Homeless Community of
Alamance County

An Action Oriented Community Diagnosis

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Acknowledgments

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Executive Summary

This document contains an analysis of interviews, focus groups, and relevant background information on the homeless community in Alamance County. The data were compiled by a group of five graduate students from the University of North Carolina at Chapel Hill's School of Public Health, as part of a community assessment, also known as Action-Oriented Community Diagnosis (AOCD). An AOCD is a process through which a student team works with a community to identify strengths and challenges, presents the findings at a community forum, and facilitates the development of tangible action steps to help the community address the identified challenges. The process involves both research and practice.

Bill Adams, executive director of the Allied Churches of Alamance County, and Karen Webb, of the Alamance-Caswell-Rockingham Local Management Entity (formerly the Alamance-Caswell Area Mental Health Program), requested the AOCD in order to learn more about homelessness in the county. Another goal of the assessment was to examine the assets and challenges of service providers who work with individuals experiencing homelessness. The information presented in this document is intended for use as a reference and a resource, and may inform program planning, grant writing, and future community forums.

The first section of this report contains background information on homelessness and Alamance County. The second part of the document contains a description of the AOCD methods and a summary of community strengths and challenges, including eight domains that emerged from interviews and focus groups with service providers and individuals experiencing homelessness. These eight domains are: mental health, employment, housing, transportation, substance abuse, reentry from prison or psychiatric facilities, perceptions of homelessness, and communication among service providers or between service providers and homeless individuals.

The third part of the document contains a description of the community forum, planned by the community and student team, during which project findings were presented and tangible action steps were generated to address the challenges that emerged during the AOCD process. Finally, the student team's recommendations conclude the report.

The scope of this report is limited to the adult homeless community in Graham and Burlington because that is where most services are concentrated. For the purposes of this AOCD, the homeless population is defined broadly, but most interviewees are shelter guests and many are new residents of Alamance County.

The student team presented their findings at a community forum, called Homelessness: Creating Community Change, held on April 27, 2007 at the First Christian United Church of Christ in Burlington. The event brought together more than 160 homeless and formerly homeless individuals, service providers and general community members with an interest in homelessness, to identify and discuss action steps related to the identified themes. The action steps and key discussion points from the forum are listed in Appendix C, and a general presentation of the forum planning process and schedule of events is contained in the body of this document.

To conclude, this document describes the AOCD process and analyzes the experiences, perceptions, and frustrations of people experiencing homelessness, and the people who serve them, in Alamance County. The primary data, secondary data, recommendations, and action steps contained in this report may be used to guide future program planning and grant-writing.

The student team thanks the people of Alamance County for the challenging work they have done already, and the action steps they have committed to take in the future, to improve the lives of people experiencing homelessness.

Introduction

In the fall of 2006, a team of five graduate students from the University of North Carolina at Chapel Hill's School of Public Health entered Alamance County to explore the issue of homelessness. They were introduced to the community by their preceptors Karen Webb of the Alamance-Caswell-Rockingham Local Management Entity, and Bill Adams, Executive Director of the Allied Churches of Alamance County, which runs a soup kitchen and emergency night shelter in Burlington. With the guidance of their preceptors, the team conducted an Action Oriented Community Diagnosis (AOCD) of the Alamance County homeless community.

An AOCD is a process through which a student team works with community members and service providers to identify community strengths and challenges, and help the community identify potential action steps that will result in positive change. The goal of an AOCD is to explore the ways in which social, political, cultural, and environmental issues impact the community, and to facilitate discussions about the identified issues. There are several steps to the process, starting with collecting background information and gaining entree. The next steps involve data collection through field observations, interviews, and focus groups. Information gathered through this process is synthesized and analyzed, and then presented to the community in a forum. At the forum, the student assessment team presented their findings so that community members could plan ways to improve life for people experiencing homelessness in Alamance County.

Defining Homelessness

What does it mean to be "homeless"? It is likely that different people would answer this question in different ways, just as each American city, county, and state applies its own definition to determine who can stay in shelters, eat at soup kitchens, qualify for government assistance, or be included in national statistics of homelessness. One's personal identity further complicates the matter, in that an individual may not consider him or herself to be homeless, in spite of meeting the government criteria. Consequently, discussions about local services, community organizing, identification of strengths and needs, or policy change should recognize the wide range of experiences among members of the homeless population.

The United States Department of Housing and Urban Development (HUD) collects information about the quantity and characteristics of homelessness in the country, and works with federal, state, and local agencies to provide housing assistance to disadvantaged populations.[3] For HUD purposes, a homeless individual is one who

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"lacks a fixed, regular, and adequate nighttime residence" and/or "who has a primary nighttime residence that is either 1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); 2) in an institution that provides a temporary residence for individuals intended to be institutionalized; or 3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings."[4]

Each year, HUD conducts a national count of homelessness in the United States. This count, called Point-in-Time, is an effort to collect information about the number of homeless people and the services they use for the purposes of policy formation and funding. In the 2005 count, an estimated 744,313 people nationwide experienced homelessness.[5] The following results reinforce the complicated nature of defining homelessness: 56 percent of counted homeless people were living in shelters and transitional housing, and 44 percent were unsheltered; 59 percent of homeless people counted were single adults and 41 percent were persons living with families; In total, 98,452 homeless families were counted; 23 percent of homeless people were reported as chronically homeless which, according to HUD's definition, means that they are homeless for long periods or repeatedly, and have a disability. Individuals who are doubled-up (which refers to living with friends, relatives, or in a hotel) are considered "precariously housed," and therefore excluded from the count. Due to the complicated and fluid nature of homelessness, these results are highly controversial and probably underestimate the actual number of persons experiencing homelessness.[5]

The AOCD team helped organize and conduct Alamance County's 2007 Point-in-Time count, which took place on January 24. The total number of individuals counted was 129: 85 men, 27 women, and 17 children. Data were gathered from persons meeting the HUD definition of homelessness who spent the night in a shelter or utilized a social service during the twenty-four hour period. In this AOCD, however, homelessness is defined as anyone who resides in a shelter, in temporary housing (i.e. staying with a friend or family member, living in a hotel, or living in transitional housing), in an encampment, on the streets, or anyone who identifies as being homeless.

Homelessness in America

Who is homeless?

Homelessness cuts across age, gender, race, and education, affecting people from all walks of life. However, data show that single men are three times more likely to be homeless than single women.[6] The primary cause of

homelessness for 40 to 50 percent of single women and children who are homeless is intimate partner violence, and many scholars believe that this estimate is low.[7] The national homeless population is estimated to be 50 percent African American, 35 percent white, 12 percent Hispanic, 2 percent Native American, and one percent Asian.[6] Families with children are the fastest growing group of people experiencing homelessness.[8] Many people experiencing homelessness have served in the armed forces. Current estimates indicate that one-third of adult homeless men are military veterans.[9] Ninety-seven percent of homeless veterans are male, and most are single. In one year, up to 400,000 veterans may experience homelessness.[9]

Background Information Related to Homelessness

Housing

Safe and affordable housing is difficult to attain for many North Carolina residents, particularly those who are unemployed or with a low-income. In 2006, a North Carolinian working full-time at minimum wage would not be able to afford an efficiency apartment at Fair Market Rent in any county.[10] Fair Market Rent is a dollar amount set annually by HUD to indicate the cost of renting a modest apartment in a given location.

HUD has an array of housing programs, including those specific to homelessness. The programs utilize "integrated approaches" to provide housing in suitable living environments and increased economic opportunities for persons in need.[11] These programs include the Supportive Housing Program, Shelter Plus Care, and Single Room Occupancy[12] which are informed by the "continuum of care" model of services.[12] A "continuum of care" system is based on the understanding that environmental, social, and economic factors contribute to homelessness and should be addressed through an organized process by which a community identifies and solves the needs of its homeless population.[12] HUD also sponsors an Emergency Shelter Grant Program that funds shelters and related agencies.[12]

Specifically, North Carolina has received several HUD awards for projects pertaining to low-income and homeless communities. In February 2007, the North Carolina Housing Coalition received over a half million dollars to expand the Carolina Homeless Information Network, which maintains a database of needs for homeless individuals.[13] Additionally, HUD awarded seven million dollars to "continuum of care" organizations that provide housing and support services to homeless North Carolina residents.[14]

Sources of income

About 26 percent of homeless individuals are employed,[6] but those who are unemployed might seek out alternative ways of making money. Some cities have street newspapers or magazines that provide employment opportunities to homeless people or others in need.[15] Begging or panhandling is common practice, but many cities are banning these types of activities. Other moneymaking options are playing music, offering other forms of entertainment for donations, holding up signboards, hanging up fliers for local businesses, or selling plasma. Some non-profit organizations provide skill development and job coaching to people who need it, although not all of these organizations serve exclusively homeless individuals.

Health

Individuals experiencing homelessness are at increased risk of illness or disease. Although limited data exist on this topic, the homeless population may be particularly vulnerable due to limited use of preventive medical care; low adherence to medications/inability to manage medications; exposure to illness in shelters; poor sanitary conditions; participation in high-risk behaviors, like unprotected sex or drug use; untreated mental illness; or exposure to trauma.

Researchers have identified homicide, the Acquired Immunodeficiency Syndrome (AIDS), heart disease and cancer as leading health concerns among homeless adults.[16] Tuberculosis is another concern for people experiencing homelessness. The incidence of tuberculosis in the United States has declined to its lowest rate in recorded history. Nevertheless, six percent of tuberculosis cases reported nationally in 2001 were in homeless, or previously homeless, people.[17] Providers of health and human services in Alamance County noted that mental health, diabetes, heart disease, and infectious diseases are health concerns within the county's homeless population.

Mental Health

Deinstitutionalization of patients from state psychiatric facilities in the late 1970s increased the appearance of homelessness in the United States. Long-term psychiatric patients were released from state hospitals and responsibility for their treatment and follow-up was transferred to community health centers. However, the population did not receive adequate support during the transition, and many ended up homeless or in the criminal justice system.[18] At the time of print, more than 300,000 people diagnosed with mental illness were incarcerated in American jails and prisons.[19]

Historically, North Carolina's mental health system consisted of a network of private, non-profit, for-profit, and state-run providers. In the mid-1990s, however, the state system began to collapse.[20] In response, the North Carolina legislature approved a comprehensive reform plan. The plan was designed to enhance community capacity by reducing the load of state-run facilities in favor of community-based programs, including primary care providers, local hospitals, human service agencies, and faith-based organizations.[21] Another goal of the reform was to increase agency accountability by separating management and clinical functions into separate agencies.[21]

Since implementation nearly six years ago, the reform has incited controversy. Critics of reform argue that community-based providers may not be equipped to handle the increased patient load expected of them.[22, 23] Others have expressed concern about the disruption to consumers of switching providers, the pressure that reform places on local hospital emergency departments, and the struggles other communities have experienced while privatizing.[20] In fact, the Associated Press reported in early 2007 that local hospital emergency rooms have become the first stops for many patients with mental illness because counties lack other treatment options, and that some North Carolina hospitals have seen "close to a ten-percent increase in mentally ill patients in a year."[24]

Introduction to Alamance County

Geography

Alamance County is in North Carolina's Piedmont Region, located in the heartland of the state between the coast and the Appalachian Mountains. It is near Research Triangle Park and the Triad cities of Greensboro, Winston Salem and High Point. Alamance County covers 429.99 square miles and is comprised of urban and rural areas. The town of Graham holds the county seat.[25] This report primarily focuses on Graham and Burlington, where most of the health and human services are located, and thus where most of the homeless population stays.

Population

Approximately 140,533 people live in Alamance County, which is a 7.4 percent increase over 2000. In 2005, the official racial and ethnic composition of the county was 78.5 percent white, 18.9 percent African American, 10 percent Latino, 1.2 percent Asian, and 0.5 percent American Indian or Native Alaskan. Nearly seven percent of the population is under the age of five, and 24.2 percent are under 18 years of age.[26] Data show that 13.2 percent of the Alamance County population is aged 65 or older, and that the population of older adults is growing at a faster rate than that of any other age group.[26]

The Latino population is the county's most rapidly growing ethnic group. The proportion of Latinos in Alamance County is 37 percent higher than the proportion of Latinos in the state. On average, the median age of Latino residents in the county is 23 years old, compared to the county's overall median age of 36 years old.[27]

History

In 1849, Alamance County became its own entity after splitting from Orange County. The word Alamance is derived from a Native American word meaning "blue clay." In its early existence, Alamance County was characterized by the development and expansion of the textile industry.[28] E.M. Holt opened the first major cotton mill in 1837 and began producing Alamance Plaids, a colored fabric that gained worldwide fame. This mill eventually became Burlington Industries, marking the beginning of an era of economic boom in Alamance County. Farming remained a common source of livelihood during this time, yet most farming was done on a small scale.

In 1882, Holt's two sons founded another large mill and mill town, called Glencoe Cotton Mill and Village. The Glencoe Cotton Mill was built along the Haw River, which was particularly suitable for water-powered industries. The river provided an inexpensive and convenient source of energy.[29] North Carolina was quickly becoming a leader in textile manufacturing, and by 1923 there were over 351 mills across the state, producing over $3.25 million in goods. The Glencoe Cotton Mill did not close its doors until 1954.[30]

Economy

The livelihoods of many Alamance County residents, and identities of whole towns and villages, have drawn from the manufacturing industry for generations. The production of goods – like hosiery, textiles, electronics, molded plastics, and automotive components – have contributed to the county's economy in significant ways.[27] However, like other parts of North Carolina, Alamance County has suffered from manufacturing job losses in recent years. Ten years ago, 22 percent of workers in the county were employed in the textile and apparel manufacturing industries.[31] By 2006, that number had dropped to ten percent.[31] In 2005 alone, there were 23 closings, affecting over 1,300 workers.[27] Overall, the manufacturing and textile industries are expected to continue losing jobs.[31]

Despite the loss of manufacturing jobs, employment within the service and retail sectors has increased. During the last three years, unemployment rates have declined across the state, and Alamance County has not been an exception. The county's unemployment rate for 2006 was the lowest since 2000, at 5.2 percent for the year, down

from 5.9 percent in 2005.[32] One reason for this downward trend might be the emergence of more jobs in construction, trade, transportation, and professional and business services, like banking and computers.[32]

Today, the largest employers in the county are LabCorp with 3,300 employees and the Alamance-Burlington School System with 2,700 employees.[10] LabCorp is headquartered in Alamance County and it is the largest clinical laboratory in the world.

