



KETCHIKAN HOMELESSNESS ASSESSMENT

Fall 2020

Prepared by: Women In Safe Homes

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2020 Ketchikan Homelessness Assessment

Introduction

Homelessness and housing insecurity are ever-present and growing issues affecting residents of the Ketchikan Gateway Borough, including the City of Ketchikan and Organized Village of Saxman. Local organizations including Women In Safe Homes (WISH), First City Homeless Services (FCHS), and Park Avenue Temporary Home (PATH) collaborated to conduct an assessment to understand the demographics, health needs, COVID-19 impact and experiences of individuals who are currently or have been homeless within the past year. This assessment is a tool that can help organizations working on issues of housing and homelessness communicate with stakeholders including funders, local governments, and citizens about what the true experiences of those who are homeless.

Definitions

According to the United States Department of Housing and Urban Development (HUD), a person can be defined as homeless if they fall under any of the following conditions:

- **Literally homeless**- An individual or family who lacks a fixed, regular, and adequate nighttime residence: meaning, the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation, or they are living in a publicly or privately operated shelter designed to provide temporary living arrangements. This category also includes individuals who are exiting an institution where they resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.
- **Imminent Risk of Homelessness** – An individual or family who will imminently lose (within 14 days) their primary nighttime residence provided that no subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing.
- **Homeless Under Other Federal Statutes** – Consists of unaccompanied youth (under 25) or families with children and youth who do not otherwise qualify as homeless under this definition and are defined as homeless under another federal statute, individuals who have not had permanent housing during the past 60 days, or those who have experience persistent instability, and can be expected to continue in such status for an extended period of time.

- **Fleeing/Attempting to Flee Domestic Violence** – Any individual or family who is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

Methods

Survey Development

The survey questionnaire was developed by WISH Prevention and Education staff using templates from earlier assessments with similar goals for data collection and analysis. The draft survey tool was then reviewed by multiple stakeholders to adapt the questions to be relevant to the population in Ketchikan. Stakeholders involved in the review included FCHS, PATH, Love in Action, and State of Alaska Public Health Nursing. Two surveys were developed, the *Homeless Assessment* focusing on individuals who had been literally homeless at any point in the past year or at imminent risk of homelessness, and the *Housing Insecurity Assessment* focusing on those who were or had been housing insecure in the past year. This report focuses on the results from the Homeless Assessment.

Data Collection

The two surveys were administered in-person and over the phone by trained staff and volunteers. Interviews were conducted verbally with survey administrators hand-writing participant's responses and notes onto a paper packet. Responses were collected in September, October, and November of 2020. The *Homeless Assessment* took between 15 minutes and one hour to complete depending on the participant. Paper surveys were given to WISH Research Assistants for input into Survey Monkey online software. Both quantitative and qualitative data were collected. The surveys were confidential and no identifying information was collected unless the survey participant agreed to have some of their data input into the Homeless Management Information System (HMIS). The HMIS system is a state-wide database that tracks certain information about people who experience homelessness. Those who agreed to the HMIS input were given a unique identifier that matched their consent form to their survey form. The HMIS relevant data was then separated from the entire survey and given to a community partner who inputs HMIS data for the community.

Survey Sites

Homeless Assessment surveys were collected in-person primarily in congregate settings where services are provided for people experiencing homelessness or that are seeking other aid from social service agencies. The surveys were administered at the FCHS Day Shelter, at locations where individuals received soup kitchen meals, and at homeless outreach events.

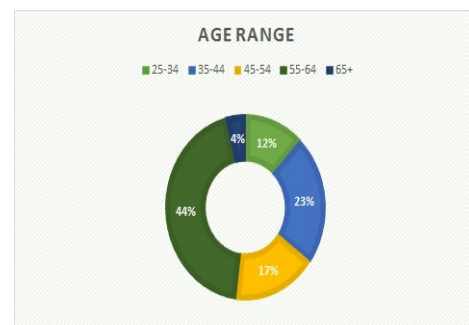
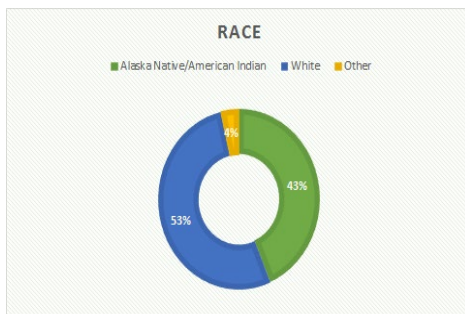
Survey Analysis

Survey data was analyzed using primarily descriptive methods. Many of the questions were being collected for the first time, limiting the ability to offer comparisons over years. Quantitative analysis was completed by counting and comparing proportions of answers to specific questions. Qualitative data was analyzed to identify common themes and capture comments that were not included in any quantitative scale.

