled with addictions.

Counting the homeless population provides challenges just in itself and can never be completely accurate. Research is ongoing on the best methodology of counting people who are homeless within a community, state, and country. Most counts focus primarily on people who are in shelters or are occupying streets. However, the National Coalition for the Homeless (2008) advises that the most accurate calculation of homelessness is a measure of people who are homeless over time, not just on one particular night. For example, the National Law Center on Homelessness and Poverty, Urban Institute, and the National Survey of Homeless Assistance Providers found that on one night in October 1996, 444,000 people experienced homelessness, while in February 1996, 842,000 people experienced homelessness. Within a few months of one another, the number of people who were homeless almost doubled.

Other limitations exist which hinder the accuracy of homeless counts (Link 1994). Often, people who are homeless go uncounted by surveyors due to the inaccessibility or invisibility of their location. For example, people who are homeless may find a home in campgrounds, on roofs, in abandoned buildings, parking garages, etc. Another problem is that people who are homeless often refuse to be interviewed or wish to hide the fact that they are homeless.

It's Not Just About Getting a Job

According to the National Coalition for the Homeless (2008), the surge of homelessness over the past 25 years is due to the growing shortage of affordable housing

and the increase in poverty. Naturally, this leads to longer stays in shelter systems and further demands on service programs.

In recent years, poverty has increased from 12.5 percent in 2007 to 13.2 percent in 2008 (U.S. Census Bureau, 2008). The National Coalition for the Homeless (2008) attributes this increase to the lack of employment opportunities and public assistance availability. Because of the decrease in income, job security, and employee benefits, a person may be employed, but still be considered vulnerable to becoming homeless. According to The Economic Policy Institute (2005), 2004's minimum wage was 26 percent less than that of 1979. This is due to the decline of power among unions, decreasing value of the minimum wage, a drop in manufacturing jobs, the shipment of domestic jobs to other countries through globalization, and an increase in low income service employment, as well as temporary and part-time employment (Mischel, Bernstein, & Schmitt, 1999).

In turn, the decrease in the value of minimum wage has led to a lack of available housing for working individuals, which then increases the vulnerability for becoming homeless. According to the U.S. Conference of Mayors (2005), an individual living on minimum wage is to be able to afford a one- or two- bedroom apartment using 30 percent of their income. In Kentucky, with a minimum wage of $7.25, this would mean that an individual is to be able to afford a one- or two- bedroom apartment for $348 per month. The fair market rent for a two- bedroom unit is $532 (Kentucky Council on Homeless Policy, 2005). The Children's Defense Fund found in 2005 that 5 million renters paid more than half their income toward rent while living in substandard housing conditions. Thus, it is no surprise that 17.4 percent of homeless adults in families, along with 13

percent of single adults or unaccompanied youth who are homeless, are employed, yet still find themselves homeless (U.S. Conference of Mayors, 2005).

In some cases, people become homeless because of gentrification, or the process of renewing low-value neighborhoods to entice more people of middle class, while potentially displacing long-standing low income residents. At times, localities become so excited over the increased value of real estate property that they forget or ignore persons who cannot afford the higher rent and thus become homeless (Blau, 1992).

Housing assistance is necessary in order to prevent high rent burdens, overcrowding, and substandard housing (National Homeless Coalition, 2008). Such assistance can be the deciding factor on whether an individual becomes homeless or not. Unfortunately, because the demand for housing assistance is high while the supply of housing assistance is low, growing waiting lists lead to a bigger need for emergency and temporary relief for homeless individuals.

Just as the value of minimum wage decreases, so does public assistance. An Institute for Children and Poverty study in 2001 found that 37 percent of families who are homeless had their public assistance reduced or cut completely in the last year, with 20 percent saying they had become homeless as a direct result.

All of this research supports the idea that a family's homelessness is not dependent solely on economic challenges (Bassuk, Rubin, & Lauriat, 1986). If this was the case, income and housing assistance would solve this social challenge. However, the picture is bigger, the issue is more complex.

The Federal Government's Answer

On July 22, 1987, President Reagan signed the Stewart B. McKinney Homeless Assistance Act. Before this, local communities had been the primary initiators of homeless services. President Reagan encouraged this by disregarding homelessness as a national problem, even as homelessness substantially increased throughout the country in the early 1980s. Reflecting the position of the Reagan administration, the first federal task force on homelessness, the Federal Interagency Task Force on Food and Shelter for the Homeless, was established in 1983 to educate communities on the process of acquiring surplus federal resources. Despite the creation of this committee, the Reagan administration maintained that homelessness was only a temporary problem, "requiring, at most, some emergency measures" (Blau, 1992, p. 112). As noted by the National Coalition for the Homelessness (2008), "In the years that followed, advocates around the country demanded that the federal government acknowledge homelessness as a national problem requiring a national response." To quiet this demand, Congress appropriated $140 million in federal funds for emergency food and shelter, to be administered by the Federal Emergency Management Agency (FEMA) in 1983. A year later, another $70 million was appropriated, again to be administered by the already standing FEMA, which is designed to coordinate efforts for victims of natural disasters. As Blau (1992) points out, "Hurricanes in summer, homelessness in winter—under the auspices of FEMA, it was easy to treat the homeless as just another natural disaster" (1992, p. 112).

In 1986, the Homeless Persons' Survival Act was introduced to Congress to address emergency, preventative, and long-term measures and solutions of homelessness. In October of 1986, small pieces of this legislation were enacted. Included were the

Homeless Eligibility Clarification Act which eliminated permanent address requirements for existing social welfare programs and the Homeless Housing Act which created the Emergency Shelter Grant program and a transitional housing demonstration program, to be administered by the Department of Housing and Urban Development (Housing and Urban Development, 2005). At the call of an intense advocacy campaign, the Urgent Relief for the Homeless Act was introduced to Congress in the winter of 1986, containing emergency relief provisions for shelter, food, mobile health care, and transitional housing. Large bipartisan majorities in both houses of Congress passed the legislation in 1987, which soon was renamed to commemorate the legacy of Stewart B. McKinney, its chief Republican sponsor, who died that spring. The purpose of this legislation was to "provide urgently needed assistance to protect and improve the lives and safety of the homeless, with a special emphasis on elderly persons, handicapped persons, and families with children" (Stewart B. McKinney Homeless Assistance Act of 1987).

As a reluctant President Reagan signed into action the McKinney Act, many homeless advocates cheered for this accomplishment in homeless policy (Gabbard, Ford, May, 2006). However, others were skeptical, questioning the long-term effectiveness of the legislation. While it was heavy with emergency services, the original McKinney Act lacked preventative and long-term assistance. In order to fill these gaps, the McKinney Act has been amended four times, as of 2009, with each amendment trying to expand the scope and strengthen the provisions of the original legislation (National Coalition for the Homeless, 2008). In 1988, amendments were made to expand eligibility and to modify distributions of the McKinney monies. In 1990, a majority of the programs from the original act were modified in some way, with eligibility requirements being extended for

some programs while other new programs were created. With the 1990s came a growing trend to create services for specific populations who are vulnerable to becoming homeless, such as people with mental illness and addictions (Gabbard, 2006). In addition, the 1990 amendments clarified the obligations of state and local education departments to assure homeless children and youth access to public education, expressing intolerance for any barriers. The 1992 amendments focused primarily on Title IV of the McKinney Act, which addressed shelter and housing provisions. In 1994, amendments again refocused on the education of homeless children, providing localities with more opportunities for funding. It also listed the rights of families who are homeless concerning the education of their preschoolers as well as their children's school placement. In October 2000, President Bill Clinton renamed the act the McKinney-Vento Homeless Assistance Act after the death of one of its original chief supporters, Rep. Bruce Vento.

As each year passed, the McKinney Act has expanded and grown in funding and support for the most part. However, in recent years, the legislation has faced new challenges. Some programs have had their funding cut and even eliminated. In addition, some programs have been vulnerable to consolidation with other programs. In 2001, the No Child Left Behind Act reauthorized the McKinney Education of Homeless Children and Youth Program (National Coalition for Homeless, 2008).

Today, due to the McKinney-Vento Act, the federal government is a key player in the effort to overcome the challenge of homelessness as it aids in funding a wide variety of homeless programs (Berman, 1997). Most recently, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was reauthorized by President Barack Obama in May of 2009 when he signed the Helping Families Save

Their Homes Act. Under this legislation, more resources are given to services such as rapid re-housing programs so that homeless families with children receive priority attention, as well as emergency services so that those who are vulnerable to homelessness receive increased attention. The act also gives rural communities more flexibility in using grant funding (National Alliance to End Homelessness, Change.org, 2009).

The progression of the McKinney Act since the 1980's has reflected the government's growing understanding of homelessness. With homeless advocates, legal precedents, and watchdog media pillaring the process, policymakers have acknowledged homelessness as a national problem that should be addressed. In turn, local government, as well as its citizens, has realized they too have a part in responding to homelessness (Gabbard, 2006).