Religion

Religion plays an important role in the lives of Alamance County residents, and the faith-based community provides spiritual and tangible assistance to people experiencing homelessness. Allied Churches is an example of the faith-based community in action. It is an interdenominational non-profit agency that works to meet the needs of people experiencing homelessness or people in financial need. The organization operates a soup kitchen, emergency shelter, and offers some financial assistance.

According to the Association of Religion Data Archives, 54 percent of the county's population claims a religious affiliation, yet only 188 religious groups were included in the church membership data, so this may be an underestimate.[33] The Southern Baptist Convention was the largest religious body in the county in 2000, with 33 congregations and 16,853 adherents. The United Methodist Church was the second-largest religious body.[33] The Blessed Sacrament Catholic Church in Burlington is the only Catholic Church in the county, and its congregation is large. It has an active Latino membership and ministry, and holds two Spanish-language services per week.[34]

One local pastor told the student team that Alamance County is home to more than 20 Christian denominations and 300 churches. "And that's being on the safe side," the pastor said. "Some say there are as many as 400 or more churches in the county."[35] Another pastor said that local churches have done a lot for the homeless community, but that the religious community might be able to do more if historically black churches and white churches worked together more closely to achieve common goals.

Methods

In establishing the methodology for this AOCD, the team took into account issues related to cultural appropriateness and the literacy level of interviewees; also, the team was influenced by the fact that little secondary data existed on homelessness in Alamance County. These considerations guided all phases of the primary data collection process, including: recruitment methods, the development of interview guides and a process for obtaining

informed consent, and the way that information about the study was disseminated. A major goal of the data collection was to build on the existing knowledge about homelessness in the county, work with the community to identify strengths and challenges, and help the community determine future directions for change.

Collection of Background Information

Alamance County is rich with history and culture that have shaped the county's social and built environments, political climate, demographic composition, and way of life for residents. To gain a better understanding of what it's like to live in the county, the AOCD team collected background information, including newspaper articles, historical documents, government publications, scholarly journal articles, and community organizations' websites. This information broadened the team's understanding of issues within the community and provided a framework for collecting additional information from community members and service providers.

Limitations of Background Information

Little data exist on the issues and demographic composition of homeless individuals in the county. The Point-in-Time count provides data on homeless people who were identified during the specified 24-hour period; however, one limitation of the count is that it is not all-inclusive. Therefore, in this document, data from the national or state level is used as a substitute for unavailable local population data. A goal of this AOCD is to add to the available data regarding people experiencing homelessness in Alamance County.

Gaining Entrée

Gaining entrée is a process by which outsiders to a community gain the trust and insight of those within the community, and it is an essential component of a successful AOCD. An important precursor to gaining entrée involves a walking or driving tour of the community. In September 2006, the student team took a "windshield tour" of Burlington and Graham, led by Karen Webb, one of the team's preceptors. The tour introduced the team to the economic conditions, history, religions, housing, education, recreation, and racial and ethnic composition that exist within the county's urban areas. The team members documented observations and initial impressions of Alamance County in their field notes.

Gaining entrée is an ongoing process with no distinct point of conclusion; because of this, the student team spent several months forming relationships within the community. The team's involvement in the county included volunteering at the Good Shepherd Kitchen, attending community events and fundraisers, spending

time at the Allied Churches Shelter and the Graham Drop-in Center, attending church services, conducting the Point-in-Time count, becoming active members of the Alamance County Interagency Council for Homeless Assistance (ACICHA), getting to know local businesses owners, shopping, and relaxing in the community.

Primary Data Collection

The team collected primary data from field observations, interviews, and focus groups. Field observations are observations made in the field that are documented in the form of written notes. Separate interview guides were created for service providers and homeless individuals. The guides were informed by previous AOCDs on homelessness in Orange and Durham Counties, and informed by background information and pre-testing. Pre-testing the interview guide ensured the relevance, acceptability, and cultural appropriateness of the questions. After incorporating suggestions from the community member and preceptor with whom the guides were pre-tested, the team submitted the guides to the AOCD teaching team for final approval. The interview guides were adapted throughout the data collection process to allow interviewers to ask questions about frequently occurring topics, or other emerging trends across interviews. The team also created a focus group guide for use in two focus groups with individuals experiencing homelessness. Like the interview guides, the focus group guide was submitted to the AOCD teaching team for final approval.

Throughout the data collection process, the team interviewed 23 service providers, 11 homeless or formerly homeless individuals, and 16 focus group participants. The interviews lasted from 45 minutes to two hours, and most were conducted by one student, with another present to assist and take notes. A few service provider interviews were conducted over the telephone. Each interview and focus group was recorded for later data analysis. The team treated issues of informed consent and confidentiality very seriously. Participants received thorough information regarding the AOCD and the way in which data from their interview would be used, and all participants provided verbal consent to participate. The note taker signed a witness consent form, indicating that the individual being interviewed received information on informed consent and was voluntarily participating in the project. Participants were told that all their identifying information would be kept confidential. Each participant was assigned an ID number to help separate identifying information from interview responses. Audio materials were stored in a locked cabinet at the School of Public Health and the document linking names to ID numbers was stored

in a password-protected electronic database. Tapes, hand-written and electronic interview notes, and hand-written and electronic transcripts were destroyed after data analysis was completed.

The student team initially relied upon its preceptors to assist in the recruitment of people experiencing homelessness and service providers in Alamance County. The preceptors connected the team to key informants in both populations. Recruitment was supported by use of the snowball technique, in which interviewees refer interviewers to other community members and service providers. One of the team's preceptors, Bill Adams, assisted in the focus group recruitment process by inviting lunchtime guests from the Good Shepherd Kitchen to participate. A second focus group was held at the Alamance Rescue Mission, where the shelter director selected the participants.

Data Analysis

After each interview and focus group, the note taker transcribed the event so that it could be entered into the ATLAS.ti software for coding and analysis. First, general concepts, called themes, were identified. Next, codes were developed to represent major themes and reoccurring data, and to allow for the grouping of the established themes. Then, codes were organized by overarching domains. Domains are the large categories under which the codes and themes are organized. The team created a codebook to ensure consistency in coding.

Limitations of Primary Data Collection & Analysis

The data collected in this AOCD has great depth, but it also has limitations. The student team recruited interviewees through referrals which is called the snowball technique [see Recruitment of Interview and Focus Group Participants], and convenience sampling, whereby team members cold-called agencies that provide services to individuals experiencing homelessness. These processes are not random, so the perspectives presented in this document are not representative of the entire population of homeless individuals and service providers in Alamance County. Furthermore, individuals who live in encampments and on the streets, and those who are not connected to services, were difficult to reach. Consequently, the student team only interviewed a few individuals from that hard-to-reach subgroup, and their unique perspectives are under-represented in this report. Also, individuals living in doubled-up situations were not included in the AOCD. The team intended to include this group, but limited time and a lack of referrals prevented this from happening.

Discussions with community members and service providers revealed that a high rate of doubling-up exists in the Latino community, and that many Latinos live in substandard housing. One service provider said that poor

living conditions are compounded by the fact that some Latinos avoid services out of fear of discrimination and/or arrest. Another service provider said that many Latino children in the school system have experienced homelessness at some point in the last year. Due to time constraints and a lack of referrals to individuals in the Latino community, the student team regrettably has not included the Latino perspective in this report. An assessment of doubled-up and precariously housed Latinos in the county is greatly needed to assist the community in addressing the needs of that population.

A final limitation is the process by which the interview data were analyzed. Each interview was interpreted and coded by one of two student team members. Therefore, it is possible that subjectivity in interview interpretation led to inconsistency in the results. However, the coding team created a detailed codebook to ensure that both coders used the same rubric to determine codes for each quote or piece of information, and they did an intercoder reliability check by both coding one or two interviews and then comparing the results.

Findings

The following section describes and synthesizes the strengths and needs of the Alamance County homeless population from the perspectives of people experiencing homelessness, service providers who work with this population, and the student team. The information presented here may be used to guide future research with people experiencing homelessness, inform community-based programs within Alamance County, or support grant applications. Importantly, these findings were presented at a community forum in April 2007 to stimulate discussions about homelessness within the county. Those discussions led to the prioritization of action steps for creating community change, and members of the community have pledged to carry out those action steps in the future. Although the findings contained in this report reveal a great deal about homelessness in Alamance County, they are not without limitations, and should be considered within the context of the whole AOCD process.

Strengths

The student team, service providers, and community members identified strengths of the homeless community and the network of providers who serve the community. The most frequently mentioned strength by all interviewees is that people experiencing homelessness are survivors. One community member explained that, "I've spent nights in places where normal people couldn't survive. I've been through so much. Nothing can stop me,

man." One service provider expressed admiration for the group's ability to navigate "systems to get what they need to survive day to day," and most agreed that homeless individuals are able to survive with few, if any, resources.

An additional strength is that community members provide one another with emotional and informational support. "The majority of homeless people have a tendency to help other people, and within a few days in the shelter, they become like family," one service provider said. They help each other find jobs, locate services, and socialize. "It's easy to help," reported one interviewee, "if you've been in his or her shoes." Another provider commented on the community's respect for people who serve them.

Service providers and the student team recognized that local providers work together productively to address the issue of homelessness. One service provider commented that providers in the county work "very well together to try to meet people's needs." The provider continued by saying that the biggest challenge is having enough resources to meet those needs. Interagency groups like ACICHA and the Community Council exemplify the strength of collaborative partnerships in Alamance County.

Additionally, persons experiencing homelessness and service providers identified the financial and spiritual support of the faith-based community as an asset. The faith-based community donates tremendous time, money, and resources to service agencies and to people experiencing homelessness. Several community members expressed gratitude for the spiritual and material support provided to them by churches and religious organizations.

Finally, several community members and service providers spoke about the need for affordable health care services in the county. While this is a significant concern, the student team noted that existing services are an asset to the community. For example, the Open Door Clinic provides health care to the uninsured on two evenings a week. It operates off of grant monies, donations, and the help of volunteers. Also, the Charles Drew Clinic sees patients on a sliding scale, and the Open Door Dental Clinic visits the county every couple of months to provide dental care to patients with little to no income. Though these services are not able to reach the entire homeless population, they reach many people in need and exemplify the dedication to service and philanthropy among citizens of Alamance County.

Although Alamance County has many strengths, primary data analysis revealed some challenges for the community, too. The following section of the paper contains information on domains, themes and other findings from the primary data. The team conducted 34 interviews and two focus groups, and analysis of the data revealed

some recurring themes, codes and domains. The team conducted further analysis, and finally summarized the key issues in eight thematic statements. The themes are presented below, followed by supporting background information and community member and service provider perspectives.

Mental health

Theme: Mental illness is prevalent in the homeless community, and there is need for improved processes to connect people to mental health services, medications, and/or case management.

"[There are] a lot of untreated people with mental health issues, a lot of people who have been treated but won't take meds." ~Service Provider

Background Information on Mental Health

About one-fourth of the single adult homeless population in the United States has a serious and persistent mental illness, compared with five to seven percent of adults in the overall U.S. population.[36] Anecdotal information about homelessness and mental health in North Carolina indicate that the local experience is similar to that of the nation. Furthermore, data show that homeless individuals with mental illness remain homeless for longer periods of time, encounter more barriers to employment, tend to be in poorer physical health, and have more contact with the legal system than homeless people without mental illness.[37] The frequent co-occurrence of homelessness and mental illness, as well as the particular vulnerability of this population, necessitate an examination of responses to mental illness and mental health.

A 2004 Department of Justice report on North Carolina's Public Mental Health Hospitals found that, "North Carolina's discharge planning practices are inadequate… after-care discharge plans do not adequately address the needs of the patient, nor does the state provide appropriate community-based treatment for persons with mental disabilities."[38] Thus, it appears that many patients reenter the community from psychiatric facilities without the support they need from the mental health care system.

Community Member Perspective on Mental Health

Many individuals experiencing homelessness in Alamance County are living with mental illness, and while some are receiving treatment, many are not. Community members connected to mental health services expressed appreciation for support and counseling, and felt that it was helping them cope with their situation. One individual said, "I go to see a [counselor] every week…They have helped me a lot, since I'm homeless [and] it's, like,

frightening in here." Many other individuals experiencing homelessness, however, are not connected to these services. "People need mental help and people aren't getting the help they need," another community member said.

Some people need medication and/or help managing their medications. The extent to which a person is medicated may impact how he or she interacts with the service provider network. One community member who identifies as schizophrenic said, "I don't have medication. That's why I can't stay at the shelter…When I get around a lot of people I start to go crazy in my head. Don't crowd me, you know." Furthermore, some community members reported that people with mental illnesses self-medicate. One person explained that people need "counseling, on a daily basis, probably because they don't know how to help themselves. They don't get professional help, they use crack."

Community members recognize that the co-occurrence of mental illness and substance abuse is a barrier to ending the cycle of homelessness, and are frustrated by the extent to which these issues persist. Until addictions and mental health issues are resolved, some said, people will not be able to move beyond the cycle of homelessness. "[People] do whatever they can do to make themselves happy at the moment, and then they go to sleep," one interviewee said.