Results

Demographics

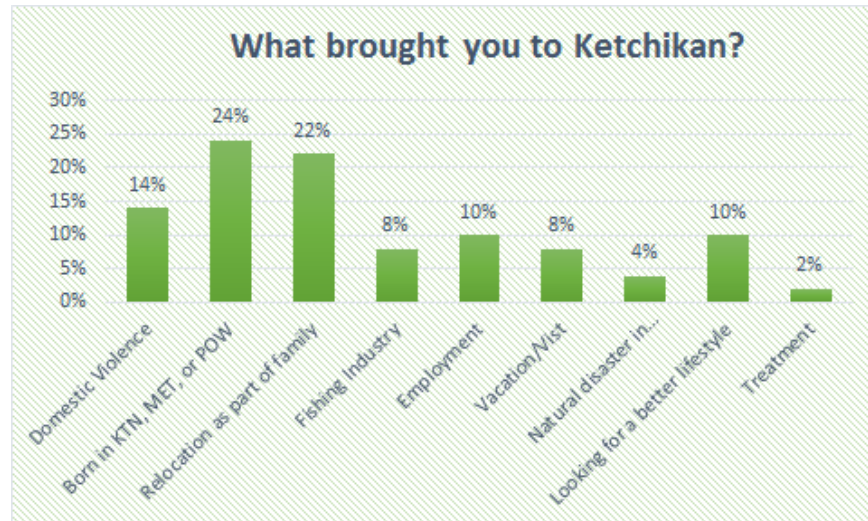
Participants ranged from 25 to 70 years old. The race of participants was 58% White, 48% Alaska Native or American Indian and 4% were another race¹. Most of the respondents were male. The respondents' education levels ranged from 7th grade to completing graduate school, with graduating high school/obtaining a GED being the most often reported. Fourteen percent of respondents reported ever having served in the military.



Residency

The average length of Ketchikan residency reported was 21.5 years. Sixty percent of respondents have lived in Ketchikan for over 10 years. Only 5 of the 55 respondents had been in Ketchikan less than one year. Eighty-eight percent of respondents consider themselves residents of Ketchikan and 64 percent want to be here. The most frequently cited reasons for wanting to leave were to be closer to family or to access more resources. Nearly half of the respondents were born in Ketchikan, Metlakatla, or Prince of Wales, or relocated in their youth with their family to Ketchikan.

¹ percentages equal greater than 100% because individuals who indicated that they were multiracial may be counted more than once.

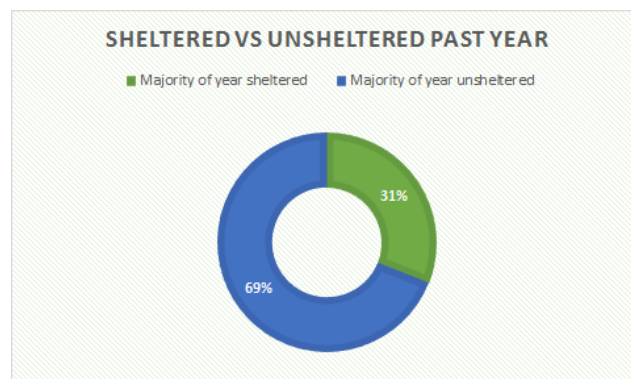


Sources of Income

The respondents were asked about current sources of income or income they have received within the past year. Most reported little to no income sources. Of the respondents, only 4% reported having any income from “on the books” employment and 22% have income from “off the books” employment. Sixty-one percent currently received SNAP benefits, which was the top reported source of financial assistance. Twenty-six percent received a PFD, 22% received Social Security Disability, and 22% received tribal benefits. Seventeen percent sold their possessions or things they found and 15% bartered or traded. About 20% of individuals had absolutely no income. The full measure is included in the appendices.

Housing

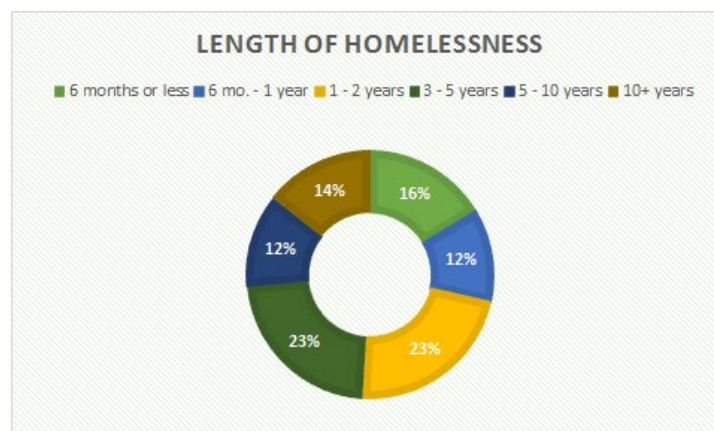
Of the respondents, 72% were currently homeless and 100% have been homeless at some point in the last five years in Ketchikan. 69% spent the majority of the previous year homeless.



With minimal shelter space in town, a majority of those who are homeless stay in conditions not suitable for human habitation. When asked where they had slept the previous night, 28% reported being in a car, truck, or vehicle, 12% reported being completely unsheltered in an outdoor location, and 8% reported staying in a tent, campsite, or other outdoor shelter. Twenty-three percent had spent the night at either the Park Avenue Temporary Home (PATH) or the Women in Safe Homes (WISH) shelter. 21% stayed in shared housing that they did not have a formal agreement to stay in long-term or were couch surfing. Of the 2 individuals that reported staying the previous night in housing they rented, only 1 reported they were not concerned about the future status of their housing.