The Local Response

Today the local response to homelessness is diverse, with some being quite successful while others being fairly non-existent. Berman and West (1997) explain "In many cities, homelessness programs are implemented in a context of underfunding, fragmentation, public apathy, and compassion, and fatigue regarding the homeless" (p. 304). Recently, however, the strategy to fight homelessness has shifted from an emergency perspective to a preventative perspective (Burt & Cohen, 1989). Thus, programs such as job skill training, subsidies and loans, supported living programs for mentally ill, substance abuse support, and rental vouchers have been developed in order to address the roots of homelessness (Berman, 1997).

Both the federal government and the local government depend on each other to provide the needed services for those who are homeless. Although the federal initiatives

aid in the funding and education of homeless prevention, it is up to the localities to distribute and develop the services (Blau, 1992). The federal government depends on the local government to carry out the service, while the local government depends on the federal government to offer monies for the services to be possible. If one falls short in their role, the service is weakened. As Berman and West report (1997), "Although it is possible that some states will provide policy impetus for cities and that some civic-minded cities will find collective means to provide necessary programs, it is also possible that many will not" (p. 315). Because state governments often offer to match federal monies for social service programs, they, too, are seen as a key player in the effort to counteract homelessness (Berman, 1997). In essence, by the time the service arrives to fulfill the need of the homeless individual, it already has passed through federal, state, and local regulation, in addition to possibly forging its way through the policy and procedures of nonprofit organizations. When funding for services originates from federal monies, they tend to be accompanied by a list of guidelines and accountabilities that complicates local processes.

According to Blau (1992), how a locality responds to their local homelessness depends on the attitude and actions of their economic and political departments. The goal of a locality is to be a hub for economic boom. Localities aim to create an atmosphere that will host economic success. To create such an atmosphere, leaders must ensure that all subtle signs of poverty are hidden because they signal to visitors that underlying problems exist, which lead to a lack of municipal credibility. Other costs of a weak response to local homelessness include an increase in visibility of the unsheltered, violent crimes, and long-term damage for children (Blau, 1992).

The extent to which a locality is prepared to address homelessness is an extension of their capability to gather current and anticipated data about community needs and to make informed decisions concerning potential policy, build effective and appropriate services to counteract the challenge of homelessness, obtain the required resources, and plan a strategy to execute such actions (Honadle & Howitt, 1986; Streib & Waugh, 1991; Berman, 1997). When gathering data, the locality needs to know the following: the number of people who are homeless, the causes of homelessness within the community, and the accessibility of services and resources for people who are homeless (Berman, 1997). In building effective and appropriate services to counteract the challenge of homelessness, localities must follow current trends to design programs to address the prevention of homelessness, not simply emergency relief. To do so, a range of services is needed. According to Berman (1997), the areas to address are the following: homelessness prevention, emergency shelter, primary health care, job training and placement, housing programs, and programs for long-term care. In addition, cities need to design specific programs to address the specific needs of people who are homeless. Localities also should look to federal grant money, especially from the McKinney Act funds, in addition to state grants, local revenues, community development block grants, social service block grants, and funds from private organizations in recruiting resources and support. In order to plan a strategy to execute such programs, a locality should focus on collaboration with state and federal governments as well as nonprofit organizations. State and federal governments can offer funding to localities, while nonprofit organizations can offer expertise and education to the localities.

A locality differs in its homelessness responses due to the shape that homelessness takes in a particular area and the structure of the political organization that decides how to prioritize homelessness as a social problem (Blau 1992). Blau contends "The comparative political strength of the business community has been, then, the fundamental determinant of policies for the homeless" (p. 132). Blau adds that there are three types of municipal responses to homelessness: a locality in which services are carried out strictly by nonprofit organizations, a locality in which services are carried out through governmental contracts with a nonprofit organization, and a locality in which a government contracts with nonprofit organizations and operates its own services as well. All of these have their own advantages and disadvantages. The less a government interacts with services, the less monitoring and accountability a service has. Although some argue there currently is not enough research to assess the success of different perspectives and efforts of localities (Berman, 1997), others maintain that the collaboration of system integration provides the strongest outcomes for homeless services. This idea of system integration alludes to the existence of extreme coordination, communication, trust, and respect among services and institutions (Greenberg & Rosenheck, 2007).

Many times, while services may be available, the regulations and long processes may be intimidating for people who are homeless (Wright & Vermund, 1999). Those who are homeless often are very skeptical when walking into an agency. Often, they see the eligibility paperwork as a way to control and have power over them. This control may be reinforced by the existence of police officers on the agency campus, constantly varying amounts of benefits, and organization of authority and language. In turn, people

who are homeless may develop negative attitudes towards the agency which could lead to behavioral outbursts. Since visibly living on the streets in many localities is considered a crime, warrant checks often will discourage people who are homeless in applying in the first place.

Frustration also can develop between the person who is homeless and the eligibility technician, who often is unskilled in comparison to a professional case worker. Both can develop resentment for one another, as the person who is homeless may view the eligibility technician as a subjective and illogical source of power and the eligibility technician may stereotypically see the person who is homeless as a lazy, irresponsible addict. This eligibility technician perspective can be a signal of burn-out (Wright, 1999).

> As Wright and Vermund (1999) point out "The social service workers' monopoly on the regulation of information, the organization of waiting, the arbitrary use of power, the ability to vary the amounts of benefits, and the use of sanctions to discipline recipients all communicate a fundamental shift of individual strategy from 'charity'—the displacement of systemic social problems into individual salvations—to "disciplining the lazy" and the exclusion and repression of the 'undeserving poor'" (pp. 136-137).

Because of this negative reaction from eligibility technicians combined with the negative stereotype given by society, the homeless population tends to be short of hope and ambition (Gabbard, 2004). This reinforces for people who are homeless the idea that they have no control over their situation, they have no hope for change. This 'monopoly' of power, as Wright and Vermund (1999) point out, creates a cycle of miscommunication. The hopelessness of a person who is homeless may translate into disrespect and

frustration toward the eligibility technician, who then responds with apathy and resentment toward the person who is homeless. Ultimately, through this cycle, the relationship between eligibility technician and client weakens, leaning only on mistrust and misunderstanding, and long-term positive goals are not accomplished. However, with this in mind, eligibility technicians must actively seek to build trusting relationships with clients who are homeless. This misunderstanding must be acknowledged, and a collaborative action plan must be created in order to empower the client to change their situation.

The Priorities of Current Research

Most current homeless research aims at exploring homelessness in the urban environment. Berman (1997) notes "Anecdotal information suggests that rural and suburban areas consider homelessness to be a phenomenon of cities and that the best way for them to address homelessness is to provide no service" (p. 316). Because the atmosphere of homelessness and its community response is heavily influenced by the type of community, research on urban homelessness can be appreciated, but not applied to that of rural homeless and vice versa. Most recently, because of the historical deficit in past studies on rural homelessness, there has been an increase in this area of research. However, the type of localities explored in this research does not exactly fit a single category; these localities clearly are not urban, but they are not distinctly rural or suburban. Thus, for this research, characteristics of all three environments will be taken into consideration.

Homelessness Beyond the City Wall

According to Wright and Vermund (1999), "Cities and suburban life is increasingly characterized by polarized social and physical spaces: palaces for some, cardboard boxes for others" (p. 124). Rural homelessness differs in that it is often invisible to the natural eye, with many persons who are categorically homeless living in cars, public campgrounds, homes of friends and family members, or living in such substandard conditions that they are constantly one misfortune away from being homeless (Fitchen, 1992). This can present a problem to service providers as they try to corral the widely dispersed homeless who prefer to rely on informal social networks over professional services. Because of the lack of visibility of homelessness in rural areas compared to that of urban areas, advocates are unable to capture public attention and thus demonstrate that homeless services are needed in the area. The few who are counted in the homeless census may not be enough to merit specific services or qualify the area for federal or state funds.

However, rural areas do prove to host a better collaboration between institutions and agencies (Fitchen, 1992). In her research, Fitchen (1992) suggests that to effectively serve rural homeless, officials must realize that urban solutions to homelessness will just not work for rural communities. Instead, long-term and short-term assistance must be appropriately created for the rural environment. She advises that by strengthening rural families, one of the strongest values in rural society, they also will strengthen the foundation of homelessness prevention.

The Role of the Nonprofit

Today, there is a movement toward privatization, as the government takes on the role of the pocketbook and nonprofit organizations take on the role of the deliverer. Wolch (1999) argued that "The real burden is on nonprofit agencies suddenly faced with rising demands for services, reduced public funding, and mandates to monitor clients and enforce sanctions including benefit terminations and evictions, on behalf of their partner state" (p. 28). Nonprofit organizations are expected to be the watchdogs for city officials, recognizing problems and providing solutions. Likewise, city officials are expected to be the watchdogs of the nonprofit organizations, ensuring that they are effectively using their funds and resources (Mulroy & Lauber 2004). Nonprofit organizations then must first aim to meet the desires of city and state officials who hold the power of the pocketbook before meeting the needs of their homeless clients.