Service Provider Perspective on Mental Health

Service providers discussed mental health more than any other issue. Specifically, they expressed concern about the high prevalence of mental health issues within the homeless community and insufficient mental health services for this population. One service provider estimated that "about 70 to 80 percent of people who go through the shelter are mentally ill, developmentally disabled, or have alcohol or drug abuse issues." Also, service providers said that mental illness is a major cause of homelessness.

Mental health reform was discussed frequently in interviews. Several service providers felt that mental health reform has improved consumer services, yet the majority disagreed. One service provider who was unhappy with reform explained that, "the mental health system is now defunct, it's a terrible loss to everybody; I don't know what the legislators are thinking, but if somebody gets hurt or killed, then maybe they'll wake up." Another service provider spoke about how reform has impacted access to services. "There are a lot of people who really need assistance and are not getting it…we are not doing a good job for those people who need the mental health services."

However, another service provider suggested that it is too early to draw conclusions about the effectiveness of mental health reform.

Service providers disagree about the ideal approach to improving local mental health care, but most agree that the current system needs improvement. A common suggestion was that more case managers are needed to handle the unique needs of individuals experiencing homelessness who also live with mental illness.

Comparison of Perspectives on Mental Health

Mental health emerged as an important issue for community members and service providers, and the two groups shared similar concerns about the issue. Community members said that consumers of mental health treatment services are at an advantage over those who do not receive treatment, and they felt that many people with mental illness do not have access to adequate care. Interviewees identified the co-occurrence of mental illness and substance abuse as a problem as well. Similarly, service providers said that mental health services do not reach all who need them. They also expressed concern about the impact of mental health reform, with some people wondering if reform is exacerbating homelessness.

Employment

Theme: The changing economy, low literacy, inadequate public transportation, and insufficient job readiness are barriers to employment in Alamance County.

"Here in Alamance County it is especially tough to be homeless because, like I said, transportation and job availability [are problems]." ~Community Member

Background information

Traditionally, the Alamance County economy has depended on manufacturing jobs more than other counties in North Carolina. Jobs in this sector typically have required little formal education or job training. Since employment in manufacturing has steadily decreased over the last few decades, this has left many Alamance County residents without employment, and without the job skills needed to adapt to other industries.

Low literacy and educational attainment have impacted employment as well. In the 2004-2005 school year, the overall dropout rate was 21.68 percent.[39] In Alamance County, 51 percent of adults are below the minimum literacy standards required to succeed in the current job market.[40]

Community Member Perspective on Employment

People experiencing homelessness enumerated many barriers to employment. One community member said

that the job market has changed over the years, and that many local people lack the skills to be competitive in the new economy. The community member, who previously worked in mills, described a situation that occurred recently when applying for a job. The community member was told to submit the application online, but could not do so due to limited knowledge of computers. His story typifies what other community members have experienced: The job market has shifted away from manufacturing and heavy industry in favor of banking and technology, leaving jobless people without the necessary skills.

Transportation, substance abuse, criminal records, and discrimination were other widely discussed barriers. For example, one community member addressed several of these issues when he stated that, "There could be more jobs in the community. There are some jobs, but a lot of them are way out of town, and it takes time and money to get there." Others talked about the difficulty of securing employment with a criminal record. Furthermore, data analysis revealed that many individuals experiencing homelessness feel that discrimination disables them from getting jobs for which they are qualified.

Service Provider Perspective on Employment

Service providers discussed the transitioning local economy as a barrier to employment in Burlington. One provider talked about East Burlington as the former "heart" of the economy. "In the last 10 to 15 years, given the globalization of the economy, mills closing down, economic restructuring…that part of the city, in particular, has really taken a beating economically." Some interviewees expressed concern over recent factory closings and the ensuing decrease in livable-wage jobs for people with limited formal education. According to several service providers, the shift in available employment opportunities to the western part of Burlington has exacerbated the problem. As one service provider explained, "The restaurant industry is over by the mall, so lots of jobs are over there but too far away for people in East Burlington." East Burlington is where many homeless people spend their time, and where the Allied Churches shelter is located.

Low literacy emerged from the data as a significant barrier to employment, and several service providers questioned the availability of jobs for people with limited abilities to read and write. "They hire low-skilled workers, but they don't stay long," one service provider said. Other service providers discussed the need for job readiness training and job searching support for individuals experiencing homelessness.

Comparison of Perspectives on Employment

Community members and service providers agreed that the changing economy has contributed to employment difficulties for individuals with little formal education and/or low literacy. Transportation, discrimination, criminal records, and substance abuse were other barriers mentioned by community members, and inadequate job training and literacy were discussed by service providers.

Housing

Theme: Lack of affordable housing, eligibility requirements, long HUD waiting lists, and low wages contribute to the persistence of homelessness.

"If [people] have to put up a month's rent in advance and pay a month's rent too, they would probably be out on the street." ~Service Provider

Background information

There are 55,187 occupied housing units in Alamance County. Of those, 39,426 are owner-occupied and 15,761 are renter-occupied units, and 25,943 owner-occupied units have a mortgage. The homeownership rate in 2000 was 70.1 percent, and the median value of owner-occupied housing units was $107,200. A person must work full-time at $12.94 per hour to be able to afford a two-bedroom rental property in Alamance County.[10] The median income in the county is $40,365.[41]

Community Member Perspective on Housing

Several community members said that their incomes barely cover the cost of living in the county, and that the lack of affordable housing forced them into homelessness. One community member said, "I've noticed all these apartment buildings going up, and all these high prices they're charging for rent. I think it's outrageous. There's not enough low-income housing around here." Some interviewees expressed little hope of being able to afford to rent an apartment, and instead planned to move into a boarding house. However, even boarding houses are unobtainable for many. One community member said, "I pay $80 a week to live in that boarding house, but if you moved in there tomorrow you'd be paying $90 a week, because the rent has gone up since I moved in. And the place I'm living at is cheaper than others – some can be as much as $100 per week."

Service Provider Perspective on Housing

Service providers agreed that a lack of affordable housing contributes to homelessness. Several providers gave the example of East Burlington, where many houses are aging rental properties, including boarding and

transitional houses, situated in neighborhoods where drugs and crime are commonplace. "But that doesn't necessarily translate that people can afford even the housing that is there," one service provider said.

Another point raised by service providers is that strict eligibility requirements, waiting lists, and down-payments create barriers to housing. One service provider said that "a lot of housing requires you to have a disability. Well, what do you do if you are not disabled? Some of the people I work with are not disabled and are working low-paying jobs, but the difficulty of supporting yourself and paying rent on a minimum-wage job is real."

Public housing came up in interviews too, and some service providers suggested that funding cutbacks and waiting lists have pushed people into transitional housing. "Transitional housing is wonderful, but it's kind of like jails. You know, we can keep building jails…or we could do something about the problem."

Comparison of Perspectives on Housing

Service providers and community members agreed that the lack of affordable housing, combined with low wages, contribute to homelessness. Service providers also mentioned eligibility requirements for housing, public housing funding cuts, and waiting lists as barriers to obtaining housing for individuals experiencing homelessness.

Transportation

Theme: Lack of public transportation is a barrier to obtaining employment, maintaining employment, and accessing services and resources within the community.

"In this particular town, there's no bus system. I drove cabs for 15 years here, but if you need to get anywhere outside of a few miles, a cab is going to cost what you make in one day." ~Community Member

Background information

Alamance County does not have a free or low-cost public transportation system.[42] The Burlington-Graham Urban Area Transportation Advisory Committee has undertaken a Public Transit Feasibility Study, but general opinion seems to be that no efforts will be made in the near future to create bus routes. The Alamance County Transportation Authority (ACTA) van service provides transportation for medical trips and almost any non-emergency trip. Requests for ACTA transportation must be made at least one working day before needing transportation, and ride requests are not taken during the weekend. The cost of a one-way trip is $6.00. Dial-A-Ride is a fare assistance program sponsored by the North Carolina Division on Aging for persons 60 years of age or older, the non-emergency transportation service (NETS) is for riders requiring same-day transportation for medical

service.[43] Allied Churches has a shelter van that is available to guests for rides to and from the Drop-In Center and to occasional appointments and interviews.

Community Member Perspective on Transportation

For individuals experiencing homelessness in Alamance County, lack of transportation is a barrier to obtaining and maintaining employment and accessing services. One community member, speaking about temporary agencies, said that "when you walk out the door, [your application] goes to the bottom of the stack because they know you don't have transportation." Most community members walk, bike, get rides with friends or acquaintances, or utilize shelter van services to get from place to place. One community member said, "I look for a job, but I got blisters on my feet from the walking."

Service Provider Perspective on Transportation

Data analysis revealed consensus among service providers regarding the need for public transportation in Alamance County. Every service provider mentioned transportation, and half listed it as the most critical issue facing the homeless community. Without transportation, many providers explained, homeless individuals are further alienated from society by an inaccessibility to services, resources, and jobs. Several interviewees discussed the fact that in Burlington, where many of the jobs are miles from the most impoverished neighborhoods and shelters, a lack of public transportation perpetuates the economic divide between wealth and poverty. Several service providers discussed the lack of transportation as a barrier that prevents people from attending job readiness classes, like those offered by Alamance Community College. Others mentioned the ACTA van service, but felt that it offered only limited service.

Several service providers discussed how transportation has been a repeated topic of debate in Alamance County. One interviewee stated that for "26 years [living] in this county, it has been an issue." Another commented that, "we have a free [health] clinic, but no way to get there." Unfortunately, most service providers felt that the state of public transportation was a contentious issue that might not be highly changeable.

Comparison of Perspectives on Transportation

Community members and service providers agreed that the lack of transportation in Burlington and Graham is a barrier to obtaining employment, maintaining employment, and reaching needed resource and support services.

Information/Communication about available services

Theme: Lack of information regarding available services for people experiencing homelessness prevents individuals from better accessing services, and hinders service providers' abilities to connect clients with resources and to collaborate with like-minded agencies.

"I just don't know where to go. I don't know about no services." ~Community Member

Background information

Several collaborative partnerships exist within Alamance County, and they create opportunities for information sharing between organizations. ACICHA is comprised of representatives from local agencies and non-profits who work together to address the needs of homeless individuals through grant writing, program organization, and referrals. Another example of successful interagency collaboration in Alamance County is the Community Council. This group has over 120 member organizations, and serves as an educational and informational forum, a planning entity, and a networking opportunity.[44] Furthermore, information about all available resources can be found in the Community Resource Directory, compiled by the United Way Community Council Task Force. This directory includes over 200 available services in Alamance County, and each agency's contact information, eligibility requirements, and specifics regarding the services offered.[45]

Community Member Perspective on Information about Services

Many community members said that other homeless people are their primary source of support and information about services in the community. Several discussed how quickly news and information travels within the homeless community, and interviewees expressed gratitude for the information they receive from others. However, some said that other community members are not as knowledgeable about services as are service providers, and that they sometimes lack informational support. One community member stated that "services need to be publicized…everybody should have a handbook that [lists] every service available."

One of the greatest concerns expressed by community members was a lack of knowledge about eligibility criteria. For example, a Vietnam Veteran stated that, "there may be some benefits that I can get, but I don't know how to do it." Overall, community members said that they would like more information about services in Alamance County, particularly for those who are new to Alamance County, or newly experiencing homelessness.

Service Provider Perspective Information on Services

According to service providers, homeless individuals utilize a variety of methods to obtain information about services and resources, the most common being word of mouth. Other sources are Allied Churches, soup kitchens, the Drop-in Center in Graham, agency referrals, and bulletin inserts at churches. Nonetheless, most service providers felt that homeless individuals were not accessing enough of the available resources. As one interviewee explained, "Consumers that are actually homeless do not know what's available to apply for."

While the collaboration of service providers emerged from the data as an asset, several providers voiced a need for a tighter system of referrals and closer communication between all service providers. For example, approximately one-third of providers said they were not familiar with the Drop-in Center, and first learned about it from the student team. There is also concern that referrals are sometimes made inappropriately to resources that are already overburdened, and that there is a need for a "wiser" system for referrals.

Comparison of Perspectives Information on Services

Community members and service providers pointed out that individuals experiencing homelessness provide each other with a lot of information about services. However, both groups said that information and communication among services providers, and between service providers and community members, should be improved.

Substance Abuse

Theme: Substance abuse is prevalent within the homeless population, and seems to be associated with other barriers to employment and the utilization of services.

"I think the culprit in all of this is the substance abuse." ~Service Provider

Background information

Mental illness and substance abuse are common among homeless individuals. Nationally, 37 percent of homeless persons are also substance abusers.[6] The problem is even more pronounced among veterans: about half of all homeless veterans live with mental illnesses, and more than two-thirds abuse alcohol and/or drugs.[9] A 2004 government report cited inadequate care at all of the State's mental health hospitals, and noted that, "there is a critical need for specialized treatment for those North Carolina patients who require treatment for substance abuse as well as the underlying mental illness…If a patient is dually diagnosed with both a severe mental disorder and a severe substance abuse disorder, addressing one and not the other is simply inadequate care."[38]

Community Member Perspective on Substance Abuse

Most community members mentioned substance abuse as a problem within the homeless community. In some cases, substance abuse provides an escape from the hardships of homelessness, while in other cases it might be a cause of homelessness. Some interviewees told stories of people with drug and alcohol addictions who have given up, because they feel that everyone else has given up on them too. "You can take a wino, and don't give him everything, but don't be disrespectful…Give him some respect, to slowly pull him out of the rut. It's his fault, but there is nothing wrong with saying I understand. That will give him some hope," said one community member.

Many others said there should be more support and outreach services to homeless individuals with substance abuse problems, and to those who are trying to stay clean. One community member said that, "[The homeless shelter has] quite a few drug users and I think people should [put] more emphasis on trying to help them. And I know because I've been through it, and because I've relapsed several times." This community member understands how tough it can be to stay sober when people around you are not.