The **length of homelessness** varied, but most respondents have been without housing that they rented, owned, or had some formal agreement for a year or more. Sixteen percent reported being homeless for 6 months or less, 12% from 6 months to 1 year, 22% for 1 –2 years, 22% 3 – 5 years, 12% from 5 – 10 years, and 14% for 10 years or more.



Substandard housing and housing not fit for human habitation is a continual concern for homeless and housing insecure individuals. The graph below shows the most reported safety concerns for respondents

in this assessment. Sixty-five percent of respondents reported concern about exposure to the elements. When focusing only on those who meet the federal definition of chronic homelessness, concern about exposure to the elements is shared by over 95%.



Respondents were asked **what events immediately preceded their transition into homelessness**. Job and/or income lost was the most often reported at 60%. Eviction was second at 44%. Drug/alcohol use and domestic violence were the third leading contributors, both at 36%. Other top reported events were “being asked to leave a shared residence” at 28%, “relocation” at 26%, and “death in the family” at 24%. The full list and percentages are listed in the data set included in the appendix.

Chronic homelessness is a major issue among those experiencing homelessness in the community. Chronic homelessness is defined as having three or more episodes of homelessness over three years. A 2019 report prepared by the McDowell Group for the Ketchikan Gateway Borough estimated that there were approximately 10 individuals that met these criteria in the KGB. Local organizations providing services to the unhoused suspected that this was an underestimate, and this assessment confirms that chronic homelessness is a more substantial issue in Ketchikan than previously reported. Out of 55 respondents in this assessment, 21 met the criteria for chronic homelessness (38%). According to the National Alliance to End Homelessness, the national average of homeless individuals meeting the criteria for chronic homelessness is 27%. These estimates mean the representation of chronically homeless individuals in Ketchikan is 11% over the national average.

COVID-19 Impacts

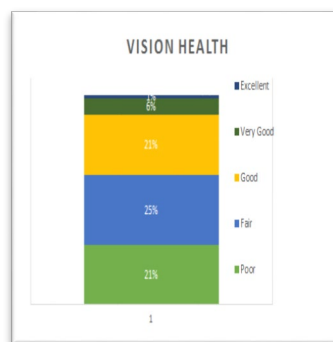
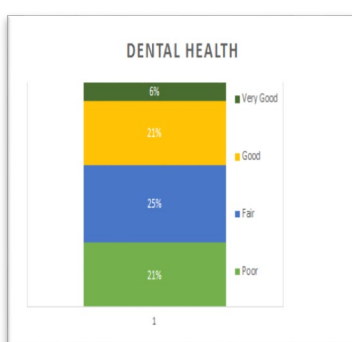
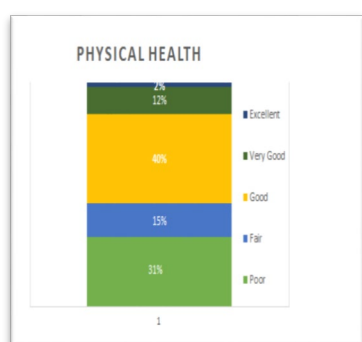
About 52% of participants were more insecure in their housing situation due to the COVID-19 pandemic. It was often reported this was due to the dependence on communal shelter programs and the inability to socially-distance. Many people experiencing homelessness have underlying conditions that increased their risk of serious disease from COVID infection including diabetes, COPD, asthma, and high blood pressure. Fifty-six percent of respondents had sought any aid due to a COVID related event (I.e., they were sick, a family member was sick, they lost employment). A common concern expressed among participants in the survey is that they were unfamiliar with how to access these resources or had a limited understanding of what COVID-related resources for which they qualified.

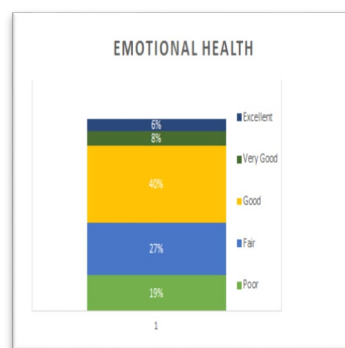
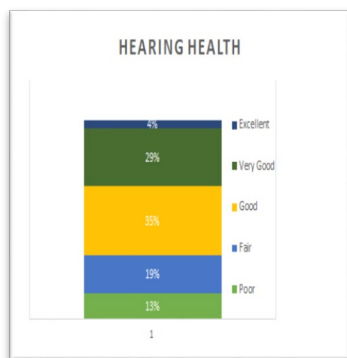
Healthcare

Community members that experience housing insecurity and homelessness have often been the focus of discussions about burdens on our emergency room and healthcare services. Deterioration of good health and medical debt can lead to entry into homelessness, and persistent health issues can catapult people into repetitive cycles of ongoing homelessness. Healthcare debt is a tremendous burden for Alaskans and is something that influences housing over the lifespan.