The frustration associated with an inability to effectively respond to homelessness leads some nonprofit organizations to further sever their relationship with their clients who are homeless. A study by Wright and Vermund (1999) found that when people who were homeless participated in a church's weekly free lunch program, they questioned the sincerity of the church, wondering whether they were really trying to help or were attempting to make their own congregation feel good. While they appreciated the free food, they resented the church for not helping them solve the roots of their problem.

The Social Work Perspective

Social justice stands as one of the core values for the social work profession under the National Association of Social Workers Code of Ethics (2008), a guiding map for the expected behavior of contemporary social workers. According to the Social Work Values

indicated in the profession's Code of Ethics, social workers are to challenge social injustice, specifically for those who often are ignored and oppressed by mainstream society. Social workers "seek to promote sensitivity to and knowledge about oppression" while working "to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people" (NASW, 2008.). With this philosophy in mind, social workers have the responsibility to initiate, develop, and monitor community-based homeless services.

Strong local advocacy for people who are homeless often influences the success of homelessness in localities. By pressuring public officials for funding and programs, these advocates, such as community development agencies, mayors, city managers, and religious leaders, often become the leaders of the local homeless movement. In recent years, many cities have created "Coalitions for the Homeless," which seek not only to advocate for homeless of localities, but also to educate and raise money for the cause (Berman, 1997).

Instead of focusing on the needs of the individual, social workers are currently being called to see the bigger picture and address macro social needs. In order to successfully serve America's homeless population, the social work profession needs to give attention to fighting for systemic change, interagency collaboration, community development, and family strengthening (Mulroy & Lauber, 2002; Naparstek & Dooley, 1997; Weil 1996, 1997).

CHAPTER TWO

METHODOLOGY

This study seeks to evaluate the attentiveness of Bowling Green, Kentucky, toward local homelessness compared to nine similar mid-sized localities. For each locality, a thorough online service provider search was completed and apparent homeless programs and services were identified. A quantitative measurement of the range of homeless services was then calculated.

Sampling

A non-probability, purposive, ad hoc quota sample was used for this research. The target areas for the sample were localities that met the following requirements: has a population between 45,000 and 65,000, has a medium income between $28,000 and $38,000, and was located at least 50 miles from a major metropolitan area with a population of at least 200,000. The researcher selected 10 localities from the southeast which met the requirements, including Bowling Green. See *Table 2.1* for a breakdown of the research prerequisites for each locality, accompanied by its demographics, unemployment, and gender.

Considerations

Each locality was scored by the researcher based on public information available. This information was obtained primarily online, in addition to telephone and e-mail

Table 2.1: City Information

Cities	Population (July 2008)	Average Income (2007)	Distance from major Metropolitan	Largest Demographics	Unemployment (May 2009)	Gender Population
Alexandria, Louisiana	48,639	$32,371	97.3 miles	Black- 54.7% White- 42%	5.7%	Male-45.5% Female-54.4%
Bowling Green, Kentucky	55,097	$33,206	59.8 miles	White- 79.1% Black-12.7% Hispanic-4.1%	9.5%	Male- 48.4% Female-51.6%
Hattiesburg, Mississippi	51,993	$28, 872	103.1 miles	White- 49.3% Black- 47.3% Hispanic-1.4%	9.1%	Male- 46.0% Female- 54.0%
Jackson, Tennessee	63,158	$35,324	74.0 miles	White- 54.2% Black-42.1% Hispanic-2.2%	13.1%	Male- 46.6% Female-53.4%
Johnson City, Tennessee	61,990	$37,180	116.6 miles	White- 89% Black-6.4% Hispanic-1.9%	8.4%	Male-47.7% Female-52.3%
Monroe, Louisiana	51, 215	$29,861	97.8 miles	Black- 61% White- 36.4% Hispanic- 1%	7.0%	Male-45.7% Female-54.3%
Owensboro, Kentucky	55,516	$35,429	81.4 miles	White-90.1% Black-6.9%	9.4%	Male- 46.7% Female-53.3%
Pine Bluff, Arkansas	50,408	$31,942	132.3 miles	Black-65.9% White- 32%	10.1%	Male-47.3% Female-52.7%
Springfield, Ohio	62,269	$34,066	43.3 miles	White- 77.5% Black 18.2%	10.8%	Male-47.2% Female-52.8%
Valdosta, Georgia	48.547	$36,234	103.3 miles	Black-48.5% White- 46.7% Hispanic-2.2%	7.9%	Male-46.3% Female-53.7%

inquiries. Because this research consisted of looking at all public secondary data, informed consent was not needed. The research did not reveal information about individuals, but services provided. Thus, there were no personal risks or confidentiality concerns. Demographics of each city were included in the data collection in order to acknowledge cultural considerations (i.e. ethnicity, religion, race, etc.). See *Table 2.1*.

Description of the Instrument

The instrument used was based on a range of homeless programs identified by Berman and West (1997), which measured "items regarding the availability in

jurisdictions of specific programs for homeless persons and the use of resource, planning, and coordination strategies" (p. 308). Six different program areas were measured: prevention, emergency assistance, primary health care, housing, long-term care, and primary job and education. Within each area, five different services were identified. Appropriate modifications were made to the original instrument to make it more applicable to the measured localities. The instrument can be found in *Appendix A*.

Procedures

Within a program area, each service was given a score. A range of 0 to 5 was used to reflect the extent of a city's attentiveness toward homeless services in each service area: the lower the score, the weaker the city's attentiveness in their homeless programming in that area just as the higher the score, the stronger the city's attentiveness in their homeless programming. *Table 2.2* explains the definition behind each service score. If no services exist in a certain service area, it received a score of '0.' If one service is provided, however, it is only available to a select population (i.e. veterans, women, or minorities) the service area received a score of '1.' For service areas that offer more than one service for a select population, a score of '2' was given. A '3' was given when only one service exists which is able to be utilized by all populations. When one service exists for a select population, and one service exists for all populations, a score of '4' was given. If more than one service provider exists, to serve all populations, the service area score was a 5, no matter how many services are offered to select populations. After all services within each program area were scored, the five service scores were added together to achieve the program area's total score, with a maximum score of 25. Again, the higher the score, the more attentive a locality was to homelessness

Table 2.2: Scoring Rubric

SCORE	SIGNIFICANCE
0	Service is not provided.
1	One service is provided to a select population (i.e. veterans, youth, women, Christians, etc.).
2	More than one service is provided to a select population.
3	One service is provided for all populations.
4	One service is provided for all populations AND one service is provided to a select population.
5	More than one service is provided for all populations.

in that particular program area. Once each program area was scored, the average of all six program area scores were calculated to obtain the city's *homeless program mean*. The *homeless program mean* represents the city's total attentiveness to local homelessness. The closer a homeless program mean was to 25, the more attentive it was.

Statistical Procedures

In this study, the independent variable was the locality and the dependent variable was the homeless program mean. Descriptive statistics were calculated for each service area, program area, and homeless program mean. To measure significance, a non-parametric Kruskal-Wallis one-way analysis of variance was performed. The non-parametric Kruskal-Wallis was used because the sample was not random and the dependent variable was not normally distributed since the test compared the homeless program means of each locality.

CHAPTER THREE

FINDINGS

The research failed to reject the null hypothesis which states that Bowling Green's municipal attentiveness toward homelessness is not significantly lower than other similar localities ($p < .05$). With an alpha level of 0.44, there is a 44 percent chance that the relationship between the variables was due to sampling error, therefore this research fails to reject the null hypothesis and is at risk for a Type 2 error. A Kruskal-Wallis test reports that there is not a significant difference between localities in terms of attentiveness. Thus, Bowling Green does not have significantly lower homeless attentiveness compared to the other nine cities.

Still, by comparing descriptive statistics (mean, mode, range, variance), we can identify the strengths and weaknesses of the localities as a group, as well as individually, in terms of homeless attentiveness. From here, we can discover how the homeless attentiveness of Bowling Green compares to that of other localities.

Table 3.1 reports each locality's homeless service area score, in addition to its total homeless program mean. Overall, localities provided the most homeless services, and thus attentiveness, in the housing program area (21.6), followed by primary health care (21.3), long-term care (20.9), job placement/education (20.4), emergency assistance (19.8), and then prevention (19.4).