Service Provider Perspective on Substance Abuse

Service providers said that substance abuse can cause homelessness and compound other barriers to ending homelessness. Most providers recognized the strains that addictions put on finding employment and housing, and suggested that there should be a wider variety of services to help people get sober. Furthermore, others explained that homeless substance abusers are excluded from some local resources, public housing, and mental health services. These providers felt that exclusionary policies should be ended, or that more alternative services for substance abusers should be created.

Comparison of Perspectives on Substance Abuse

Community members and service providers agreed that substance abuse is a large problem within the homeless community, and that more services are needed to address it.

Reentry

Theme: Lack of resource and support services for individuals reentering society after institutionalization often results in homelessness.

"So, reentry becomes critical from our point of view in addressing the crime issue as well as the question of homelessness. They come out and they get, I don't know, maybe 50 bucks to make it home, and that's it. They don't have a job." ~Service Provider

Background information

Federal and state prisons release approximately 650,000 people each year and the Bureau of Justice Statistics estimates that of those released, 50 percent are likely to reenter the legal system within three years.[46] According to the NC Department of Correction, about 22,000 people are released from state jails every year.[47] Jails often host individuals with shorter sentences, as well as transfers and detained individuals awaiting court appearances, so releases are a more common occurrence.[48]

Reentry programs provide assistance to individuals when they are released from jails, prisons, and mental health institutions. These programs cover a wide range of needs, including housing, health care, employment, counseling, mental health services, and transportation. According to the Bureau of Justice Statistics, about a third of released inmates have a physical or mental health diagnosis[49] and without support, the potential for re-offence and/or homelessness is great.

The Mentally Ill Offender Treatment and Crime Reduction Act, which aims to improve access to mental health services for adult and juvenile non-violent offenders, was signed into law in 2004. The law is based on the idea that many incarcerated individuals need mental health services, and that jail diversion and community reentry programs are best practices.[50] At the time of this report, the Alamance County Jail did not provide mental heath services or evaluations to inmates.

Community Member Perspective on Reentry

Community members who experienced the reentry process talked about the challenges they faced, and continue to face every day. Several community members described a lack of resources and emotional support. "You [have] no money, no clothes, no [drivers] license," one community member said. "So what do you do? You go back to doing what you were doing before, just to survive." Other community members expressed difficulty obtaining jobs and housing due to their criminal records and discrimination that results from their homeless status. One person said, "I'm branded…I can't get a job. I'm a college graduate and I have to do jobs I never did in my life."

Service Provider Perspective on Reentry

Many service providers said that ex-offenders are ineligible for certain governmental programs, such as housing. "We have a lot of people coming out of jail, and depending on their criminal histories, public housing might be out of the question," one service provider said. "If they are felons, they can't get public housing and it is also difficult for them to get jobs." Some service providers felt that there is a lack of services aimed at helping

people adjust to society after institutionalization. According to one service provider, the community has identified reentry as a priority. "One of the things the Department of Justice is trying to get us to focus on and to build some capacity to deal with related to homelessness, is those persons who are returning from our community who have been incarcerated."

Comparison of Perspectives on Reentry

Community members and service providers discussed ways in which reentry poses unique challenges that sometimes result in homelessness. Community members discussed the lack of emotional and resource support and service providers specifically mentioned that ex-offenders are ineligible for certain types of governmental support.

Perceptions of Homelessness

Theme: Negative stereotypes affect homeless individuals' ability to obtain employment and to feel like a part of the community.

"I don't know what is homeless…Is it people who are mentally ill? Is it people who are down on their luck? Is it people who choose not to habitat in a place I consider livable? Is it people whose houses burned down and don't have a place to sleep? Is it people who can't get along with their wives so they're living in their car? Is it people who couldn't pay the rent or lost their jobs or drank up the rent money and their roommate put them out?"
~ Service Provider

Background information

A 1990 national telephone survey of 1,507 people revealed information about Americans' attitudes and beliefs about homelessness. The majority of interviewees supported increasing government spending to help homeless individuals, and many reported "feeling sad, compassionate, and angry" about the homeless situation in the United States. Although these views were prevalent, many interviewees believed that people experiencing homelessness are addicted to drugs, alcohol, and/or have been incarcerated; 65 percent of respondents said that laziness contributed to homelessness; and more than half said that the presence of homeless people makes communities and neighborhoods undesirable places to live.[51]

Data on local perceptions of homelessness is sparse, but the 2003 Alamance County Community Health Assessment provides valuable information on the issue. Over 600 people in the county were interviewed about health, and they rated homelessness as the eighteenth most important health concern, from a list of 29. Additional issues directly and indirectly related to homelessness were considered of higher importance. Substance abuse and unemployment were the number one and two issues, and mental health ranked number 14.[52]

Community Member Perceptive on Perceptions of Homelessness

Interviews revealed that people experiencing homelessness have varied perceptions of their community. There is no one perception or stereotype that captures the myriad causes of homelessness or the characteristics of the population. As one community member stated, "there are so many things in life that can bring a person to becoming homeless. There is not a picture per se that comes to mind. It can be anybody of any race, at any age. [There are] just so many different things in life that knock you down." Overall, community members expressed that there is no single "face of homelessness."

Among community members, there was concern about perceptions of homelessness in the broader community. "People judge," one community member said. "They look at [us] like [we] are dirt and scum." Also, many community members sense that they are stereotyped as substance abusers, criminals, and as people who are unwilling to work. Many said that negative stereotypes of homelessness are generally inaccurate, and impede their ability to find employment. One community member explained that "they'll take your application, but if you live at the shelter, they're polite and everything, when you walk out the door yours goes to the bottom of the stack, because they have a preconceived notion of what homeless [people] do." Community members said that their skills, intelligence, and willingness to enter the workforce are overshadowed by their homeless status.

Service Provider Perspective on Perceptions of Homelessness

When asked to describe the homeless population in Alamance County, most providers described physical characteristics and the prevalence of substance abuse and mental health issues. After these descriptions, however, many discussed how determining whether or not an individual is homeless can be difficult. As one interviewee said, "when you are sizing [a homeless woman] up you're thinking she has on jewelry, she has a nice purse, she has a permed hair-do, nice new eye glass style. You don't ever really know what homeless looks like." Other service providers mentioned that it can also be difficult to determine a consumer's homeless status because "many homeless [people]…don't come out and say that they are homeless, probably because of stereotypes."

Several service providers discussed the ways in which negative perceptions hinder community members' ability to apply for and receive services. These individuals also expressed their desire to eliminate stereotypes and to create accurate perceptions of homelessness. As one service provider explained, "Ignorance and fear and discrimination are all barriers to homeless people getting housing." Another service provider stated that, "There is

no sympathy for [homelessness] in this country. And people are scared of mental illness and substance abuse because they don't get it." These service providers feel that if the perception of homelessness were changed to accurately portray the group as diverse in age, race, ethnicity, gender, education, upbringing, and background, that perhaps more funding would be directed toward services for people experiencing homelessness.

Comparison of Perspectives on Perceptions of Homelessness

Service providers and community members discussed how perceptions of individuals experiencing homelessness are often inaccurate, and reliant upon stereotypes. They also discussed how these perceptions create barriers to obtaining employment, housing, and services. Service providers also mentioned that it is often difficult to determine whether or not an individual is homeless.

Field Observations

In addition to collecting background information and data from interviews and focus groups, each member of the student team documented field observations of her experiences and observations in the community, as well as personal responses to those experiences. Sometimes field documentation describes conversations with people living in the county, or information about the setting in which data was collected. Other times, field notes document self-awareness, or even biases, on the part of the team members.[53] Field notes are included in this document because these insights may help the community understand how outsiders, or non-community members, perceive Alamance County and its homeless population. Field experiences and observations provide another unique perspective, and thus may help the community gain a more complete understanding of the data presented in this report.

Many of the team's field observations correspond to the eight major themes that emerged from the data analysis. Several students wrote about the apparent mental and emotional state of individuals experiencing homelessness. One student wrote that, "there seems to be a divide between types of [homeless] individuals: those who truly do everything they can to move beyond this period of homelessness, and those who don't seem to have the hope, interest, or emotional capacity to do anything other than sit and wait for the time to go by." Other team members wrote that there seems to be a small, but significant, number of individuals who lack the desire or motivation to change their current condition. One student wondered if this was due to depression. Also, one team member wrote about a conversation she had with a shelter guest about untreated mental illness among people

experiencing homelessness. "He told me that several people in the shelter have mental illnesses and don't take medication. 'Sometimes I hear them talking to themselves at night when I'm trying to fall asleep,'" he told me.

Several students noted that obtaining employment is incredibly difficult for homeless individuals with a criminal record. However, one wrote that, "I asked several local businesses if they would consider hiring someone with a record, and they all said yes. Whether or not that's the truth, that's what businesses want us to believe."

One student wrote that affordable housing is located in areas where drugs and alcohol are common. "One guy told me that boarding houses around here are nothing but crack houses, and that he'd rather stay in a shelter than risk falling back into that lifestyle." All team members noted that drug and alcohol use are prevalent within the homeless community.

Regarding transportation, the student team has noticed individuals walking along the roadside, without sidewalks, and several team members noted that this is dangerous, as the speed limit is 35 miles per hour or more. Furthermore, it is a visual reminder of the lack of public transportation and the ways in which immobility compounds the difficulties faced by the homeless community. One team member noted that "free, public transportation is a widely discussed topic in the county, and is apparently under continual consideration." Another wrote that "the Drop in Center van [a shuttle that carries people between the Center and Allied Churches, and sometimes to interviews and appointments], is an asset, but could be more helpful if it were available at all times, and supplemented by other free transportation options."

Team members have observed informational resources and brochures in the community, although there seems to be an absence of materials tailored to the homeless population specifically. Also, interviews and informal conversations revealed that information-sharing about services and referrals specific to homelessness could be improved. For example, several service providers with whom we spoke did not know about the Drop-in Center. Another team member wrote about a conversation she had with a member of the faith-based community regarding agencies that deal with the homeless population. "[Some agencies] have agreed to keep a database of [homeless] people in the area, and their situations, mainly for use by the churches… the problem is that some agencies do not do a good job of keeping it updated."

From an outsider's perspective, race relations within the homeless community appear to be complex. On the one hand, several team members wrote field observations explaining the apparent lack of racial tension between

African American and White shelter residents. Several team members also had discussions with community members who said that race is unimportant when people are trying to survive from day to day. However, two team members wrote about an African-American man staying at one of the Burlington shelters who talked about his distrust of Latinos. "The community member spoke positively about the relationships among people of various races. However, when asked specifically about Latinos in the shelter, the community member expressed concern about the influx of Latino immigrants in the community. He felt that Latinos were taking jobs, which contributed to substance abuse and homelessness among African Americans." Other community members, Black and White, expressed this sentiment as well.

The students noticed only a few Latinos accessing services for people experiencing homelessness. This was perplexing, as there is a steadily growing Latino population in Alamance County. Discussions with several service providers and community members lead the team to believe that fewer Latinos are accessing services out of fear of discrimination, and because of the fact that most impoverished Latinos live in doubled-up situations, rather than in shelters. Also, one team member wrote that services might not be culturally appropriate for Latinos. She quoted from a conversation she had with a former service provider about substance use. "Some of the guys in the community wanted to start a Spanish-language AA that would meet [in Burlington], and they did. But to my knowledge, it doesn't meet anymore."

To conclude, the student team's field observations illustrate an outsider's perspectives about the community. They are most useful when considered in conjunction with other data sources from Alamance County.

Community Forum Report

Planning the forum

The student team worked with a forum planning committee to organize a community forum, which was open to all residents of Alamance County. Goals of the forum included communicating to the public the information learned from the AOCD, bringing people together for discussion and action, and handing over ownership of the project to the community. Forum planning efforts involved collaboration between the student team and the planning committee, which consisted of service providers and people experiencing homelessness. This group determined the format and content of the forum.

The planning committee met once weekly for six weeks in a row at Allied Churches. On April 9, the student

team presented to the committee the eight domains that emerged from the coding process. The committee and student team voted on the top five domains, based on importance and changeability, to discuss at the forum. Selected domains were employment, communication, mental health, reentry, and perceptions of homelessness. At the April 16 meeting, the student team presented the facilitation methods and triggers they planned to use at the forum. Triggers are pictures, dialogues, or other devices used to stimulate conversation about a topic. At the last planning meeting, on April 23, the committee finalized forum logistics. Immediately after the forum on April 27, the student team met with members of the planning committee to debrief and discuss plans to continue working for change related to homelessness in Alamance County.

The forum

"Homelessness: Creating Community Change" was held on April 27, 2007, from 11 a.m. to 2 p.m., at the First Christian United Church of Christ in downtown Burlington. The church is located a few blocks from the Allied Churches shelter, and the shelter van provided transportation for guests with disabilities. More than 160 people attended the event. Attendees included a diverse mix of service providers, homeless and formerly homeless people, and interested residents of Alamance County. Volunteers and church members greeted forum attendees and helped them sign up for discussion groups and raffle prizes. Coffee, bagels and pastries were available during the registration process.

Bill Adams and Karen Webb, forum planning committee members and the team's preceptors, welcomed the community to the forum. Denise Neunaber, Executive Director of the North Carolina Coalition to End Homelessness, spoke about her work and challenged attendees to examine their perceptions and expectations of homelessness. Next, Ronnie Hutchens spoke about his personal experience with homelessness. Then several members of the student team explained the AOCD process, introduced the themes, and encouraged continued community participation after the forum.

Forum attendees participated in one of five group discussions. Members of the student team used empowerment education techniques to facilitate the sessions, engage participants in conversation, and develop tangible action steps for change. Following the group discussion sessions, participants reconvened for lunch, heard a short talk by Good Shepherd Kitchen board member Cornellia Talley, and listened to presentations of the action steps generated in each small group session. The day ended with a raffle and a few closing remarks from Michelle

Embree, director of the Good Shepherd Kitchen.