Health issues that may be rooted in substance use and substance misuse can be exacerbated by the inability to access stable housing and the supportive environment that housing provides. Lack of running water, refrigeration to store food and medication, and spaces to cook can make existing health conditions worse, requiring emergency treatment. Those who work directly with unhoused individuals report how this cycle can continue until the person is supportively housed or dies.

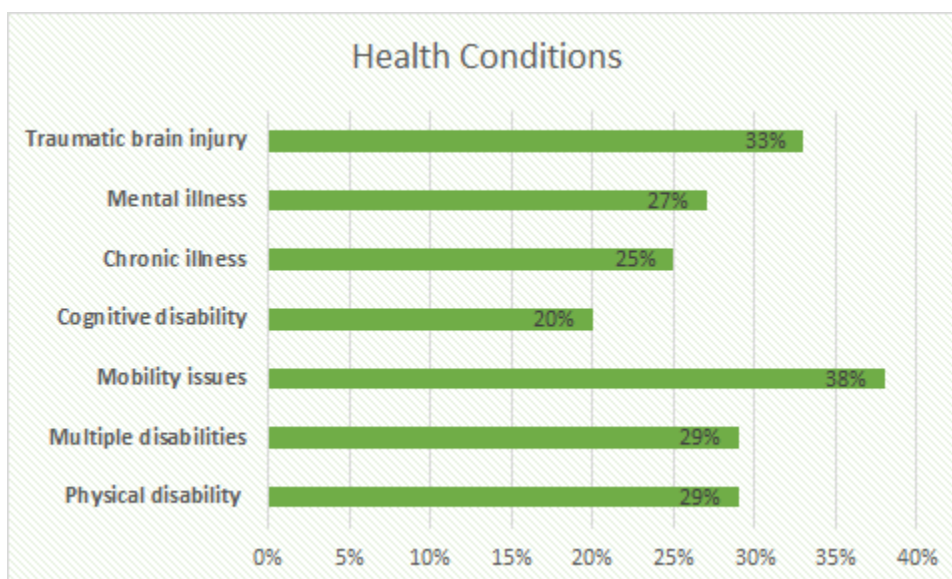
The charts below look at self-reported health measures including physical, dental, vision, hearing, and emotional health among all survey respondents.





Substance use is common among the respondents. Forty-seven percent of respondents stated they used substances in a way that is potentially harmful. Alcohol and tobacco were the most used substances, with 61% reporting use of each, respectively. Fifty-six percent use marijuana, 25% use prescriptions, 13% use methamphetamine, and 9% use opiates including heroin. Sixty percent have taken part in drug or alcohol treatment in the past and 27% report being officially diagnosed with substance use disorder.

Health conditions can have a significant impact on the ability of those to access services that may help them exit homelessness. In this section respondents were asked about diagnosed conditions including traumatic brain injury, chronic illness, and other conditions and were asked to respond “yes” only if they had had a formal diagnosis of the condition. The table below looks at some chronic health conditions that were determined to have significant negative impacts on the health and safety of those who are unhoused.

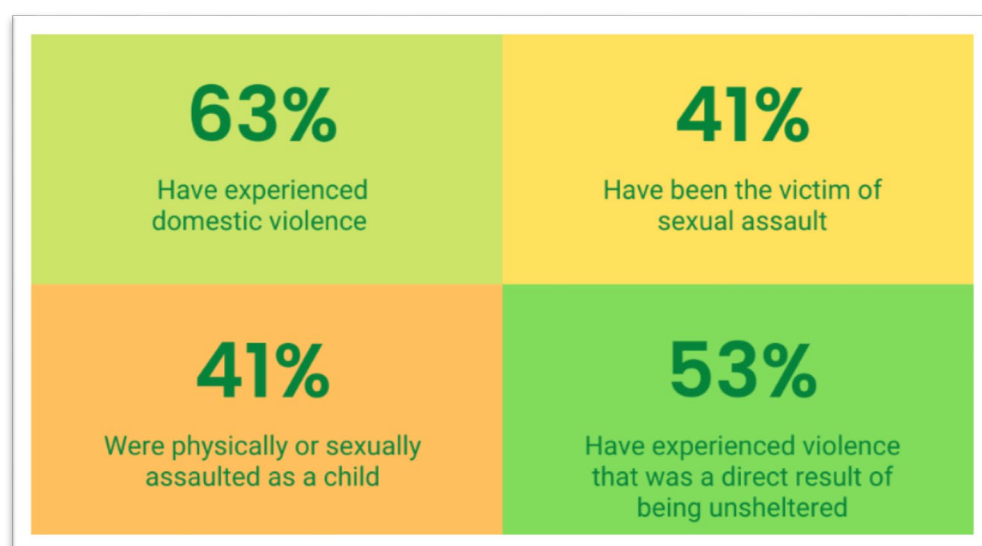


Reports of diagnosed chronic health conditions among survey respondents were often well above national prevalence rates. The Centers for Disease Control and Prevention (CDC) report that only 2% of the US population has a traumatic brain injury, compared to 33% of the assessment population. The CDC reports diagnosed mental illness in about 20% of the US population, compared to 27% in the assessment group. Cognitive disabilities reported by the assessment group are nearly twice the national average at 20% compared to 10.8% (CDC, 2020). Mobility issues were reported at nearly 3 times the rate at 38% compared to 13.7% in the overall US population.