Table 3.1 **Homeless Service Area Scores by Locality**

Localities	Prevention	Emergency Assistance	Primary Health Care	Housing	Long-Term Care	Job Placement/ Education	Total Score
Alexandria	20	21	21	24	23	18	21.2
Bowling Green	14	18	25	19	25	22	20.5
Hattiesburg	19	20	20	21	22	19	20.2
Jackson	18	21	20	25	20	25	21.5
Johnson City	22	18	19	22	21	24	21
Monroe	23	23	23	21	22	20	22
Owensboro	18	22	23	22	21	18	20.7
Pine Bluff	16	19	22	21	22	18	19.7
Springfield	23	18	18	20	18	22	19.8
Valdosta	21	18	22	21	15	18	19.2
Total	19.4	19.8	21.3	21.6	20.9	20.4	20.6

Within the housing program area, all cities offered multiple Section 8 housing, utility assistance, and public housing services to all populations. Assisted living programs had the lowest score within the housing program area (3.10).

The primary health care program area was given the second highest score for the cities overall (21.3). Within this area, substance abuse health services had the highest homeless service score mean (4.9), and dental services had the lowest homeless service score mean (3.0).

Following primary health care was long-term care (20.9) in homeless attentiveness. The long-term care program mean had a range of 10, the highest among all

six program areas. In this program area, all localities offered multiple substance abuse support groups for all populations. Legal aid received the lowest homeless service score (3.6).

In the job placement/education program area, localities had high homeless service scores in GED education services (4.5) and low homeless service scores in financial education (3.20). The emergency assistance program mean had the lowest range (5), and the second lowest homeless program area mean for the cities (19.8). Within emergency assistance, all cities offered multiple food voucher services to all populations. Youth shelters received the least municipal homeless attentiveness (2.10) in this program area. Of all services examined, youth shelters had the lowest municipal attentiveness.

Out of the 10 cities evaluated, Monroe, Louisiana, had the highest total homeless program mean, reflecting the highest municipal attentiveness toward homelessness (22), followed by Jackson, Tennessee (21.5). Valdosta, Georgia, had the lowest program mean (19.2), followed by Pine Bluff, Arkansas (19.7). The homeless program mean for all 10 cities was 20.58. *Figure 3.1* displays the total homeless program mean for all localities.

The homeless program mean for Bowling Green, Kentucky (20.5) was less than the homeless program mean average for all of the ten cities (20.58). Its strongest area was primary health care (25) and long-term care (25), followed by job placement/education (22), housing programs (19), emergency assistance (18), and prevention (14). Bowling Green had above average attentiveness in the areas of primary health care, long-term care, and job placement/education. It had below average attentiveness in the areas of housing programs, emergency assistance, and prevention.

Figure 3.1

Total Homeless Mean of Localities
23
22.2
21.4
20.6
19.8
19
Total Homeless Mean Scores
21.2
20.5
20.2
21.5
21
22
20.7
19.7
19.8
19.2
Alexandria
Bowling Green
Hattiesburg
Jackson
Johnson City
Monroe
Owensboro
Pine Bluff
Springfield
Localities

CHAPTER FOUR

DISCUSSION

Overall, all 10 localities have a similar attentiveness to local homelessness, including Bowling Green. There is not one city that distinctly stands out as a total success, just as there is not one city that stands out as a total failure. However, though the findings do not report a significant difference between locality attentiveness to homelessness, it does introduce some interesting concepts through the descriptive statistics.

An Overview of the Good, the Bad, the Ugly

Among all localities, the housing program area received the highest score of local attentiveness. All localities evaluated scored high in public housing, having multiple housing options in a variety of locations in the area. This gives low income people a better opportunity to find a home with a better fit: with compatible neighbors, close commute to work, and access to appropriate services.

Primary health care services were rather strong as well. Free clinics were central to this strength within each locality. Often, the free clinic was the hub to all five service areas measured. If a city did not have a strong score in a certain service area within the primary care program area, it usually reflected the fact that it was not offered at the free

clinic. One of the most notable initiatives included in the evaluation of the program area was the partnership between East Tennessee State University (ETSU) and the area of Johnson City, Tennessee. The ETSU College of Nursing runs a free downtown clinic which serves close to 1,000 people per month, most of whom are homeless, underinsured, or without any insurance at all, according to Tricities.com (2009), a local news source. It also sponsors Keystone Dental Care, Inc., which provides dental care for persons who are low income or homeless within the Johnson City area.

Within long-term care, there is a broad range of attentiveness, with Valdosta, Georgia, receiving the lowest score (15) and Alexandria, Louisiana, receiving the highest score (23). Alcoholics Anonymous and Narcotics Anonymous was offered in every city, which in turn was reflected by the high score of the substance abuse support service area.

Financial education was the lowest service area in the primary job and education program area. Financial education, which also could be thought of as a preventative and/or long-term care, usually was offered in multiple agencies within a locality or not at all. This is an area that localities must address. Most persons who are homeless have little financial literacy because they have never lived on anything except survival mode. Often, people who are homeless live paycheck to paycheck, unable to conceptualize the benefits of savings accounts because they never believed they had the luxury of having extra money to save.

The Power of the Online Database

With research done primarily online, the researcher was pleased to see the numerous online service databases set up, either by the locality itself, or its state. At least five localities had useful databases set up by the state and at least seven had useful

databases set up by local nonprofits. By having a database, localities are able to show a sign of their attentiveness toward homelessness, although having a database was not a service measured in this study. For example, Arkansas211.org, a United Way-sponsored online database, offers the following information for every agency: services offered, intake, fees, hours, languages spoken besides English, service area, and site description. In a world where communities are becoming more and more dependent on technology, it is imperative that such databases exist and are updated consistently. A database with old links, old contacts, and old information is rather worthless.

The Magic Word: Prevention

Another important concept that developed from this research was the quantity of concrete services vs. complex services. Most services offered by localities were concrete services, offering emergency assistance with food, clothes, and shelter. There were less complex services, such as mental health counseling, financial literacy tutoring, and social services. By only offering concrete services, a locality can only address the symptoms of homelessness and not the root cause. Although both concrete and complex services are needed in a locality's response to its homelessness, complex services are essential to ensuring the long-term success of people who are homeless, as well as the prevention of people who are low income from becoming homeless.

The findings report that the homeless program area in the biggest need of attention is prevention. Homeless advocates in mid-sized localities must focus on prevention of homelessness, as we see more and more people become vulnerable to losing their homes in the current economy. Specifically, localities can develop services outlined in the evaluation instrument under prevention: financial counseling, rent or

mortgage assistance, mediation in landlord-tenant disputes, assistance in utilizing affordable child care services, and subsidized transportation to/from work. If prevention is not addressed, homelessness will continue to grow and continue to challenge society.

Following prevention in low attentiveness was the emergency assistance program area. Specifically, there is a lack of youth shelters, which received the lowest service score out of all 30 service areas evaluated. Few localities publicized any advocacy or programs for runaway or homeless youth, outside of federal departments of child protective services.

The Significance of the Salvation Army

Each locality researched is home to a Salvation Army, a religious nonprofit which serves as a hub for an array of homeless services. The Salvation Army is a comprehensive organization that should be applauded for its efforts on behalf of the homeless community. However, localities cannot rely primarily on the local Salvation Army to take care of the homeless. Because of the strict rules of the Salvation Army, some persons who are homeless are not eligible to stay, or have exhausted their stay. In each locality, there must be other preventative and transitional services to complement the Salvation Army.

Food Pantries

Of the service areas evaluated, food vouchers, or food pantries, received the highest attentiveness from localities, primarily from religious organizations. Some food voucher programs were accompanied by strict rules, such as the American Red Cross of South Central Kentucky, which requires photo ID, proof of income, and social security card for all family members in order to receive a box of food every two months. Others

had no formal rules accompanying their program. The challenge with food voucher services, as well as soup kitchens, is that their narrow availability time may conflict with work hours. Services with such narrow availability time were given a '1' on the scale, reflecting the fact that they only can be used by a population that does not work during those hours. Although food assistance is an important element to homeless assistance, it still does not address the root cause of homelessness. There must be other supplemental support to ensure long-term success for assisting persons who are homeless.

Local Homeless Coalitions

Although not measured in the evaluation, four localities—Monroe, Louisiana, Alexandria, Louisiana, Valdosta, Georgia, and Johnson City, Tennessee—publicized local homeless coalitions that focused on homeless advocacy and direct service. All states were home to statewide homeless coalitions. However, it appeared these local coalitions were a luxury. The Homeless Coalition of Northeast Louisiana, located in Monroe, Louisiana, offered statistics on what local homelessness looks like, a database of regional resources for persons who are homeless, a database of volunteer opportunities, and a forum to discuss local homelessness.

Of the four localities with homeless coalitions, Monroe, Louisiana, Alexandria, Louisiana, and Johnson City, Tennessee were part of the four localities with the highest homeless mean scores. However, it cannot be assumed that the high homeless mean scores is a direct reaction from the local homeless coalitions. Valdosta, Georgia, which also has a local homeless coalition, had the lowest homeless mean score of the group of 10 localities evaluated.