Recommendations and Conclusion

Through the AOCD process, the student team developed a unique perspective on homelessness in Alamance County, and developed recommendations for the community. The first recommendation is to broaden the scope of ACICHA by recruiting members from organizations not yet affiliated, and by recruiting more individuals who have experienced homelessness. Also, after orchestrating the 2007 Point-in-Time Count, the student team recommends that planning begin sooner, that more volunteers are involved, and that there be a coordinator for the count to ensure that the process runs smoothly.

After interviewing shelter residents, the team developed several recommendations for Allied Churches and the Drop-In Center in Graham. First, the team recommends that the shelter or the Drop-In Center extend its hours. Many interviewees expressed that the limited shelter hours leave them without a supportive environment to go to for several hours of the day, and on weekends. Also, service providers and community members expressed that improved outreach would better connect homeless individuals to available services. Therefore, the student team recommends that the Drop-In Center begin to advertise its services more aggressively, and that both the shelter and the Drop-In-Center conduct more outreach. Finally, the team recommends that the shelter hold onsite informational sessions about navigating the mental health system and the Alamance County Department of Social Services.

Many individuals experiencing homelessness cited the lack of formal support as a barrier to success. Therefore, the team recommends that more support be offered to link homeless individuals to services, to follow-up on care, and to help individuals create and execute an action plan for how to spend their day once the shelter closes; such support could come in the form of case management or a mentoring/buddy system. Additionally, the team recommends that the community research existing Comprehensive Service Center models, which provide many services in a central and convenient location, and also connect with to the Interfaith Council in neighboring Orange County for ideas about how to provide people experiencing homelessness with more support.

Finally, the student team feels that Alamance County is unique in its ability to form collaborative partnerships between organizations and agencies, in the support that homeless individuals provide one another, and in the immense support provided by the faith-based community. Thus, the student team recommends that Alamance County follow in the footsteps of neighboring counties, and adopt a ten-year plan to end homelessness.

This report highlights the many things that are working well in Alamance County, and also points out the challenges faced by the homeless community, service providers who work with this community, and the broader community of Alamance County. The homeless community has a lot to offer the county – in terms of employment, church membership, culture, talent, and philanthropy – but also needs some support in order to be able to contribute most productively. Policy, organizational, and personal-level changes could help persons experiencing homelessness transition out of homelessness and become more productive citizens within the community. However, bringing about these positive changes will require steadfast commitment, time, and patience.

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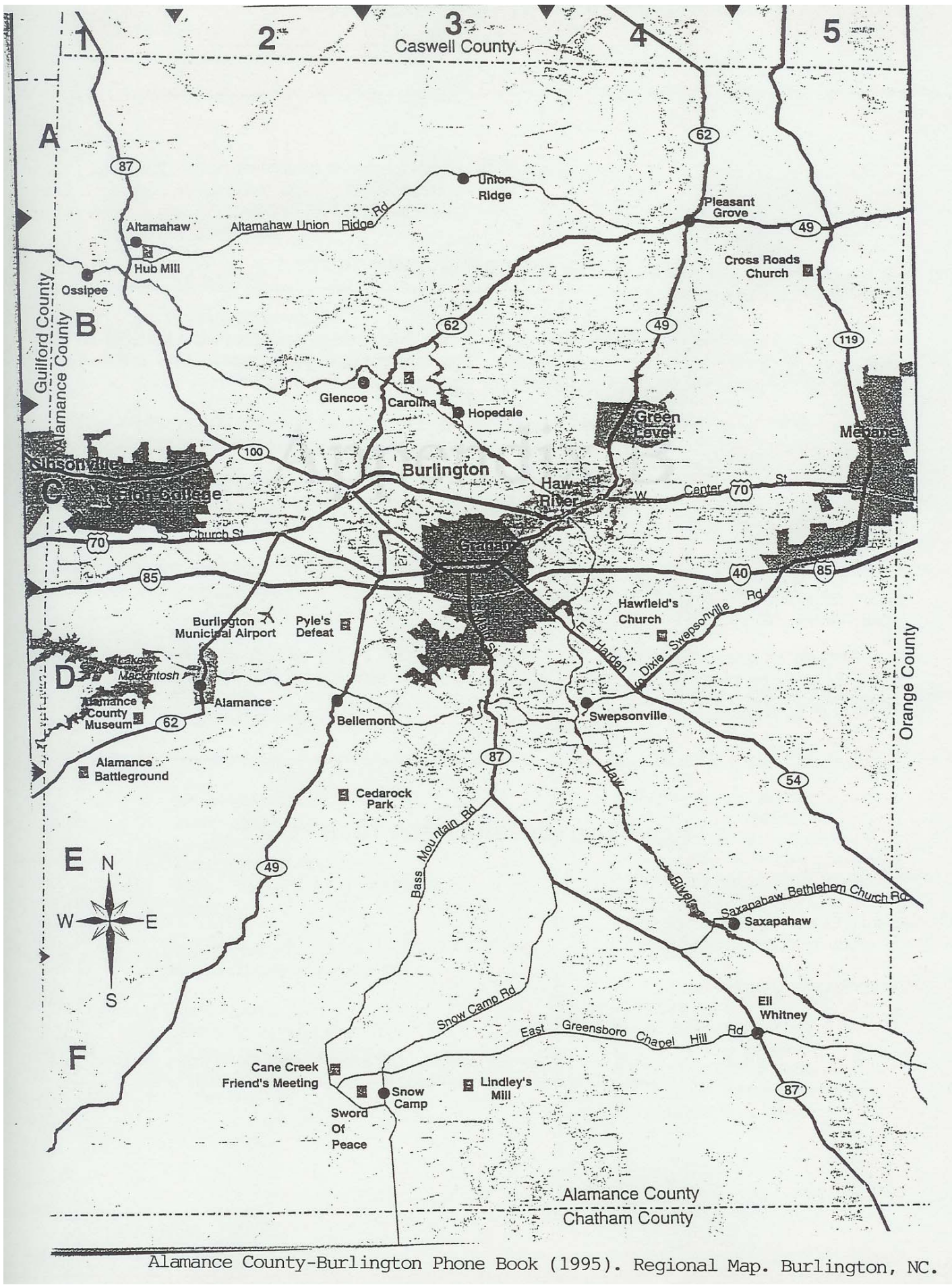
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Appendix A

Homelessness and Alamance County

Counties

Alamance County-Burlington Phone Book (1995). Regional Map. Burlington, NC.

Summary of In-Person Activities

Tuesday evening
- (8:00 - 9:30 p.m.); four students went to the Allied Churches shelter. Three staff members were available to assist the team. Individuals who were staying at the shelter were called into either the Chapel or conference room in groups of ten to complete the survey. Several people needed assistance filling out the survey. After completing the survey, they were given a personal care bag provided by the Women's Center.
  - Comment: The people being interviewed really wanted the time to tell their personal stories.
- Called the **Alamance County Emergency Department** (9:30 p.m.); they said that homeless persons no longer loiter there. Team did not go there.

Wednesday morning and afternoon
- **Kirkpatrick Building** (7 a.m.) – 2 students went to the Kirkpatrick Building to find day laborers. There was no one present and an employee there said she had never seen day laborers gather there.
- **Graham Library** – 2 students went and there were no homeless individuals there.
- **Drop-In Center** – 2 students went to administer surveys.
- **Loaves and Fishes –** 2 students went to administer surveys. Homeless individuals are not allowed to utilize their services if they are homeless. Therefore, no surveys given.
- **Good Shepherd Kitchen** (10:15 a.m. – 1 p.m.); Student team, staff members at Allied Churches, and 3 ACHICA members assisted during lunch. Michelle (kitchen manager) had everyone enter at the side door and briefly explained the survey to each person. Two students were waiting around the corner to ask the individual if 1) they had taken the survey already; and 2) where they had slept last night. Regardless of their answers, each individual was given a candy cane. If someone qualified for the survey, they were given a bright strip of paper. They either ate their lunch in the conference room while being interviewed by the volunteers or were taken back after eating. After completing the survey, they were given a personal care bag provided by the Women's Center.
  - Comment: Since everyone staying at the shelter was interviewed the previous night and the drop-in shelter individuals were interviewed an hour earlier, there were very few people that qualified to be interviewed.
  - Comment: The soup kitchen and shelter served fewer people than usual.

Sunday afternoon
- **Caring Kitchen** (11:30 – 1 p.m.); Bill Adams and Michelle volunteered to do this.

Other Agencies Participating:
Picked up forms from:
- Family Abuse Shelter and Residential Treatment Services - Kathy
- May Memorial Library and Public Schools (no surveys, count only)
- Piedmont Rescue Mission - Bill
- Women's Resource Center

Unable to Make Contact:
- Police Departments (all) – made contact, but were unable to coordinate count
- Ebenezer United Church of Christ, Recovery House – contacted; no homeless individuals served
- God Did It! – made contact; they called back after the count was completed
- Hopes Haven, Nehemiah House, Outreach Ministries – not able to locate

Post Count:
- Team, Kathy Colville, and Bills Adams will collect surveys within one-week of count.
  Administrative staff at the Health Department will compile the survey results.

Point-in-Time Count Survey

STATE OF NORTH CAROLINA- Homeless Demographic & Needs Survey 2007
Instructions: COMPLETE ONE SURVEY FOR EACH ADULT OR UNACCOMPANIED YOUTH WHO IS HOMELESS OR RESIDING IN A HOMELESS HOUSING PROGRAM BETWEEN 6PM, JAN 23, 2007 THROUGH 6PM, JAN 24, 2007
If the respondent is residing with a family group, then any information for minor children should be recorded with the head of household's responses. A separate survey must be completed for each additional adult household member

1. Have you taken this survey yet today?
❑ Yes **(end survey)**
❑ No (go on to next question)

2. Do you consider yourself to be:
❑ Permanently homeless
❑ Temporarily homeless
❑ Not homeless

3. Where did you stay last night?
❑ On the street (sidewalk, car, tent, park, abandoned building, etc.)
❑ Emergency shelter (facility or vouchers)
❑ Transitional housing (apartment or facility)
❑ In some other homeless situation, specify: _____
❑ Hospital
❑ Treatment facility or other type facility/institution (substance abuse, mental health, jail)
❑ With family/friend in their private dwelling **(end survey)**
❑ Permanent Supportive Housing **(end survey)**
❑ In a private dwelling that I own or rent **(end survey)**

4. How long have you been homeless this time?
❑ One week or less
❑ More than one week, but less than one month
❑ One to three months
❑ More than three months, but less than one year
❑ One year or longer
❑ Not homeless

5. How many times have you lived on the street or in an emergency shelter in the past three years, if any?

❑ None	❑ Three
❑ One	❑ Four or More
❑ Two	

6. Which best describes your household composition?

❑ Individual, no children	❑ Single parent household
❑ Couple, no children	❑ Two-parent household
❑ Other, specify:_____	

7. From which of the following facilities/institutions were you discharged, if any, within the 30 days prior to becoming homeless?
❑ Substance abuse inpatient facility
❑ Mental health inpatient facility
❑ Foster care
❑ Jail or prison
❑ Hospital

❑ Military service
❑ N/A

11. This question lists characteristics, disabilities, and long-term physical illnesses that people with homes often experience. Please check the box next to the characteristics that describe you.
❑ Addiction to alcohol or drugs
❑ Other addictions (e.g. gambling)
❑ Mental Illness (e.g. depression, bipolar, schizophrenia)
❑ HIV/AIDS
❑ Other long-term physical illness (e.g. cancer, hepatitis)
❑ Physical Disability
❑ Developmental Disability
❑ Domestic violence victim
❑ Parolee or probationer
❑ Other: please specify: _____
❑ None of the above

12. Where were you staying prior to becoming homeless this time?
❑ Owned a house
❑ Rented an apartment or home
❑ With family, parents, or guardians
❑ With friends
❑ In a motel
❑ In jail/prison
❑ In a treatment facility or the hospital
❑ Other, specify:_____

13. Where was the last location you stayed for at least 90 days?
❑ This county
❑ Another county in NC, specify:_____
❑ Another state in the US, specify:_____
❑ Another country, specify: _____

14. What is your total monthly household income?
$_____

15. Which of the following is a source of income for your household? (*check all that apply*)

❑ Wages from employment	❑ Veteran's Benefits
❑ Disability (SSI/SSDI)	❑ TANF
❑ Food Stamps	❑ Social Security/Pension
❑ Friends and Family	❑ Child Support
❑ Other, specify:_____	

16. Are you currently employed?
❑ Yes   ❑ No, date of last employment _____(mm/yyyy)

17. <u>Do you receive?</u>
❑Social Security Income (SSI, gold/tan check)
❑Social Security Disability Insurance (SSDI, blue/green check)
❑Neither

18. Where do you get your money?
❑Working
❑Family or friends
❑Food Stamps
❑Social Security (retirement check)
❑Pension
❑Unemployment
❑Child Support
❑Recycling cans or bottles
❑Street performing
❑Asking for money/Panhandling
❑Temporary Assistance to Needy Families (TANF)
❑Veterans benefits
❑Selling plasma or blood
❑Money from the shelter
❑I do not receive any money
Other_____

19. What is the highest level of schooling you completed?
❑Less than high school
❑Some high school, no diploma
❑High school diploma or GED
❑Some college or vocational training

20. Which of the following services have you received in the past eighteen (18) months, if any? (*check all that apply*)

❑Addictive Treatment	❑Housing Assistance
❑Child Care Assistance	❑Identification Services
❑Disability Services	❑Job Training/Employment
❑Food Assistance	❑Legal Services
❑Health Care Assistance	❑Medical Treatment
❑Health Insurance	❑Mental Health Services