About 50% of respondents with a medical condition that requires regular monitoring go to the doctor. Forty-three percent of respondents had been to the doctor within the past year. Emergency room utilization is higher, with 76% reporting they have gone to the ER in the past year. Of the 45 respondents that reported they had been to the ER in the past year, there were 130 total trips reported among all participants.

Violence and Homelessness

Of those who were homeless or staying in a house without a formal agreement, 25% reported that there was violence or conflict where they were staying including those who are couch surfing, staying at a friend or acquaintance's house, or staying in a shelter. Of those who reported there being violence or conflict in the place where they were staying, 63% said they do not have another safer option for housing. When asked to think about their overall experience of homelessness, 53% report that they have experienced violence that was a direct result of being unsheltered or marginally housed.

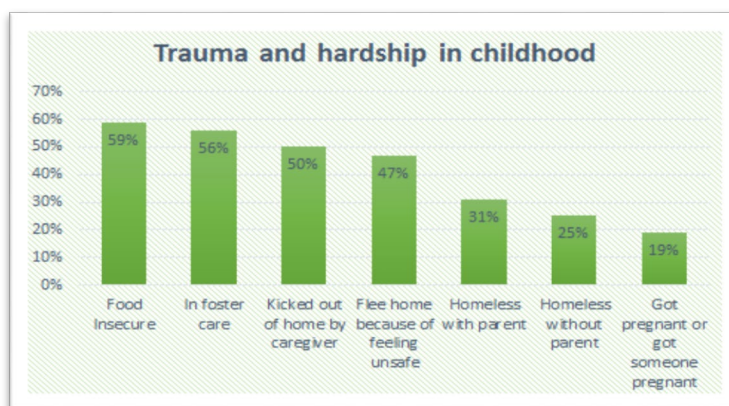


Domestic violence is the leading cause of homelessness among women and families. The homeless population in Ketchikan has both victims and perpetrators of domestic violence, both of which need to be able to access services to end cycles of violence that plague our community. Sixty-four percent report being the direct victim of domestic violence and 55% had had to flee a home or a place they were living due to violence over their lifetime. Nearly 10% were currently fleeing violence at the time of participating in the assessment. In the past year 34% of respondents have been the victim of domestic violence or sexual assault. While comparative numbers about domestic violence experienced by both men and women are unavailable for Ketchikan, the 2015 Alaska Victimization Survey estimated 9% of women experienced domestic violence per year in Ketchikan.

Sexual assault is another common concern for people who are unsheltered or marginally housed. Forty-one percent of respondents, both male and female, report having been the victim of a sexual assault during their lifetime. Again, comparative numbers are difficult to find that include both male and female victims that directly illustrate the disproportionate number of the survey population that experiences this phenomenon, but most estimates put the prevalence of sexual victimization of those who are unhoused at a higher rate than the general population.

Childhood Adversity

Participants were asked about childhood trauma and adversity experienced in childhood. The data collected about Ketchikan residents experiencing homelessness is in line with research that shows that victimization and trauma experienced in childhood leads to multiple negative outcomes including homelessness across the lifespan. The experiences of our residents who were without consistent safe and stable housing as children certainly have impacted their ability to live and thrive in adulthood. This chart shows the selected adverse experiences that our homeless population experienced in childhood through age 18.



When compared to the population of Alaska and the US as a whole, homeless individuals reported higher rates of certain adverse experiences in childhood. Fifty-six percent of respondents reported having been in foster care as a child, compared to the estimated 1.6% of Alaskan children overall. Fifty-nine percent reported food insecurity in childhood, compared to an estimated 18% of Alaskan children overall.

Service Utilization and Service Needs

Shelter services and food assistance programs were highly utilized among the population and ranked as being very important as part of a service array. For food assistance, 83% of respondents received SNAP benefits in the past year, and 81% utilized the Salvation Army meals. First City Homeless Day Shelter was the top utilized service, with 86% using the service. The FCHS Overnight Warming Shelter was also highly utilized when opened, with 57% of respondents reporting utilization. Park Avenue Temporary Home (PATH) was used by 49% of respondents and WISH by 25%. A full chart of shelter and food services utilization is included in the appendices.

Respondents were asked to rank various forms of assistance, community services, and other things that would support their wellness based on how important they would be to them personally or the homeless community as a whole.