One-Stop-Shop Services

One of the most promoted concepts found during research was the one-stop-shop idea for homeless services. Instead of having one agency that had a shelter service, another with health care services, and another providing food pantry services, one agency would do all three--focusing specifically on persons who are homeless. For example, Lowndes Associated Ministries to People, INC. in Valdosta, Georgia has four main services: 1) a program that provides food, clothes, and other monetary assistance, 2) a day center that provides a hub for people who are homeless during the day to have access to showers, laundry, newspaper, long-distance phone service, e-mail, and case management, 3) a 24-7 emergency shelter for families, 4) a health care program that assists with prescriptions, dental care, and eye care. With a one-stop-shop service agency, persons who are homeless are able to find familiarity, advocates, and expertise.

Religious Community

In each locality, there was a strong presence of the local religious community in homeless assistance. In Springfield, Ohio, Changing Lives Now Ministries, Inc., provides both a men's and women's shelter, in addition to a food pantry service. Springfield also is home to Urban Lights Ministries and Interfaith Hospitality Network of Springfield, other comprehensive, one-stop-shop service points for persons who are homeless. All three serve as leaders in Springfield for local homeless services. These places not only offer financial and material support, but also spiritual support.

A Case Study on Bowling Green's Response

Contrary to the researcher's original hypothesis, Bowling Green did not have a significantly lower homeless attentiveness. However, there are still lessons to be learned

concerning its attentiveness. Bowling Green fell in the 50th percentile with homeless attentiveness compared to the rest of the localities. The south central Kentucky locality had its fair share of strengths, such as its comprehensive primary health care programs. But it also had its weaknesses, like its prevention programs.

Not only was Bowling Green's prevention program area the lowest of its six program areas (14), it was the lowest prevention program evaluated out of all 10 localities. While it received high scores (5, 5) in financial counseling and assistance in child care services, it received very low scores (1, 1, 2) in mediation in landlord-tenant disputes, subsidized transportation to/from work, and rent or mortgage assistance to prevent eviction or foreclosure. Mirroring many of the other localities, prevention is the program area which Bowling Green needs to focus on most, specifically in the three low service areas already identified.

Bowling Green's second lowest level of service attentiveness was in the emergency assistance service area. While the locality is overflowing with food voucher and food assistance services from a variety of different agencies (primarily religious organizations), its response is meager as far as shelters, with only one shelter available for youth, one for general populations, and one for victims of domestic violence. Bowling Green is solely dependent on the Salvation Army for its only emergency shelter and community soup kitchen. (The Bowling Green Senior Center offers a soup kitchen, but to a select population of adults who are 65 and over). There are multiple problems with this. The first is that the soup kitchen is only open from 11:30 a.m. to 12 p.m. So, for any persons needing such services who are not able to attend the soup kitchen because of work, doctors' appointments, etc., they are unable to access this service. Secondly, if the

54 beds at the Salvation Army are full, there is no place to go except out in the streets. The Salvation Army has strict rules that persons are able to stay for 10 days without paying and if they leave, then they are unable to return. For people who are homeless that are not able to follow the rules, or who are just not a good fit with the shelter, they too are not served. Thus, it should be a priority for Bowling Green to create a second shelter.

Bowling Green received the highest possible score (25) in both of the areas of primary health care and long-term care. In each service area within these two program areas, there were multiple options for all populations. In fact, Bowling Green was the locality with the highest score in both of these areas out of all of the 10 localities. Bowling Green was the only locality to offer multiple dental services.

Other strengths include the Alive Center, the central hub for all local nonprofits in Bowling Green and an excellent resource for building partnerships, and Western Kentucky University, a growing community-aware university which serves as a primary contributor in the town. These will be important factors to keep in mind when Bowling Green creates an action plan to address local homelessness.

CHAPTER FIVE

LIMITATIONS

It is important to remember the definition of attentiveness in this paper. Attentiveness is used to refer to how many homeless services are offered within each area and to whom they are offered. A majority of the research that the homeless scores rest on was found on the Internet, through Internet searches as well as local online databases. Although it would be rare in an age of technology prevalence, there is a possibility that resources may not have any Internet presence. In that case, they would not be included in the evaluation instrument. It was assumed that homeless persons needing the service had little to no income, so services that required substantial fees were not included. Additionally, there was no opportunity to include homeless task forces or coalitions that might exist or collaborations between services in the evaluation instrument.

The number of homeless persons reported within each locality was not taken into account as a prerequisite. As reported in the literature review, current procedures of counting the homeless population have been arguably inaccurate due to differing definitions, "point-in-time" measures, and uneducated assumptions. Thus, it was assumed

that with similar populations, average incomes, and distances from major metropolitan areas, homeless counts would be somewhat similar in the ten localities. Local culture and its recent headlines, such as a large employer closing, were also not included in the research.

CHAPTER SIX

CONCLUSION

Homelessness exists. In the big cities, it exists. In the rural areas, it exists. And in mid-size localities, it exists. Currently homeless research and attentiveness is high in urban areas, growing in rural areas, but is stagnant to non-existent in mid-sized localities and suburbs. With this in mind, many persons who are homeless move to urban areas where they can receive services they need. However, some do not. Some stay in the mid-sized localities, even at the cost of not receiving services

This research serves as a starting point for each locality—Alexandria, Louisiana, Bowling Green, Kentucky, Springfield, Ohio, Monroe, Louisiana, Pine Bluff, Arkansas, Valdosta, Georgia, Jackson Tennessee, Johnson City, Tennessee, Hattiesburg, Mississippi, and Owensboro Kentucky—to dig deeper and reflect on what they are doing in response to their own homelessness. Homeless attentiveness can be measured in many ways. One can measure quantitative attentiveness as was done in this research, asking the question: What services are offered? One can measure qualitative attentiveness asking such questions as: How accessible are homeless services? How beneficial are homeless

services? How is the locality's emotional and mental reaction to local homelessness? Although it may not show statistical significance, this study still gives each locality an opportunity to see how it compares with other similar localities in its services for the homeless.

Suggestions for Bowling Green

Bowling Green has a lot of resources to strengthen its attentiveness to its local homeless. Bowling Green is not only the economic hub for south central Kentucky, but it is also the hub for social services and human resources for the same area. Thus, it is important for Bowling Green's homeless services to be prepared to respond not only to the homelessness of the immediate community, but also to homelessness that may overspill from other communities. By studying the techniques used by similar localities and utilizing its own strengths identified by this study instrument, Bowling Green can take active steps to improve its attentiveness.

The first step is to create a homeless coalition for the city of Bowling Green. A Bowling Green homeless coalition would be composed of representatives from local nonprofit organizations, schools, government committees, advocacy groups, and faith-based service providers. The initial purpose of the coalition would be to increase awareness of local homelessness and create a forum for community leaders to discuss strengths, challenges, and action plans associated with homelessness. This coalition can be active in designing its own mission, vision, and values, studying other homeless coalitions such as Monroe, Louisiana, Alexandria, Louisiana, Valdosta, Georgia, and Johnson City, Tennessee, while making it uniquely appropriate to the community of Bowling Green. The ALIVE Center is an excellent strength of the Bowling Green

community and should be utilized within the coalition. The ALIVE Center is a hub for nonprofit organizations and not only encourages, but is staffed to actively facilitate partnerships among entities to create sustainable and reciprocal goals. Thus, the Alive Center should be a lead agency within the coalition.

In a growing community with growing needs and growing helping agencies, a database of services is imperative to ensure that people in need know the what, when, where of places they can turn to for assistance. Thus, another fundamental step in improving the attentiveness of Bowling Green to its homelessness is in creating a database for homeless services. A database, located both online and in paper form at local helping agencies, would be a way for people to obtain the information they need, but also for the community to keep track of what agencies offer what service. This database should be updated regularly.

The biggest area of need in the Bowling Green community is the area of prevention. Specifically, the homeless coalition should begin discussion on ways to improve the following services for people who are homeless or extremely low income: mediation in landlord-tenant disputes, transportation, and rent/mortgage assistance. By doing so, they will relieve stress of the economically vulnerable and improve their attentiveness to local homelessness.

Bowling Green must build another shelter for people who are homeless. It cannot continue to rely solely on the Salvation Army. Another priority for the coalition would be to brainstorm possible partnerships among agencies that would enable such a build. A study of what Bowling Green's homelessness looks like needs to be conducted so that

Bowling Green is able to design a shelter that fulfills the community's needs. Fundraisers and community awareness would become part of this as well.

Local agencies can begin discussions on how they can specifically increase their attentiveness to local homeless. Is the staff, location, and aesthetics welcoming to all people, including those who are homeless? Are their services accessible to people who are homeless, i.e. do they need to adjust their eligibility so that people who are homeless can also receive services? Are they familiar with the local homeless population? These are questions that local agencies should ask themselves.