❑Other, specify: _____

Point-in-Time Count Survey Results for Alamance County, 2007

		A	B	C	D
	Red = Family Abuse Services Green = Alamance-Burlington School System Blue = RTS Purple = May Mem Library Pink = Caring Kitchen **Black** = Total Brown = Rescue Mission Gray = Allied Churches	**Sheltered**		**Unsheltered**	**TOTAL** (column A+B+C)
		Emergency	Transitional		
	Households with Dependent Children				
1	# of Men	0 0 0 0 5 1 **6**	0 0 0 1 0 0 **1**	0 2 0 0 0 0 **2**	0 2 0 1 5 1 **9**
2	# of Women	2 0 0 0 0 1 **3**	1 0 0 0 0 1 **1**	0 1 0 0 0 1 **1**	3 1 0 0 0 1 **5**
3	# of Children	3 0 0 0 5 3 **11**	3 0 0 1 0 0 **4**	0 2 0 0 0 0 **2**	6 2 0 1 5 3 **17**
4	Total *Persons* in Households with Dependent Children (Rows 1+2+3)	5 0 0 0 10 5 **20**	4 0 0 2 0 0 **6**	0 5 0 0 0 0 **5**	9 5 0 2 10 5 **31**
5	Total *Number of Households* with Dependent Children	2 0 0 0 5 2 **9**	1 0 0 1 0 0 **2**	0 2 0 0 0 0 **2**	3 2 0 1 5 2 **13**
	Households without Dependent Children (includes singles, couples without children, unaccompanied youth)				
6	# of Men	0 0 5 0 18 33 **56**	0 0 13 0 0 0 **13**	0 0 0 1 0 0 6 **7**	0 0 18 1 18 33 6 **76**
7	# of Women	2 0 1 0 0 9 **12**	2 0 6 0 0 0 **8**	0 0 0 1 0 0 1 **2**	4 0 7 1 0 9 1 **22**
8	Total *Persons* in Households without Dependent Children (Rows 6 +7)	2 0 6 0 18 42 **68**	2 0 19 0 0 0 **21**	0 0 0 2 0 0 7 **9**	4 0 25 2 18 42 7 **98**
9	Total *Number of Households* without Dependent Children	2 0 6 0 18 42 **68**	2 0 19 0 0 0 **21**	0 0 0 2 0 0 7 **9**	4 0 25 2 18 42 7 **98**
10	TOTAL HOMELESS PEOPLE (Row 4 + Row 8)	7 0 6 0 28 47 **88**	6 0 19 2 0 0 **27**	0 5 0 2 0 0 7 **14**	13 5 25 4 28 47 7 **129**
11	TOTAL HOMELESS ADULTS (Rows 1 + 2 + 8)	4 0 6 0 23 44 **77**	3 0 19 1 0 0 **23**	0 3 0 2 0 0 7 **12**	7 3 25 3 23 44 7 **112**
	SUBPOPULATIONS				
12	*Of the people in Row 8*, columns A and C only, how many are definitely Chronically Homeless (have a disability and have been homeless for at least 1 year, or have had 4 episodes in 3 years, and do not live in transitional housing)	0 0 2 0 9 7 **18**		0 0 0 0 0 0 **0**	0 0 2 0 9 7 **18**
	For Row 13 – 18, please note *how many people from Row 11* are definitely members of the named subpopulation				
13	Seriously Mentally Ill (diagnosable by a mental health professional)	0 0 0 0 6 11 **17**	2 0 7 0 0 0 **9**	0 0 0 1 0 0 **1**	2 0 7 0 6 11 **27**
14	Diagnosable Substance Use Disorder	0 0 4 0 18 9 **31**	0 0 19 0 0 0 **19**	0 1 0 0 0 0 **1**	0 1 23 1 18 9 **51**
15	Veterans	0 0 0 0 2 3 **5**	0 0 1 0 0 0 **1**	0 0 0 0 0 0 **0**	0 0 1 0 2 3 **6**
16	Persons with HIV/AIDS	0 0 0 0 0 0 **0**	0 0 0 0 0 0 **0**	0 0 0 0 0 0 **0**	0 0 0 0 0 0 **0**
17	Victims of Domestic Violence	7 0 0 0 0 2 **9**	6 0 3 1 0 0 **10**	0 0 0 1 0 0 **1**	13 0 3 1 0 2 **19**
18	Unaccompanied youth	0 0 0 0 0 1 **1**	0 0 0 0 0 0 **0**	0 0 0 0 0 0 **0**	0 0 0 0 0 1 **1**

Of the persons in *Column D, Row 10,* how many do you know were discharged from the following systems within 30 days prior to becoming homeless:	
CRIMINAL JUSTICE SYSTEM (jails, prisons)	0 0 1 1 3 12 **17**
BEHAVIORAL HEALTH SYTEM (mental health hospitals or substance abuse treatment programs)	0 0 4 0 8 3 **15**
HEALTH CARE SYSTEM (hospitals)	0 0 1 0 1 2 **4**

Point-in-Time Methods, 2007

Contacting Agencies:
- Used a table to track all the agencies that needed to be contacted
- Delegated who would contact each agency (most agencies were contacted 1-week before PIT)
  - Comment: Many agencies were unfamiliar with PIT and confused about why they were being asked to participate
  - Comment: Agencies were confused on the definition of literal homelessness (as opposed to "precariously housed") and may have counted doubled up individuals in previous counts
- Packets of surveys, instructions, and summary grid were compiled at the Health Department for each agency
- Faxed, emailed, or dropped off information to each agency
- Determined if agency would fax completed materials or have someone pick them up

Survey:
- Used ACHICA 6-page survey and combined with HUD required information
- Reduced survey length to a 1-page, 2-sided document that was approved by student team, Kathy Colville, and Lori Lafferty
  - Comment: This survey even seemed too long.
- Student team created a 2-page instruction sheet for completing the grid with definitions, tips, and contact information
- For in-person locations, we asked individuals if they wanted to complete it themselves or have us write their responses
  - Comment: People had a difficult time with certain questions, especially head of household, those requiring them to remember dates or length of time, number of shelter stays, etc.

Lessons Learned from Point-in-Time Count 2007

1. Start planning earlier
   a. Decide on coordinator several months before count
   b. Flyers to agencies explaining PIT and its purpose
   c. "Save the Date" card for agencies
   d. Create instruction sheet for survey
   e. Utilize spreadsheet of agencies that was created this year
   f. Determine partner agencies
   g. Volunteers

2. Pre-test questionnaire
   a. Repetitive questions
   b. Head of Household

3. Allow more time to give surveys

4. Learn more about camps (Hollywood, Skeeterville, Mebane) and other unsheltered individuals

Appendix B

Methods and Findings

Team Code of Ethics

Alamance County
Homeless Community
Code of Ethics

1) Protect the confidentiality of information, specifically within and between all interested groups. This is the rule unless information is revealed about harm to self or others.
2) Protect and promote health: let the community define "health," and based on this definition, we will work to the best of our ability to promote and protect all that the definition encompasses.
3) Respect and listen to everyone's opinions, even if it one with which we strongly disagree.
4) Actively advocate for those in the community who have no voice.
5) Be truthful about our qualifications and limitations.

Summary of Student Team Activities

Student Team Activities*

Date	Event	Team Members in Attendance
9/29/2006	Windshield Tour	5
10/20/2006	Healthy Alamance Meeting	1
10/21/2006	Gospel Fundraiser	2
11/6/2006	Volunteer at Lunch, ACHICA Meeting	2
11/24/2006	Volunteer at Lunch, Drop-in Center, Pretest of Service Provider Guide	4
12/1/2006	Pretest of Community Guide	2
12/4/2006	ACHICA Meeting	2
1/8/2007	Greensboro Training for Point-in-Time Count (PIT)	2
1/8/2007	Monthly ACICHA meeting	2
1/11/2007	Meeting for PIT, HSL Library, with Kathy Colville	5
1/16/2007	Alamance Team Meeting	5
1/18/2007	Alamance Team Meeting	2
1/19/2007	Tour of Shelter/Meeting with Preceptor Bill Adams	3
1/23/2007	Night shelter count (PIT)	3
1/24/2007	Day Laborer, Drop-in center, Loaves & Fishes (PIT)	2
1/24/2007	Lunch at shelter count (PIT)	5
1/26/2007	Debriefing at Open Eye with Kathy Colville	5
2/1/2007	Alamance Team Meeting	5
2/5/2007	Monthly ACICHA meeting	3
3/5/2007	Monthly ACICHA meeting	2

4/2/2007	Monthly ACICHA meeting	5
3/19/2007	Meeting with Forum Planning Council	3
3/26/2007	Meeting with Forum Planning Council	2
4/2/2007	Meeting with Forum Planning Council	2
4/9/2007	Meeting with Forum Planning Council	2
4/16/2007	Meeting with Forum Planning Council	5
4/23/2007	Meeting with Forum Planning Council	3
4/27/2007	Community Forum	5
4/27/2007	Debriefing Meeting	5
5/1/2007	Presentation of findings to the Community Council	2
6/4/2007	Monthly ACICHA meeting	2

*Does not include interviews or fundraising activities

Timeline of the AOCD Process

Late September 2006:
Our team was assigned to do a community assessment of homelessness in Alamance County.
Assigned preceptors: Karen Webb & Bill Adams

October 2006:
Windshield Tour of community
Document field notes

November 2006:
Began regularly attending ACHICA meetings
Began developing interview guides for both service providers and community members
Pre-tested service provider interview guide with Karen Webb
Pre-tested community member interview guide with currently homeless male in Burlington

December 2006 (Winter Break):
Turned in all interview guides and consent forms for UNC faculty approval
Gathered secondary data sources
Prepared for Point-in-Time

January 2007:
Led Point-in-Time Count with Kathy Colville
Received final approval for all interview materials
Conducted first community member interview

February 2007:
Conduct 25-30, one-hour interviews
Conduct 1-2 focus groups with community members
Form forum planning committee

March 2007 (Spring Break):
First draft of AOCD paper – March 1
Forum planning: solidify location, seek donations from local businesses, invites
Conduct 10-15, one-hour interviews
Conduct 1-2 focus groups with community members

April 2007:
Organize and hold community forum by April 26
Last day of classes – April 27
AOCD final paper submitted to Karen and Bill – April 30

May 2007:
Incorporate final feedback from preceptors and faculty
AOCD Final Report – available to the public

AOCD Informational Brochure (Text Only)

WHAT IS AOCD? AOCD is an Action-Oriented Community Diagnosis. The purpose of an AOCD is to learn more about the strengths and needs of persons who are homeless in Alamance County. We hope to do this by talking to you and other members of your community.

WHY PARTICIPATE IN AOCD?
We want to hear your thoughts and opinions about what life is like for persons who are homeless in Alamance County. Someone in your community has identified you as a good person to speak with because of your experiences and viewpoint.

WHAT WILL YOU BE ASKED TO DO?
You will be asked to participate in one interview with two people from the UNC School of Public Health. We will ask you questions about life for persons who are homeless in Alamance County. There are no wrong answers or bad ideas.
The interview will take about 60 minutes of your time and will take place on one day only. If you agree to participate in the interview, we will record your responses on a piece of paper. Also, we would like to tape record the interview to make sure that we don't miss anything. Only members of our team will listen to the recordings, and the tapes will be erased after our project is over. You can ask us to turn off the tape recorder at anytime.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?
You will have the opportunity to share your thoughts about the future for persons who are homeless in Alamance County. Although you may not experience any direct benefits from this project, your participation may help to make things better in Alamance County for persons who are homeless. You will not be paid to participate in this interview.

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT? WHAT ARE THE COSTS?
The risk to you for taking part in this project is small. We will ask you general questions about life in your community. Some questions, such as those about problems or needs in your community, may cause you to feel uncomfortable. Therefore, you can skip any question that you do not want to answer.

There are no costs for participating in the project other than your time spent during this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?
Our team will summarize what we learn about the strengths and needs of your community. At the end of the project, we will hold a community forum to share this information. We will also include this summary in a written report which will be made available to members of your community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.
You do not have to participate in this project. You also do not have to answer any of the questions asked during this interview. You are free to stop participating in this project at any time, for any reason.

Any information that you provide will be kept confidential. Your name will not be linked to any of your responses. We will only use your name and contact information, if you provide it to us, to invite you to attend the community forum.

To protect your privacy, all of the information you provide will be stored with an identification number only, not with your name. Every effort will be taken to protect the identity of AOCD participants, however it is possible, although unlikely, that other people as a result of a legal process or court order could view information.

To ensure "confidentiality," you may pick an alias (a name that is not your own), to use during the project so that nobody could see your real name.

Information about your age and sex may be gathered during the interview. However, when we report the findings of the project to the community, all identifying information like sex and age will be removed. Your responses and comments will not be linked to you. The only people with access to the data are the student team and the team's faculty advisors.
All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2007 when the project is over.

CAN YOU REFUSE OR STOP PARTICIPATION?
Yes. Taking part in this project is up to you. You have the right to refuse to answer any question or stop taking part in the interview at any time. During the interview, you may ask that the recording be stopped at any time.

Whether or not you participate in the project will not affect the services or care that you get. Also, it will not impact your relationship with UNC.

WHO IS IN CHARGE OF THIS PROJECT? HOW CAN YOU CALL THAT PERSON?
We are completing this project as a class assignment. If you have questions about this project or particular questions for a member of the team, please contact someone from the AOCD team (Sarah, Laura, Liz, Kim, or Mel) at the team's toll-free number: 866-610-8272. Also, you may contact our instructor, Kate Shirah, collect if you wish at 919-966-0057.

Thank you!

Recruitment Consent Form

Purpose of this form: If you know of anyone who might want to be interviewed or in a focus group, this form explains how to get that person in contact with the student team working in Alamance County. This form tells service providers and community members how to receive permission to release the name and contact information of potential interviewees and focus group participants to the Alamance County Homeless Community Diagnosis team. If an individual agrees to be contacted by the Community Diagnosis team, more information about the project will be provided and the individual will have the opportunity to decide if he or she wishes to participate. You will not learn whether or not an individual decides to participate or not. In the case of individuals recruited through service providers, care will be taken to ensure the individual is aware that the services he or she may utilize will not be affected in any way. This information will only be released to the Community Diagnosis team. This form will be provided to anyone who will be involved in recruiting participants for this project, including service providers and community members. In addition, there is a brochure that can be given out which explains the AOCD project in simple language and more detail. This script will be given or read to potential participants.