The top 10 most important needs of the community were:

- | | |
|-------------------------------------|------------------------------------|
| 1. Public benefits (Medicaid, SNAP) | 6. Consistent shelter beds |
| 2. Medical/dental treatment | 7. Cash assistance |
| 3. Affordable housing | 8. Information on medical services |
| 4. Free meals | 9. Information on social services |
| 5. Physical safety | 10. Transportation |

We asked about the same services, but in terms of how easy or difficult they were to access. These are the top 5 easiest and top 5 most difficult services to access:

Easiest to access:

1. Free meals
2. Support groups
3. Physical safety
4. Food assistance

Difficult to access:

1. Affordable housing
2. Job placement
3. Cash assistance
4. Consistent shelter beds

Ideal Housing

Survey respondents were asked what they would like to see in their ideal housing. Below is a list of amenities and themes from respondents:

- Warm and dry!
- In a location to access commodities
- Access to fridge, laundry, and places to cook food
- ADA accessible
- Possibly a bunkhouse-like situation where people have their own room, gathering places, and shared bathrooms
- Able to drink (wet housing)
- In town
- If own apartments, nicer and safer than well-known local low-cost housing
- Tiny houses or a tiny house neighborhood

Limitations

This survey had the following limitations found by the assessment team:

- COVID-19 limited data collection. In-person interviews were stopped about half-way through the data collection period for the safety of researchers and participants.
- Due to time-constraints during interviews, there was minimal qualitative data collected.
- The survey population may have had a distrust of researchers and may not have answered all the questions honestly, even when assured of confidentiality standards.
- Surveys were conducted in congregate settings and were subject to interruptions by participants asking questions while others were being interviewed.

Recommendations

This assessment was undertaken to provide local organizations that work directly with people experiencing homelessness. Recommendations for the use of this data include:

- Using the data to approach the work of ending homelessness in Ketchikan with a shared understanding of the issue.
- Preparing an organization-specific report utilizing the data.

- Creating a community-wide awareness and education campaign to inform about homelessness in Ketchikan.
- Apply for funding sources that target specific issues and needs within the population of individuals experiencing homelessness.
- Use the data to make services in the community more specific and relevant to needs of the population.

Acknowledgements

We would like to thank the Ketchikan Gateway Borough and the City of Ketchikan for providing funding for this assessment through the 2020 CARES Act non-profit grant program. The assessment team was led by Arika Paquette of WISH, with support from WISH Research Assistant Crystal Schleiff. Thank you to Donita O'Dell and Bobbi Keuken of First City Homeless Services and Ty Rettke of Park Avenue Temporary Home for their help in survey development and response collection. The final report was prepared by Arika Paquette, with assistance from Agnes Moran and Dr. Ali Ziegler, Associate Professor of Psychology at University of Alaska Southeast. For more information or to get the link to a recorded presentation about the assessment, email arika.p@wishak.org.

Appendix

Survey Data

The following presents the statistical data collected during the research period, in the form of a Homelessness Assessment Survey.

Total number of Homelessness Assessment Participants: 55

Homelessness Assessment Synthesized Information

Demographics:

Age Group:

↓18	0%
18-24	0%
25-34	11.54%
35-44	23.08%
45-54	17.31%
55-64	44.23%
65↑	3.85%

Ethnicity:

57.69%	White or Caucasian
48.08%	American Indian/ Alaska Native
3.85%	Another Race

Military Service:

Yes	15.96%
No	84.31%

Education:

7th grade	2%	Graduated high school	3%
8th grade	0%	1 year of college	6%
9th grade	2%	2 years of college	10%
10th grade	8%	3 years of college	0%
11th grade	6%	Graduated college	8%
GED	20%	Completed graduate school	2%

Communication Tools:

Phone	66.67%
Email	60.78%
Texting	50.98%
Social Media	49.02%
Other	39.22%

Residency:

Do you consider yourself a Ketchikan resident? Do you prefer Ketchikan or to be elsewhere?

Yes	88.24%	Yes, here in Ketchikan	63.83%
No	7.84%	No, elsewhere	36.17%
Other	3.92%		

If transportation assistance were available, would you want to leave Ketchikan?

Yes	50.0%	No	50.0%
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Housing:

Housing situation:

Literally homeless	72.22%
Imminent risk of homelessness	3.70%
Homeless under other federal statute	1.85%
Housing insecure	7.41%
None of the above	14.81%

Would you use housing if it met your needs?

Yes	88.24%
No	11.76%

Where did you sleep last night?:

Emergency shelter/ safe haven/ transitional housing	23.08%
In housing you rented	7.69%
Shared housing with others, that you do not own	5.77%
In a tent/ campsite/ outdoor shelter	7.69%
Unsheltered on a bench, in a doorway, or other outdoor location	11.54%
Couch surfing	15.38%

In a car/ van/ truck/ vehicle 28.85%

Length of time in place you stayed last night:

1 week or less 30.43%

1-6 months 36.96%

6-15 months 13.03%

A year or more 19.57%

Own or rent a home:

Yes 18.87%

No 81.13%

Over the past year, have you spent the majority of the time in a home or in another place that you didn't own, rent, or have a formal agreement to utilize for shelter?

In a place with a formal agreement (sheltered) 30.77%

In a shelter, outdoors, or in another space not safe for staying long term (under the docks, in a bus shelter, in an abandoned or condemned building) 46.15%

Other 23.08%

If you are staying in shared housing with others that you do not own, could you continue to stay there?

Yes 36.59%

No 53.66%

Other 19.51%

More housing insecure due to COVID-19 pandemic?

Yes 52.0%

No 48.0%

If yes, assistance sought?

Yes 55.77%

No 44.23%

When did you first lose housing?