Revealed by this study, Bowling Green's attentiveness to its homelessness is strong in some areas, while it is somewhat lower in others. By creating a homeless coalition, which can open up dialogue within the community concerning local homelessness, and in turn open up dialogue within a larger audience of similar cities such as those explored in this study, Bowling Green can improve its attentiveness to its homelessness, strengthen its helping agencies, and thus, strengthen its citizens and community.

References

(2008). United States Homeless Statistics. Retrieved February 22, 2009, from Los Angeles Homeless Services Coalition Web site: http://lahsc.org/wordpress/educate/statistics/united-states-homeless-statistics/

American Civil Liberties Union, (2008). Domestic Violence and Homelessness. Retrieved March 19, 2009, from Women's Right Project Web site: http://www.aclu.org/pdfs/womensrights/factsheet_homelessness_2008.pdf

Bassuk, E.L., Rubin, L., & Lauriat, A.S. (1986). Characteristics of sheltered homeless families. *American Journal of Public Health*. *76*, 1097-1101.

Berman, E.M., & West, J.P. (1997). Municipal responses to homelessness: A national survey of "preparedness'. *Journal of Urban Affairs*. *19*, 303-318.

Blau, J. (1992). *The visible poor: Homelessness in the United States*. New York: Oxford University Press.

Burt MR, Aron LY, Douglas T, Valente J, Lee E, Iwen B. Homelessness: Programs and the People They Serve. Summary Report: Findings of the National Survey of Homeless Assistance Providers and Clients. Washington, DC: Urban Institute; 1999.

Burt, Martha and Barbara E. Cohen. 1989. *America's homeless: Numbers, characteristics, and programs that serve them."* Washington, D.C.: The Urban Institute Press.

Children's Defense Fund. (2005). *Bush Administration Policies Exacerbate Growing Housing Crisis for Families with Children.*

The Economic Policy Institute. (2005). *Minimum wage: Frequently asked questions*

Federal Task Force on Homelessness and Severe Mental Illness. (1992). *Outcasts on main street: A report of the federal task force on homelessness and severe mental illness*

Fischer, R.L., Glisson, G.M., & Thyer, B.A. (2001). Serving the homeless: Evaluating the effectiveness of homeless shelter services. *Journal of Sociology and Social Welfare*. *28*, 89-97.

Fitchen, J.M. (1992).On the edge of homelessness: rural poverty and housing insecurity. *Rural Sociology*. *57*, 173-193.

Gabbard, W.J. (2004). *Spirituality and religiosity of homeless individuals: Implications for psychosocial rehabilitation and mental health intervention* (Doctoral dissertation, University of Alabama).

Gabbard, W.J., Ford, B., & May, J.D. (2006). The Stewart B. McKinney Homeless Assistance Act: A historical overview. *Journal of Social Distress and the Homeless*, *15*(2), 99-115.

Greenberg, G.A. & Rosenheck, R.A. (2007). *An evaluation of an initiative to improve coordination and service delivery of homeless services networks*. West Haven, Connecticut: VA Northeast Program Evaluation Center. February 13, 2007.

Honadle, B., & Howitt, A. (Eds.). (1986). Perspectives on management capacity building. Albany, NY: State University of New York Press.

Housing and Urban Development (HUD) USER. (2005). *Stewart B. McKinney homeless programs*. Retrieved February 20, 2009 from http://www.huduser.org/publications/homeless/mckin/intro.html

Institute for Children and Poverty. (2001). A Shelter is not a home: or is it? New York, NY: Retrieved from www.homesforthehomeless.com

Kentucky Council on Homelessness, (2005). *Kentucky's ten year plan to end homelessness* Retrieved from http://www.kyhousing.org/uploadedFiles/Specialized_Housing/KICH/10year-plantoendhomelessness2005.pdf

Koegel, P. et al, (1996). The Causes of Homlessness. In *Homelessness in America* Washington DC: Oryx Press.

Link, B.G., Susser, E., Stueve, A., Phelan, J., Moore, R.E., & Struening, E. (1994). Lifetime and five-year prevalence of homelessness in the United States. *American Journal of Public Health*. *84*, 1907-1912.

McKinney-Vento Homeless Assistance Act, 42 U.S.C. § 11301, 1999.

Mischel, L., Bernstein, J.T., & Schmitt, J. (1999). *The state of working America: 1998-1999*. Ithaca, NY: ILR Press.

Morabito, N. (2009, June 15). *Johnson City Downtown Clinic sees record number of patients*. Retrieved from http://www2.tricities.com/tri/news/local/article/johnson_city_downtown_clinic_sees_record_number_of_patient_visits/25369/

Moriarity, S. (2009, May 20). *Congress passes the hearth act, obama expected to sign today*. Retrieved from http://homelessness.change.org/blog/view/congress_passes_the_hearth_act_obama_expected_to_sign_today

Mulroy, E.A., & Lauber, H. (2004). A user-friendly approach to program evaluation and effective community interventions for families at risk of homelessness. *Social Work*. *49*, 573-586.

NASW. (2008). *The NASW Code of Ethics.* Retrieved September 09, 2009, from http://www.socialworkers.org/pubs/code/code.asp

National Alliance to End Homelessness. (2009). *Mckinney-vento homeless assistance grants*. Retrieved from http://www.endhomelessness.org/section/policy/legislature/mckinney_vento

National Coalition for the Homeless, (2008). How Many People Experience Homelessness?. Retrieved March 19, 2009, Web site: http://nationalhomeless.org/publications/facts/How_Many.html

National Coalition for the Homeless (2008). McKinney-Vento Act. Retrieved February 20, 2009, from http://www.nationalhomeless.org/publications/facts/McKinney.pdf

National Coalition for the Homeless, (2008). Why are people homeless?. Retrieved March 19, 2009, Web site: http://nationalhomeless.org/publications/facts/why.html

National Coalition for the Homeless, (2008). Who is Homeless?. Retrieved March 19, 2009, Web site: http://nationalhomeless.org/publications/facts/who.html

National Law Center on Homeless and Poverty. (2007, February). NLCHP endorses the HEARTH Act. In Just Times. Retrieved February 20, 2009, from http://www.nlchp.org/view_newsletter.cfm?id=14

National Coalition for Homeless Veterans, (2010). Background and statistics. Retrieved from http://www.nchv.org/background.cfm

Naparstek, A.J., & Dooley, D. (1997). Countering urban disinvestment through community-building initiatives. *Social Work*, 42(5), 506-14.

Rosenheck, R. et al.. (1996). Homeless Veterans. In *Homelessness in America* Oryx Press.

Streib, G., & Waugh, W. (1991). Administrative capacity and the barriers to effective county management. Public Productivity and Management Review, 15(1), 61-70.

U.S. Census Bureau, CPS ASEC. (2008). Poverty: 2008 highlightsRetrieved from http://www.census.gov/hhes/www/poverty/poverty08/pov08hi.html

U.S. Conference of Mayors. (2001). *A status report on hunger and homelessness in America's cities*

U.S. Conference of Mayors. (2005). *A status report on hunger and homelessness in America's cities*

Vissing, Y. (1996). *Out of sight, out of mind: Homeless children and families in small town America*. Lexington, KY: The University Press of Kentucky.

Weil, M. (1996). Model development in community practice: A historical perspective. *Journal of Community Practice*, 3(3/4) 5-68.

Weil, M. (1997). Community building: Building community practice. In P.L. Ewalt, E.M. Freeman, S.A. Kirk, & D.L Poole (Eds.), *Social policy: Reform, research, and practice* (pp. 35-61). Washington, DC: NASW Press.

Wolch, J. (1999). Decenting america's nonprofit sector: reflection on salamon's crisis analysis. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 10(1), Retrieved from http://www.springerlink.com/content/p2223664381n7661/

Wright, J.D., & Rubin, B.A. (1991). Is Homelessness a Housing Problem?. *Housing Policy Debate*, *2*, Retrieved February 22, 2009, from http://www.mi.vt.edu/data/files/hpd%202(3)/hpd%202(3)%20wright.pdf

Wright, T., & Vermund, A. (1999). *There's no place like home: Anthropological perspectives on housing and homelessness in the United States*. Westport, Conneticut: Bergin & Garvey.