Script: A team of students from the University of North Carolina at Chapel Hill from the School of Public Health is doing a project to learn more about homelessness in Alamance County. This project is called an Action-Oriented Community Diagnosis, or AOCD. The purpose of the AOCD is to learn more about the strengths and needs of the Alamance County homeless community. I think that you would be a great person to interview. If you're interested in learning more about the interviews and/or focus groups I can pass on your information to the student team. If you agree to be contacted by the team, they will give you more information about the project and you can decide if you wish to participate or not. I will not know whether you decide to participate or not. [community member only - No matter what you decide, any services you may use will not change in any way.] You can also have a brochure that explains the students' project in Alamance County. If you have any questions you can contact the Alamance County AOCD Team at:

Email: aocdalamance@yahoo.com
Phone: 866-610-8272

This project is being completed as a class assignment under the supervision of a faculty advisor, Kate Shirah. You may call her collect if you wish or write to her at:

Phone: (919) 966-0057
UNC School of Public Health
Dept of Health Behavior and Health Education
Campus Box 7440
Chapel Hill, NC 27599-7440

"What is an AOCD" Handout

Team Members: Kim Russell, Mel Piper, Sarah Lowman, Laura Hinson, Liz Harden
Who we are: Graduate Students in the School of Public Health at the University of North Carolina at Chapel Hill.
Why we are in Alamance County: To conduct an Action Oriented Community Diagnosis (AOCD) of the Alamance County homeless community.

The purpose of an AOCD is to gain an understanding of the dynamic relationships and interactions within a community, to learn about the strengths and needs of persons within the community, and to assist community members in taking action for social change and health status improvement. An AOCD is simultaneously solution and problem-focused and it integrates data collection and analysis with techniques for community organization.

The AOCD process: Analyze secondary data, gain entrée in to the community, collect primary data through interviews and focus groups among community members (homeless individuals) and service providers, analyze data, present the findings at a community forum, engage community members in identifying specific action steps, and prepare a document of community diagnosis processes and outcomes to assist the community in moving forward with action steps

What is a Community Forum? AOCD uses the community forum to present findings, to bring together members of the community for celebration, and to raise awareness. The forum is an opportunity to initiate dialogue among community members and to explore potential action steps or points for intervention. Without the forum, an AOCD merely explores problems and causes, but does not move toward improving the health status of the community.

Interviewee Verbal Consent Form

Alamance County AOCD
Documentation of Verbal Consent

Participant ID: _____

Participant received the informational brochure and a verbal explanation of the brochure's contents. Participant was given a chance to ask questions, and gave verbal consent after the process was complete.

Witness name	Date

Witness signature	Date

Community Member Interview Guide

Opening:
Thanks for taking the time to meet with us. We know that your time is valuable, and we really appreciate your participation. We are graduate students from the UNC School of Public Health, and one of our program requirements is to partner with a community to do a community assessment. We are collaborating with agencies in Alamance County, and our goal is to identify strengths, weaknesses, and future directions for program planning. We are interested in the Alamance County community, but particularly in the homeless population. We will spend the next few months gathering information about your community, and will present our results at a community gathering this spring.

We are interested in hearing from community members in Alamance County, and would like to learn about your thoughts and experiences. We are interested in your opinions. There are no right or wrong answers, and you have the right to refuse to answer any question. If at any time while we are talking you do not want to answer a question, do not feel comfortable, or would like to end the interview, please feel free to let us know. You may skip any question you'd like and you may stop the interview at any time. It should last about 45 minutes.

Confidentiality:
You do not have to participate in this project. You also do not have to answer any of the questions asked during this interview. You are free to stop participating in this project at any time, for any reason.

Any information that you provide will be kept confidential. Your name will not be linked to any of your responses. We will only use your name and contact information, if you provide it to us, to invite you to attend the community forum.

To protect your privacy, all of the information you provide will be stored with an identification number only, not with your name. Every effort will be taken to protect the identity of AOCD participants; however it is possible, although unlikely, that other people as a result of a legal process or court order could view information.

To ensure "confidentiality," you may pick an alias (a name that is not your own), to use during the project so that nobody could see your real name.

Information about your age and sex may be gathered during the interview. However, when we report the findings of the project to the community, all identifying information like sex and age will be removed. Your responses and comments will not be linked to you. The only people with access to the data are the student team and the team's faculty advisors.

All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2007 when the project is over.

We would like to take notes and tape record this interview. Your input is important and we want to make sure that we accurately record what you tell us. Feel free to skip any question that we ask, or hit the "Stop" button on the tape recorder at any time. After we are finished using the tapes for this class, the cassettes will be erased or destroyed. Is this okay with you?

Do you have any questions about AOCD or about anything that I've said so far? If it is okay with you, I'd like to turn on the tape recorder and begin the interview.

(Turn on the tape recorder)

Do I have your verbal consent to begin the interview and to tape record your response?

We'd like to start the interview by asking some questions about your experience as a community member in Alamance County.

(Begin interview)

Background Information and Daily Life
We would like to ask you some questions about your background and your daily life.

1. Where are you from originally?
   - What are some of the other places you've lived? Where were you born? How long have you been in Alamance County?

2. How long do you plan on staying in Alamance County?

3. Where have you been staying recently (in the last week)?
   - Where do you sleep at night? Where do you spend your days?

4. How do you get from place to place?

5. Tell me how you spend your time on an average day.

Community and Support
Now we are going to ask you some questions about life in this community, and who you turn to for support.

1. Describe what communities you are a part of.
   - Do you consider yourself homeless or a member of the homeless community?

2. Describe the relationship between people who are homeless and people who are not homeless in this town.
   - How do others see you? How do they make you feel?
   - How do you view those who are not homeless?

3. How do people who are different from each other along in this area?
   - How about in the homeless community? Among different races?

4. Who do you turn to for advice?
   - Other homeless people, service providers, family

5. Who are the people you trust most in your life right know?
   - Where do they stay? How long have you known them?

6. Tell us about your family. Who do you call family?
   - Do you have children? Where does your family live?

Employment:
We would like to ask you some questions concerning employment.

1. What employment opportunities are available to people who are homeless?
   - Can you describe any agencies or services that are available to assist you with employment?
   - Other ways that you can make money?

2. Have you ever had a job? If so, what did you do?
   - When was the last time you worked?

3. Do you want to work, and if yes, what kind of job would you like to have?
   - What keeps you from getting this job?

Strengths/Assets and Challenges of Community:
We would like to talk with you about the strengths and challenges of service providers and people who are homeless in this community.

1. What are the major issues for people in the homeless community?
   - Tell me about the specific needs of women, men, children, elderly, or minorities.

2. What are some of the health concerns of people who are homeless?
   - Physical and mental illnesses, diseases, disorders, disabilities, drugs/alcohol, violence/injury, adequate nutrition?

3. Describe some of the services that are available to you and whether or not the services met your needs. Anything you share will be kept confidential.
   - Tell me about the shelters (safety, hospitality, accommodations). How does Allied Churches compare to other shelters?
   - health care, social service agencies
   - food pantries
   - transportation

Future of the Homeless Community in Alamance County

1. What changes do you hope to see in your community over the next few years?

2. What changes do you hope to see in yourself over the next few years?

Verbal Referrals
We would like to interview other people from the community.
1. Who else do you recommend that we talk to?
2. Would you be willing to introduce us?

Community Forum:
Our project ends with a large community gathering (forum) in April. The purpose of this forum is to bring together interested citizens, the homeless community, and service providers to celebrate the strengths of Alamance County and to work together to find ways to improve the lives of people experiencing homelessness. We would like to get your ideas for the forum.

1. Do you have a recommendation for the:
   a. Place
   b. Day of the week
   c. Time of day
   d. Format
   e. Who to invite (community members, service providers, homeless)
   f. How to publicize

The Community Advisory Board will help plan the forum. The board will meet several times this spring to make decisions about the forum, get donations (for items such as food and entertainment), and spread the word to people in the community about the event.

2. Who do you think should be on the Community Advisory Board?

3. Would you be interested in becoming a member of the Board?

We would like to provide you information about our community forum in the spring. If you're interested, what's the best to let you know about the forum?
<u>If interested,</u>

What is your name? What is your contact information?

Thank you for your time and for participating in the interview.

Community Member Focus Group Guide

Introduction:

Hello, my name is _____and I'm going to be leading our group discussion today. This is _____, who will be taking notes and assisting me during our discussion. We'll be here about 90 minutes so that we can talk about your experiences. We are graduate students from the UNC School of Public Health. We have been working in Alamance County since October and are especially interested in hearing what you have to say about the community. Part of our project is to identify strengths, issues to work on, and ways to make things better. The information we gather will be summarized and shared with all members of the community. In addition, we will present our results to the community at a forum that will be held in late April.

Consent:

- The purpose of speaking with you today is to find out about your thoughts and experiences. If there are any questions you do not wish to answer, please let us (me) know. You may stop the discussion at any time.
- Your comments will remain confidential. We will be reporting summaries of the comments made by community members but will never mention your name or the names of anyone here today.
- We would like to take notes and tape record this interview. Your input is important and we want to make sure that we accurately record what you tell us. Feel free to not respond to any question we ask, or ask us to hit the "Stop" button on the tape recorder at any time. After we are finished using the tapes for this class, the cassettes will be recycled or destroyed so that no one else can listen to this focus group. Is this okay with each of you?

Ground rules:

We've got a lot to cover, so we will all need to do a few things so that we can get through all the questions:

1. Talk one at a time and in a voice at least as loud as mine.
2. I hope to hear from every one of you during the discussion even though each person does not have to answer every question. If any question makes you feel uncomfortable you do not have to answer it.
3. Feel free to respond to what has been said by talking to me or any other member of the group. And, that works best when we avoid side conversations and talk one at a time.
4. There are no right or wrong answers, just different opinions. I am looking for different points of view. So, just say what's on your mind.
5. We have a lot to cover, so you may all be interrupted at some point so that we can keep moving and avoid running out of time.
6. We value your opinions, both positive and negative, and I hope you choose to express them during the discussion.

7. Everything said is confidential and will not be repeated by any member of our group to someone outside of the group.

Do you have any questions about anything I've said so far?

1. Ice breaker question(s)
   Just going around the room, could everyone say their name and tell us one of your favorite things to do in your free time.

Interview Guide Body

2. Tell me about how you came to be in Alamance County.

3. What do you think of when I say the word 'homeless'?

4. Tell us about some of your experiences since you've been homeless.
   Probe: shelter life, making money, relationships, transportation, discrimination

5. What are some of the issues people who are homeless go through?
   Probe: substance abuse, mental health, housing, financially, disability, literacy, transportation

6. Tell me about the group or groups of people that you feel a part of?
   Probe: Friendship groups, religious organizations, family groups... Tell me about the different groups in the homeless community in Alamance

7. Where do you go for advice?
   Probe: other people in shelter, staff, family, friends, pastor

8. Tell me what you think about the services available to homeless people.
   Probe: How do you hear about good shelters, food, and health care? Why do some services have good reputations and some bad? Tell me about specific times in which your needs were met/not met.

9. [If not previously covered] What do you think leads many people in this county to be homeless?

Forum Questions

"We plan to have a forum in late April where homeless people, service providers, and other people in the area can get together to share ideas. We'll be letting people know what we've learned about the community."

Other Forum Questions

- Where do you think would be a good place for us to meet? (church?)

- What time of day/day would be good to meet?
- Would you be willing to help invite people you know or help organize?
- What kind of food should we have?
- What kind of entertainment should we have?
- How can we get in touch with you?
- Who should we invite to attend?
- How should we get the word out about the forum? (Please tell you friends)

** We're also interested in talking to homeless people who choose not to use available services and those in camps. If any of you know homeless people who do not regularly use services (like the shelters or kitchens), and you are willing to introduce one or two of us, please talk to me after we finish this discussion.

Thank you very much for your participation!

Service Provider Interview Guide

Opening:
Thanks for taking the time to meet with us. We know that your time is valuable, so we really appreciate your participation. We are graduate students from the UNC School of Public Health, and one of our program requirements is to partner with a community to conduct a community assessment. We are partnering with agencies in Alamance County, and our goal is to identify strengths, weaknesses, and future directions for program planning. We are interested in the Alamance County community, but particularly in the homeless population. We will spend the next several months gathering information about your community, and we will present our results at a forum this spring.

We would like to find out about your thoughts and experiences from the perspective of a service provider in Alamance County. Since you have worked with the homeless here, we are interested in your opinions. There are no right or wrong answers, and you have the right to refuse to answer any question. If at any time while we are talking you do not want to answer a question, you do not feel comfortable, or you would like to end the interview, please feel free to let us know. You may skip any question you'd like and you may stop the interview at any time. It should last about 45 minutes.

Confidentiality:
Your comments will remain confidential. We will be reporting summaries of the comments made by community members and service providers, but we will not identify who said what, nor will we identify the names of the individuals we interview.

We would like to take notes and tape record this interview. Your input is important and we want to make sure that we accurately record what you tell us. Feel free pass on any question we ask, or hit the "Stop" button on the tape recorder at any time. After we are finished using the tapes for this class, the cassettes will be erased or destroyed. Is this okay with you?

Do you have any questions about AOCD or about anything that I've said so far? If it is okay with you, I'd like to turn on the tape recorder and begin the interview.

(Turn on the tape recorder)

Do I have your verbal consent to begin the interview and to tape record your response?

We'd like to start the interview by asking some questions about community services in Alamance County.