<6 months	16.33%
6 months- 1 year	12.24%
1-2 years	22.45%
3-5 years	22.45%
5-10 years	12.24%
10+	14.29%

Causes leading to events of homelessness: (Total more than 100% due to inclusion of multiple instances of homelessness or more than one event preceding homelessness)

Job income loss/ reduction of income	60.0%
Domestic violence	36.0%
Eviction	44.0%
Asked to leave shared residence	28.0%
Drug/ alcohol abuse	36.0%
Loss/ reduction of benefits	12.0%
Relocation	26.0%
Injury	14.0%
Illness	18.0%
Foreclosure	2.0%
Natural disaster	8.0%
Release from psychiatric facility	4.0%
Release from jail/ halfway house/ other criminal justice program	18.0%
Aged out of foster care	2.0%
Death in family	24.0%
Emotional distress	18.0%
Other	18.0%

Separate incidences of homelessness in the past 3 years:

0- 4% 1- 26% 2- 12% 3- 6%
3-4- 4% 5- 2% 7- 2% 10- 4%
Several/ many/ lots/almost daily- 12%
Consistent/Continuous- 30%

As a minor, were you ever:

In foster care	56.25%	Homeless with a parent	31.25%
Homeless without a parent	25.0%	Food insecure:	59.38%
Kicked out by parent/ caregiver	50.0%	Pregnant/ had a child	18.75%
Left the place you were living due to feeling unsafe	46.88%		

Physical Security and Conflict:

Violence or conflict in the place you are staying (current)?

Yes 17.31%

No 80.77%

If yes, can you go elsewhere?

Yes 26.32%

No 63.16%

Is your health or safety at risk in the place you were staying last night (due to situations other than violence, such as substandard housing or severe overcrowding)?

Yes 36.73%

No 63.27%

Other 6.12%

If YES, your health and safety are at risk, do you have another safe place to go and how long could you potentially stay there?

Yes 13.64%

No 86.36%

In the place you most recently stayed, what are all the reasons you felt unsafe?

Exposure to others using drugs or alcohol 42.31%
Exposed to criminal activity 30.77%
Conditions were excessively dirty/ unsanitary 42.31%
Concerned about fires 7.69%
Exposed to the elements (rain, wind, cold, heat) 65.38%
Concerned about flooding 19.23%
Concerned about mold 34.62%
Unsolicited sexual pressure or sexual contact 11.54%

Victim of domestic violence in your lifetime?

Yes 63.46% No 34.62% Other 1.92%

Of sexual assault?

Yes 41.18% No 54.90% Other 3.92%

Domestic or sexual violence in the past year?

Yes 34.0%

No 66.0%

Physical or sexual assault as a child?

Yes 41.18%

No 54.90%

Have you experienced violence as a direct result of being unsheltered?

Yes 52.94% No 45.10% Other 1.96%

Forced to flee a place you were living due to violence?

Yes 54.90%

No 45.10%

Currently fleeing violence?

Yes 9.80%

No 90.20%

Have you ever been pressured or experienced unwanted sexual contact of any kind as a condition to keep housing?

Yes 22.45%

No 77.55%

Health and Wellness:

<i>Ratings of Health:</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>
Physical:	30.77%	15.38%	40.38%	11.54%	1.92%
Dental:	40.38%	17.31%	30.77%	11.54%	0%
Vision:	21.15%	25.0%	40.38%	11.54%	1.92%
Hearing:	13.46%	19.23%	34.62%	28.85%	3.85%
Emotional:	19.23%	26.92%	40.38%	7.69%	5.77%

Potentially harmful substance abuse:

Yes 47.06%

No 52.94%

Interest in information on stopping:

Yes 6.98%

No 93.02%

Current substances used:

Alcohol	64.44%	Tobacco	64.44%
Marijuana	55.56%	Prescriptions	24.44%
Opiates	8.89%	Amphetamines	13.33%

Do you have health conditions requiring monitoring/ treatment?

Yes 49.02%

No 45.10%

N/A 5.88%

Any of the following conditions?

Physical disability	28.89%
Chronic illness	24.44%
Mobility issues	37.78%
Substance use disorder	26.67%
Diagnosed mental illness	26.67%
Traumatic brain injury	33.33%
Multiple physical disabilities or limitations	28.89%
Learning or developmental disabilities	20.0%
History of drug or alcohol treatment	60.0%

Last seen by medical provider (other than ER):

Within the month	43.15%
1-6 months	19.61%
6 months- 1 year	11.76%
More than a year	25.49%

Have you visited the ER in the last year?

Yes	76.47%
No	23.53%

How long ago was your last ER visit?

Within the month	13.64%
More than a week, less than a month	27.27%
More than a month	59.09%

ER visits within the last year:

0- 20%	3- 4.44%
1- 20%	4- 11.11%
2- 22.22%	5↑- 22.22%

How often do you/ someone you know go to the ER:

Weekly	13.51%
Monthly	32.43%
Yearly	54.05%

Employment and Income:

What are your current sources of income?