Program : CITY STUDIED	**Score**
Prevention	
Financial Counseling	
Rent or mortgage assistance to prevent eviction or foreclosure	
Mediation in landlord-tenant disputes	
Assistance in utilizing affordable child care services	
Subsidized transportation to/ from work	
Total Score	
Emergency Assistance	
Soup kitchens	
Food vouchers	
Emergency shelters (domestic violence)	
Emergency shelters (youth)	
Emergency shelters (general)	
Total Score	
Primary Health Care Programs	
Primary health services	
Substance health services (Rehabilitation)	
AIDS and HIV treatment	
Dental services	
Medical drugs and equipment assistance	
Total Score	
Housing Programs	
Section 8 housing	
Subsidy of utility payment	
Public Housing	
Older Adult Living Programs	
Transitional housing	
Total Score	
Programs for Long-Term Care	
Substance Abuse Support Groups	
Long-term treatment for mentally ill	
Family counseling	
Legal aid	
Assisted Living programs	
Total Score	
Primary Job and Education	
GED education	
Financial Education	
Vocational Training	
Job placement programs	
Literacy Programs	
Total Score	

Homeless Program Mean _____

Defining the Terms

Program / Term	Definition/ Scoring Explanation
Prevention—services offered to all low income residents, including persons who are homeless, that attempt to break cycles of poverty and provide relief in order to avoid total homelessness.	
Financial Counseling	Free one-on-one financial counseling for low income residents.
Rent or mortgage assistance to prevent eviction or foreclosure	Assistance with rent or mortgage.
Mediation in landlord-tenant disputes	Legal aid in landlord-tenant disputes. If city policy does not support tenant rights, the service is considered a service providing for specific population.
Assistance in utilizing affordable child care services	Quality child care services for low income residents. If substantial fee is required, they are considered a service providing for specific population.
Subsidized transportation to/ from work	Services providing transportation to and from work. If substantial fee is required, they are considered a service providing for specific population.
Emergency Assistance--walk-in-assistance that persons who are facing crisis or homelessness can turn to without expecting exorbitant paperwork, red tape, and preparation.	
Soup kitchens	Services offering free hot meals on a daily basis. If service is offered only a few days a week, they are considered a service providing for specific population.
Food vouchers	Services providing boxes of food through food pantry programs.
Emergency shelters (domestic violence)	Emergency shelters open to those experiencing domestic violence.
Emergency shelters (youth)	Emergency shelters open to youth.
Emergency shelters (general)	Emergency shelters open to adults and families.
Primary Health Care Programs—health care programs that promote the physical well-being of low income residents, including persons who are homeless.	
Primary health services	Free clinics, health departments offering services. If only certain medical services are offered, they are considered a service providing for specific population. If they charge a small fee, they are considered a service providing for specific population. If they do not accept patients without health care, they are not considered.
Substance health services (Rehabilitation)	Services providing support—both outpatient and inpatient—to low income residents, including homeless persons. If they charge a small fee, they are considered a service providing for specific population.
AIDS and HIV treatment	Services providing medical and/or emotional assistance to

	persons with AIDS/HIV. If they charge a small fee, they are considered a service providing for specific population.
Dental services	Free clinics, health departments offering services. If only certain medical services are offered, they are considered a service providing for specific population. If they charge a small fee, they are considered a service providing for specific population. If they do not accept patients without health care, they are not considered.
Medical drugs and equipment assistance	Services providing assistance in the purchasing of medicine and medical equipment.

Housing Programs—programs that offer long-term housing options to low income residents, including homeless persons and vulnerable populations.

Section 8 housing	Housing units and complexes which offer section 8 housing through the federal program.
Subsidy of utility payment	Services which offer assistance in paying for utilities, such as water, electricity, heat, gas, etc.
Public Housing	Score is determined by the existence of a local housing authority. If the housing authority has one unit, it is considered a service providing for specific population. If the housing authority has more than one unit, it is considered a service providing for all.
Assisted Living programs	Housing programs for low income older adults and persons who are disabled. If they charge a fee, they are considered a service providing for specific population.
Transitional housing	Housing developed specifically for persons who would otherwise be homeless (i.e. previously homeless persons, victims of domestic abuse, youth exiting foster care system, ex-inmates, etc.).

Programs for Long-Term Care—programs that continuously offer support to vulnerable clinets and work to alleviate local homelessness and poverty.

Substance Abuse Support Group	Groups such as the Alcoholics Anonymous and Narcotics Anonymous. If only one meeting time is offered in an organization, they are considered a service providing for specific population.
Long-term treatment for mentally ill	In-patient and out-patient treatment and support for persons who are mentally disabled.
Family counseling	Individual and family counseling directed at persons who are low income. If they charge a small fee, they are considered a service providing for specific population. If they do not accept patients without health care, they are not considered.
Legal aid	Direct legal assistance for low income residents.
Veteran Services	Federal, state, and private services for veterans located within the city.

Primary Job and Education—programs that promote education and career opportunities for low income residents, including persons who are homeless.

GED education	Classed that prepare adults for GED. If fee is charged, they are considered a service providing support for specific population.
Financial Education	Education that supports financial literacy among low income residents.
Vocational Training	Services that offer job training for low income residents, including homeless persons.
Job placement programs	Services that offer career placements for low income residents, including homeless persons. If fee is charged, they are considered a service providing for specific population.
Literacy programs	Programs that encourage and cultivate literacy among adults. If fee is charged, they are considered a service providing for specific population.

**Services were not considered if they were only a telephone hotline or located outside of the city.

Program : BOWLING GREEN, KY	**Score**
Prevention	
Financial Counseling	5
Rent or mortgage assistance to prevent eviction or foreclosure	2
Mediation in landlord-tenant disputes	1
Assistance in utilizing affordable child care services	5
Subsidized transportation to/ from work	1
Total Score	**14**
Emergency Assistance	
Soup kitchens	4
Food vouchers	5
Emergency shelters (domestic violence)	3
Emergency shelters (youth)	3
Emergency shelters (general)	3
Total Score	**18**
Primary Health Care Programs	
Primary health services	5
Substance health services (Rehabilitation)	5
AIDS and HIV treatment	5
Dental services	5
Medical drugs and equipment assistance	5
Total Score	**25**
Housing Programs	
Section 8 housing	5
Subsidy of utility payment	5
Public Housing	5
Assisted Living programs	2
Transitional housing	2
Total Score	**19**
Programs for Long-Term Care	
Substance Abuse Support Groups	5
Long-term treatment for mentally ill	5
Family counseling	5
Legal aid	5
Veteran Services	5
Total Score	**25**
Primary Job and Education	
GED education	5
Financial Education	5
Vocational Training	5
Job placement programs	3
Literacy programs	4
Total Score	**22**

Homeless Program Mean 20.5

Program : ALEXANDRIA, LA	**Score**
Prevention	
Financial Counseling	4
Rent or mortgage assistance to prevent eviction or foreclosure	3
Mediation in landlord-tenant disputes	4
Assistance in utilizing affordable child care services	4
Subsidized transportation to/ from work	5
Total Score	**20**
Emergency Assistance	
Soup kitchens	5
Food vouchers	5
Emergency shelters (domestic violence)	3
Emergency shelters (youth)	3
Emergency shelters (general)	5
Total Score	**21**
Primary Health Care Programs	
Primary health services	5
Substance health services (Rehabilitation)	5
AIDS and HIV treatment	4
Dental services	2
Medical drugs and equipment assistance	5
Total Score	**21**
Housing Programs	
Section 8 housing	5
Subsidy of utility payment	5
Public Housing	5
Assisted Living	5
Transitional housing	4
Total Score	***24***
Programs for Long-Term Care	
Substance Abuse Support Groups	5
Long-term treatment for mentally ill	4
Family counseling	5
Legal aid	4
Veteran Affairs	5
Total Score	**23**
Primary Job and Education	
GED education	5
Financial Education	0
Vocational Training	4
Job placement programs	4
Literacy programs	5
Total Score	**18**

Homeless Program Mean ___21.2____

Program : HATTIESBURG, MS	**Score**
Prevention	
Financial Counseling	4
Rent or mortgage assistance to prevent eviction or foreclosure	5
Mediation in landlord-tenant disputes	4
Assistance in utilizing affordable child care services	3
Subsidized transportation to/ from work	3
Total Score	**19**
Emergency Assistance	
Soup kitchens	4
Food vouchers	5
Emergency shelters (domestic violence)	3
Emergency shelters (youth)	3
Emergency shelters (general)	5
Total Score	**20**
Primary Health Care Programs	
Primary health services	3
Substance health services (Rehabilitation)	4
AIDS and HIV treatment	5
Dental services	3
Medical drugs and equipment assistance	5
Total Score	**20**
Housing Programs	
Section 8 housing	5
Subsidy of utility payment	5
Public Housing	5
Assisted Living programs	2
Transitional housing	4
Total Score	**21**
Programs for Long-Term Care	
Substance Abuse Support Groups	5
Long-term treatment for mentally ill	5
Family counseling*)*	5
Legal aid	3
Veteran Services	4
Total Score	**22**
Primary Job and Education	
GED education	5
Financial Education	3
Vocational Training	3
Job placement programs	4
Literacy programs	4
Total Score	**19**

Homeless Program Mean 20.2

Program : JACKSON, TN	**Score**
Prevention	
Financial Counseling	2
Rent or mortgage assistance to prevent eviction or foreclosure	5
Mediation in landlord-tenant disputes	3
Assistance in utilizing affordable child care services	3
Subsidized transportation to/ from work	5
Total Score	**18**
Emergency Assistance	
Soup kitchens	5
Food vouchers	5
Emergency shelters (domestic violence)	5
Emergency shelters (youth)	1
Emergency shelters (general)	5
Total Score	**21**
Primary Health Care Programs	
Primary health services	4
Substance health services (Rehabilitation)	5
AIDS and HIV treatment	5
Dental services	1
Medical drugs and equipment assistance	5
Total Score.	**20**
Housing Programs	
Section 8 housing	5
Subsidy of utility payment	5
Public Housing	5
Assisted Living programs	5
Transitional housing	5
Total Score	**25**
Programs for Long-Term Care	
Substance Abuse Support Groups	5
Long-term treatment for mentally ill	5
Family counseling	4
Legal aid	3
Veteran Services	3
Total Score	**20**
Primary Job and Education	
GED education	5
Financial Education	5
Vocational Training	5
Job placement programs	5
Literacy programs	5
Total Score	**25**

Homeless Program Mean 21.5

Program : JOHNSON CITY, TN	**Score**
Prevention	
Financial Counseling	5
Rent or mortgage assistance to prevent eviction or foreclosure	5
Mediation in landlord-tenant disputes	2
Assistance in utilizing affordable child care services	5
Subsidized transportation to/ from work	5
Total Score	**22**
Emergency Assistance	
Soup kitchens	5
Food vouchers	5
Emergency shelters (domestic violence)	3
Emergency shelters (youth)	0
Emergency shelters (general)	5
Total Score	**18**
Primary Health Care Programs	
Primary health services	5
Substance health services (Rehabilitation)	5
AIDS and HIV treatment	3
Dental services	3
Medical drugs and equipment assistance	3
Total Score	**19**
Housing Programs	
Section 8 housing	5
Subsidy of utility payment	5
Public Housing	5
Assisted Living programs	2
Transitional housing	5
Total Score	**22**
Programs for Long-Term Care	
Substance Abuse Support Groups	5
Long-term treatment for mentally ill	5
Family counseling	5
Legal aid	3
Veteran Services	3
Total Score	**21**
Primary Job and Education	
GED education	5
Financial Education	5
Vocational Training	5
Job placement programs	5
Literacy programs	4
Total Score	**24**

Homeless Program Mean ____21____

Program : MONROE, LA	**Score**
Prevention	
Financial Counseling	5
Rent or mortgage assistance to prevent eviction or foreclosure	5
Mediation in landlord-tenant disputes	5
Assistance in utilizing affordable child care services	3
Subsidized transportation to/ from work	5
Total Score	**23**
Emergency Assistance	
Soup kitchens	5
Food vouchers	5
Emergency shelters (domestic)	5
Emergency shelters (youth)	3
Emergency shelters (general)	5
Total Score	**23**
Primary Health Care Programs	
Primary health services	5
Substance health services (Rehabilitation)	5
AIDS and HIV treatment	5
Dental services	4
Medical drugs and equipment assistance	4
Total Score	**23**
Housing Programs	
Section 8 housing	5
Subsidy of utility payment	5
Public Housing	5
Assisted Living	4
Transitional housing	2
Total Score	**21**
Programs for Long-Term Care	
Substance Abuse Support Groups	5
Long-term treatment for mentally ill	5
Family counseling	4
Legal aid	5
Local Veteran Services	3
Total Score	**22**
Primary Job and Education	
GED education	4
Financial Education	5
Vocational Training	4
Job placement programs	4
Literacy programs	3
Total Score	**20**

Homeless Program Mean 22

Program : OWENSBORO, KY	**Score**
Prevention	
Financial Counseling	3
Rent or mortgage assistance to prevent eviction or foreclosure	5
Mediation in landlord-tenant disputes	3
Assistance in utilizing affordable child care services	3
Subsidized transportation to/ from work	4
Total Score	**18**
Emergency Assistance	
Soup kitchens	5
Food vouchers	5
Emergency shelters (domestic violence)	3
Emergency shelters (youth)	4
Emergency shelters (general)	5
Total Score	**22**
Primary Health Care Programs	
Primary health services	5
Substance health services (Rehabilitation)	5
AIDS and HIV treatment	5
Dental services	3
Medical drugs and equipment assistance	5
Total Score	**23**
Housing Programs	
Section 8 housing	5
Subsidy of utility payment	5
Public Housing	5
Assisted Living programs	5
Transitional housing	2
Total Score	**22**
Programs for Long-Term Care	
Substance Abuse Support Groups	5
Long-term treatment for mentally ill	5
Family counseling	5
Legal aid	3
Veteran Services	3
Total Score	**21**
Primary Job and Education	
GED education	5
Financial Education	1
Vocational Training	3
Job placement programs	4
Literacy programs	5
Total Score	**18**

Homeless Program Mean 20.6

Program : PINE BLUFF, AR	**Score**
Prevention	
Financial Counseling	5
Rent or mortgage assistance to prevent eviction or foreclosure	2
Mediation in landlord-tenant disputes	1
Assistance in utilizing affordable child care services	4
Subsidized transportation to/ from work	4
Total Score	**16**
Emergency Assistance	
Soup kitchens	3
Food vouchers	5
Emergency shelters (domestic violence)	3
Emergency shelters (youth)	4
Emergency shelters (general)	4
Total Score	**19**
Primary Health Care Programs	
Primary health services	5
Substance health services (Rehabilitation)	5
AIDS and HIV treatment	4
Dental services	3
Medical drugs and equipment assistance	5
Total Score	**22**
Housing Programs	
Section 8 housing	5
Subsidy of utility payment	5
Public Housing	5
Assisted Living programs	2
Transitional housing	4
Total Score	**21**
Programs for Long-Term Care	
Substance Abuse Support Groups*)*	5
Long-term treatment for mentally ill	4
Family counseling	4
Legal aid	4
Veteran Services	5
Total Score	**22**
Primary Job and Education	
GED education	5
Financial Education	0
Vocational Training	4
Job placement programs	5
Literacy programs	4
Total Score	**18**

Homeless Program Mean__19.7__

Program : SPRINGFIELD, OH	**Score**
Prevention	
Financial Counseling	5
Rent or mortgage assistance to prevent eviction or foreclosure	5
Mediation in landlord-tenant disputes	5
Assistance in utilizing affordable child care services	4
Subsidized transportation to/ from work	4
Total Score	**23**
Emergency Assistance	
Soup kitchens	5
Food vouchers	5
Emergency shelters (domestic violence)	3
Emergency shelters (youth)	0
Emergency shelters (general)	5
Total Score	**18**
Primary Health Care Programs	
Primary health services	4
Substance health services (Rehabilitation)	5
AIDS and HIV treatment	3
Dental services	3
Medical drugs and equipment assistance	3
Total Score	**18**
Housing Programs	
Section 8 housing	5
Subsidy of utility payment	5
Public Housing	5
Assisted Living programs	2
Transitional housing	3
Total Score	**20**
Programs for Long-Term Care	
Substance Abuse Support Groups	5
Long-term treatment for mentally ill	3
Family counseling	3
Legal aid	3
Veteran Services	4
Total Score	**18**
Primary Job and Education	
GED education	5
Financial Education	4
Vocational Training	5
Job placement programs	5
Literacy Programs	3
Total Score	**22**

Homeless Program Mean **19.8**

Program : VALDOSTA, GA	**Score**
Prevention	
Financial Counseling	5
Rent or mortgage assistance to prevent eviction or foreclosure	5
Mediation in landlord-tenant disputes \	5
Assistance in utilizing affordable child care services	4
Subsidized transportation to/ from work	2
Total Score	**21**
Emergency Assistance	
Soup kitchens	5
Food vouchers	5
Emergency shelters (domestic violence)	3
Emergency shelters (youth)	0
Emergency shelters (general)	5
Total Score	**18**
Primary Health Care Programs	
Primary health services	5
Substance health services (Rehabilitation)	5
AIDS and HIV treatment	4
Dental services	3
Medical drugs and equipment assistance	5
Total Score	**22**
Housing Programs	
Section 8 housing	5
Subsidy of utility payment	5
Public Housing	5
Assisted Living programs	2
Transitional housing	4
Total Score	**21**
Programs for Long-Term Care	
Substance Abuse Support Groups	5
Long-term treatment for mentally ill	2
Family counseling	2
Legal aid	3
Veteran Affairs	3
Total Score	**15**
Primary Job and Education	
GED education	1
Financial Education	4
Vocational Training	5
Job placement programs	5
Literacy Programs	3
Total Score	**18**

Homeless Program Mean 19.2