Supplemental Security Income (SSI)	3.92%
Social Security Disability Income (SSDI)	21.57%
Food Assistance (SNAP or TANF)	60.78%
Work, on the books	3.92%
Work, under the table/off the books	21.57%
Permanent Fund Dividend	25.49%
Tribal benefits or assistance	21.57%
Mental Health Trust beneficiary	0.00%
Section 8/Rental assistance	1.96%
Veterans assistance/pension	0.00%
Retirement income/ Job pension	1.96%
Family or spousal support	9.80%
Bartering or trading	15.69%
Selling possessions or things you found	17.65%
Selling arts/crafts	3.92%
Other	31.37%
No income	19.61%

Services and Resources:

Shelter services:

Park Avenue Temporary Home 48.98%

Overnight Warming Center 57.14%

FCHS Day Shelter 85.71%

WISH Shelter 24.49%

Shelters in another community/ state 16.33%

Other 2.04%

Food programs:

SNAP	82.69%
Salvation Army meals	80.77%
Salvation Army food boxes	57.69%
Love In Action	48.08%
Church/ Religious program	46.15%
Tribal food distribution	21.15%
WISH food boxes	19.23%
Summer school lunch	7.69%
Little free pantries	7.69%
TANF	7.69%
School based distribution	3.85%

Rank items on level of importance on a scale of 1-5:

**Weighted average measures from high to low, with highest averages reflecting most important to lower averages reflecting least important.*

	1 Not at all Important	2 Slightly Important	3 Moderately Important	4 Very Important	5 Extremely Important	Weighted Average
Public benefits (cash assistance, Medicaid, etc.)	2.04%	2.04%	4.08%	26.53%	65.31%	4.51
Medical/dental treatment	2.04%	2.04%	12.24%	20.41%	63.27%	4.41
Affordable housing	6.12%	4.08%	8.16%	12.24%	69.39%	4.35
Food assistance program	4.35%	4.35%	13.04%	19.57%	58.70%	4.24
Free meals	4.26%	6.38%	10.64%	21.28%	57.45%	4.21
Physical safety	10.20%	0.00%	8.16%	24.49%	57.14%	4.18
Any consistent shelter bed	12.24%	0.00%	18.37%	12.24%	57.14%	4.02

	1 Not at all Important	2 Slightly Important	3 Moderately Important	4 Very Important	5 Extremely Important	Weighted Average
Cash Assistance	10.87%	2.17%	13.04%	26.09%	47.83%	3.98
Health information	12.24%	8.16%	18.37%	12.24%	48.98%	3.78
Information on social service agencies	10.20%	10.20%	12.24%	32.65%	34.69%	3.71
Transportation	14.29%	14.29%	12.24%	32.65%	26.53%	3.43
Job placement	22.45%	6.12%	16.33%	20.41%	34.69%	3.39
Individual counseling	22.45%	4.08%	24.49%	16.33%	32.65%	3.33
Legal assistance	21.74%	8.70%	21.74%	19.57%	28.26%	3.24
Support groups	28.57%	10.20%	14.29%	26.53%	20.41%	3.0
Job training	28.57%	16.33%	14.29%	20.41%	20.41%	2.88
Drug/alcohol treatment	36.17%	12.77%	12.77%	8.51%	29.79%	2.83
Budgeting information	34.04%	12.77%	17.02%	19.15%	17.02%	2.72
Further education	34.78%	6.52%	26.09%	19.57%	13.04%	2.70

Ability to access resources, ranked on a scale of 1-4:

**Weighted average measures from high to low, with higher averages reflecting greater difficulty and lower averages reflecting less difficulty.*

	1 Always Easy	2 Usually Easy	3 Usually Difficult	4 Always Difficult	Weighted Average
Affordable housing	10.42%	8.33%	12.50%	68.75%	3.40
Job placement	14.29%	16.67%	30.95%	38.10%	2.93
Cash Assistance	19.57%	17.39%	28.26%	34.78%	2.78
Any consistent shelter bed	15.91%	34.09%	13.64%	36.36%	2.70
Job training	23.08%	20.51%	30.77%	25.64%	2.59
Public benefits like cash assistance, Medicaid, etc.	25.0%	25.0%	25.0%	25.0%	2.50
Budgeting information	29.73%	29.73%	21.62%	18.92%	2.30

	1 Always Easy	2 Usually Easy	3 Usually Difficult	4 Always Difficult	Weighted Average
Legal assistance	40.0%	10.0%	30.0%	20.0%	2.30
Transportation	33.33%	27.08%	22.92%	16.67%	2.23
Further education	29.55%	34.09%	25.0%	11.36%	2.18
Medical/dental treatment	36.17%	27.66%	19.15%	17.02%	2.17
Information on social service agencies	28.26%	43.48%	19.57%	8.70%	2.09
Health information	36.96%	32.61%	17.39%	13.04%	2.07
Drug/alcohol treatment	35.90%	33.33%	23.08%	7.69%	2.03
Individual counseling	45.0%	25.0%	12.50%	17.50%	2.02
Food assistance program	43.48%	32.61%	10.87%	13.04%	1.93
Physical safety	36.17%	40.43%	23.40%	0.00%	1.87
Support groups	46.15%	28.21%	20.51%	5.13%	1.85
Free meals	69.57%	17.39%	8.70%	4.35%	1.48