(Begin Interview)

Services:
1. We have a basic understanding of your organization, but are interested in learning more. Tell us more about your agency and the services you personally provide.
   - What are your specific responsibilities?
   - The number of clients served (agency and personally)
   - Sources of funding

2. How do you inform the people in your service area about the services that you provide?

3. What criteria must people meet in order to be eligible for your agency's services?

4. What other agencies provide services to the communities you serve?
   - Gaps in services provided
   - Who is affected by any gaps in services?
   - Accessibility problems & language barriers

5. What do you think contributes to homelessness in this community?

6. What is your role with the homeless community?
   - What percentage of time is allocated to the homeless population

7. What are the strengths of collaborative partnerships regarding homelessness in Alamance County?

8. What are the weaknesses of collaborative partnerships regarding homelessness in Alamance County?

9. How do community politics affect the homeless population? Your work?
   - Political environment, elections, town council
   - Businesses

Community:
1. Describe in as much detail as possible the homeless population in Alamance.
   - Subgroups of homeless people
   - Demographics, cultural & racial interactions
   - Those accessing services vs. those who are not
   - Children, families

2. What are the strengths of people experiencing homelessness in Alamance County?

3. What do you perceive as the homeless population's needs in Alamance County?

4. What are the citizens of Alamance County community doing to support members of the homeless community?
   - Local government

- Churches/religious groups
- Private citizens
- Schools/students

5. What kinds of community projects have those groups developed to address homelessness in Alamance County (i.e. fundraisers, community programs, volunteering)?
   - How successful were they? Why?

6. If you were to do some type of community health project in Alamance County, who would you want to involve from the community? Why?
   - Groups with useful skills and knowledge
   - Key community leaders
   - Businesses with charitable history

7. Is there anything else that you can tell us about the homeless community?

Documents:
We are gathering background information to contribute to our understanding of what life is like for people experiencing homelessness in Alamance County. We are gathering perspectives from people like you, as well as members of the homeless community. We are also analyzing demographic, historical, current events, and policy documents to broaden our perspective.

1. What written documents does your agency have that might contribute to our understanding?

Community Forum:
The AOCD culminates in a community forum held in April. The purpose of this forum is to bring together interested citizens, the homeless community, and service providers to celebrate the strengths of Alamance County and to work together to find ways to improve the lives of people experiencing homelessness. We would like to get your input on organizational factors concerning the forum.

4. Do you have a recommendation for the:
   a. Place
   b. Day of the week
   c. Time of day
   d. Format
   e. Who to invite (community members, service providers, homeless)
   f. How to publicize

The Community Advisory Board will guide the forum planning process. The board will meet several times this spring to make decisions about the forum, secure donations (for items such as food and entertainment), and assist in the promotion of the event.

5. Who do you think should serve on the Community Advisory Board?

6. Would you be interested in becoming a member of the Board?

We would like to send you information about our community forum in the spring. Could we have your contact information for this purpose?

For the record, what is your name? Contact information?

Thank you for your time and participating in the interview.

Number, Sex, and Race of Interviewees

Number of Interviewees

	Individual Interviews	*Focus Group	Total
Service Providers	23	0	23
Community Members	11	16	27

*Three participants from the Focus Groups were also interviewed individually.

Sex of Interviewees

	Male	Female
Service Providers	10	13
Community Members	19	5

Race of Interviewees

	African American	Caucasian	Other
Service Provider	3	20	0
Community Member	10	13	1

Data Analysis Code Book for Service Provider and Community Member Interviews

Homeless Population in Alamance County
- Demographics – biological characteristics (i.e. gender, race, ethnicity)
- Living Situation (Doubled up, sheltered, unsheltered, Boarding house, etc.)
- Period of time in Alamance
- Life History/Background Information
- Other characteristics – non-biological descriptions of people experiencing homelessness in Alamance County (geographic locations, those who choose to be homeless, transient/chronic, etc.)
- Faith
- Strengths of the homeless community
- Homeless family – families experiencing homelessness AND comments/issues related to family members of those who are homeless

Experiencing Homelessness
- Causes – perceptions of traits and situations that lead to homelessness
- Support (social, familial, from other)
- Daily Activities
- Perceptions of homelessness (personal as well ideas of other peoples perceptions)
- Criminal Activity (including acts of violence)

Economic condition
- Barriers to employment/earnings (i.e. transportation, literacy, language)
- Housing costs/Affordable housing
- Living wages (refers to the amount of money one must make to support oneself)
- Sources of income (including SSI/SSDI, panhandling, prostitution)

Health (including services for the specific population/condition)
- Mental Health – everything related to mental health (from access to care and mental health reform to specific conditions)
- Physical disabilities
- Substances abuse
- Medication

Access/Barriers to services (include facilitators and inhibitors)
- Transportation
- Literacy
- Eligibility Criteria
- Information/Communication (i.e. inadequate marketing of services, outreach, ways in which people learn of services)
- Personal beliefs (i.e. lack of interest, mistrust in the system)

Services in the community
- Needed services – services that do not exist in Alamance County
- Strengths among service providers (i.e. collaboration, absence of turfism)
- Weaknesses among services
- Sources of funding for services/programs/agencies

Community Environment (including support for the homeless community in terms of donations, fundraising, volunteering, collaboration)
- Politics
- Business Community
- Religion/spirituality
- Race relations
- Community Support - Citizens

Reentry – issues regarding reentrance into society after incarceration, institutionalization, or treatment

Solutions – thoughts/ideas about ways to improve the quality of life for people experiencing homelessness

Data Info – background information and statistics

Frequency of Themes from Data Analysis

Frequency of Domains

Theme	Community Members	Service Providers
Mental Health	20	42
Housing	13	21
Transportation	31	23
Substance Abuse	54	21
Perceptions	37	20
Information/Communication	30	20
Reentry	22	10
Employment	47	28

Eight Final Themes from Interviews

1. Domain: Access/Barriers to services
Code: **Information/Communication about available services**
**Theme: Lack of information regarding available services for people experiencing homelessness prevents homeless individuals from better accessing services, and hinders service providers' ability to connect clients with resources and to collaborate with like-minded agencies.

2. Domain: Health
Code: **Mental Health**
**Theme: Mental illness is prevalent in the homeless community, and there is need for improved processes to connect people to mental health services, medications, and/or case management.

3. Domain: Access/Barriers to services and Employment
Code: **Transportation**
Theme: Lack of public transportation is a barrier to obtaining employment, maintaining employment, and accessing services and resources within the community.

4. Domain: Economic Conditions
Code: **Barriers and facilitators to Employment**
**Theme: The changing economy, illiteracy, inadequate public transportation, and insufficient job readiness are barriers to employment in Alamance County.

5. Domain: Economic Condition
Code: **Housing costs/affordable housing**
Theme: Lack of affordable housing, eligibility requirements, and long HUD waiting lists, combined with low wages, contribute to the persistence of homelessness.

6. Domain: Health
Code: **Substance Abuse**
Theme: Substance abuse is prevalent within the homeless population, making it difficult to discontinue use if it is a problem, and compounding other barriers to employment and services.

7. Domain: Re-entry
Code: **Reentry**
**Theme: Lack of resource and emotional services for individuals faced with re-entering society after institutionalization often results in homelessness.

8. Domain: Experiencing Homelessness
Code: **Perceptions of homelessness**
**Theme: Negative stereotypes affect homeless individuals' ability to obtain employment and to feel like a part of the community, and they perpetuate incorrect generalizations of the homeless population.

**Themes presented at forum

Appendix C

Forum

You are invited to...

Homelessness:
Creating Community Change

A collaboration among Allied Churches,
Alamance County Interagency Council for Homeless Assistance,
and the UNC-Chapel Hill School of Public Health

WHEN: Friday, April 27 2007

11:00 AM — 2:00 PM

WHERE: First Christian United Church of Christ

415 S. Church Street

Burlington, NC

WHO: We invite you to attend this forum if you:

- Have ever been homeless
- Care about homelessness
- Are a service provider
- Live in Alamance County

We invite you to participate
in a discussion about:

- Views of homelessness
- Life after prison/institutions
- Mental Health
- Local services
- Jobs

FREE lunch

FREE door prizes

If possible, please RSVP:
aocdalamance@yahoo.com
1-866-610-8272, Ext 1
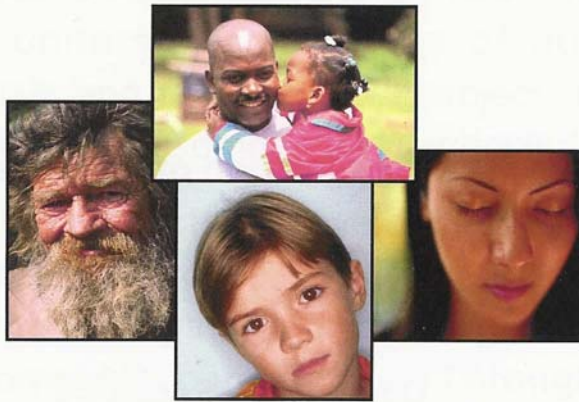
UN**C**
SCHOOL OF PUBLIC HEALTH

Department of Health
Behavior & Health Education

HOMELESSNESS:
CREATING COMMUNITY CHANGE

FRIDAY APRIL 27, 2007
11:00 AM—2:00PM

FIRST CHRISTIAN
UNITED CHURCH OF CHRIST

415 South Church Street
Burlington, NC

GREETINGS!

Welcome to "Homelessness: Creating Community Change." We are a team of five graduate students from the UNC Chapel Hill School of Public Health. We have been working with the homeless community in Alamance County for the past nine months to better understand the lives of homeless individuals and families. Our project is called Action-Oriented Community Diagnosis (AOCD).

During this project, we have done 34 interviews and two focus groups. We have learned a lot about the strengths and challenges faced by the homeless community. Through these interviews we have come up with eight themes and we will be talking about five of them today. We are excited that you are here today and ready to talk about solutions and making positive changes in your community.

Sincerely,

Liz Harden, Laura Hinson, Sarah Lowman, Mel Piper and Kimberly Russell

SCHEDULE OF EVENTS

Time	Event
11:00am	Registration begins
11:15am	Welcome
11:25am	Speakers Denise Neunaber Ronnie Hutchens
11:40am	Presentation of Findings
11:55am	Break
12:05pm	Discussion Sessions
1:00pm	Lunch and Speaker Cornellia Talley
1:15pm	Presentation of Action Steps
1:55pm	Closing Remarks

UNC
SCHOOL OF PUBLIC HEALTH

Alamance Interagency Council on Homeless Assistance

Allied Churches

EMPLOYMENT

"Here in Alamance County it is especially tough to be homeless because like I said, transportation and job availability. Walking is bad enough, but like you say you don't have anywhere to walk to." *~Person experiencing homeless*

"That area [East Burlington] used to be the heart and center of the economy. You had a number of mills in that area... In the last 10-15 years, given the globalization of the economy, mills closing down, economic restructuring... that part of the city, in particular, has really taken a beating economically." *~Service Provider*

Theme: The changing job market and insufficient job readiness are barriers to employment in Alamance County.

DISCUSSION GROUPS

We will divide into five different discussion groups to talk more about a specific topic. The purpose of this is to develop action steps so that the community can move forward on important issues. Each theme is represented by a different color to help you identify which room you are in.

1. Employment (blue)

2. Information & Communication about Services (yellow)

3. Re-entry after Prison (green)

4. Perceptions of Homelessness (purple)

5. Mental Health (red)

RE-ENTRY AFTER PRISON

"You don't get back into society. You [have] no money, no clothes, no license. You don't get [anything]. So what do you do? You go back to doing what you were doing before, just to survive." ~Person experiencing homeless

"So, re-entry becomes really critical from our point of view in addressing the crime issue as well as the question of homelessness. They come out and they get, I don't know, maybe 50 bucks to make it home and that's it. They don't have a job." ~Service Provider

Theme: A lack of resources and emotional services for individuals faced with re-entering society after prison often results in homelessness.

INFORMATION ABOUT SERVICES

"I just don't know where to go. I don't know about no services." ~Person experiencing homeless

"The services need to be publicized. Not everybody knows how to work the system. Everybody should have a handbook that lists every service available." ~Person experiencing homeless

Theme: A lack of information about services for people experiencing homelessness prevents homeless individuals from getting the services that they need, and decreases service providers' ability to connect clients with needed resources.

ACICHA is recognized by the County Commissioners of Alamance County as the official body for Federal Homeless Continuum of Care Program planning, oversight and accountability. This group is responsible for the yearly Federal Point in Time head count and accompanying data required for most Housing and Urban Development (HUD) funding for homeless persons. It is open to new members and meets on the first Monday of each month at 2:00 pm at Allied Churches conference room.

Please contact ACICHA co-chairs for more information:

Suellyn Dalton: suellyn.dalton@alamance.cc.nc.us

Lori Lafferty: Lori.lafferty@alamance-nc.com

Allied Churches is an interdenominational non-profit agency that helps to meet the needs of the less fortunate. The organization has initiated three programs which work toward the initial goals established in 1982. It offers an Emergency Night Shelter, Good Shepherd Community Kitchen, and the Christian Assistance Network.

Please contact Allied Churches for more information:

Allied Churches of Alamance County
206 North Fisher Street
Burlington, North Carolina 27217
(336)-229-0881
info@alliedchurches.org

THANK YOU TO ALL OF OUR DONORS!

Allied Churches & Good Shepherd Kitchen

First Christian United Church of Christ

Loaves and Fishes

1304 Bikes (Raleigh)	Jimmy's Meat Market
Alamance Community College Foundation	Laura Callahan
	Louise's Hallmark
Angelo's	Markell Printing
Belk	Maxim Health
Big Daddy's Hair Salon	McPherson's Hardware
Burlington Square Mall	Old Fogies
Champion Automotive and Tire	Pfizer
Charles Thompson, P.A.	Purple Cow
Chick-fil-A	Roasted Coffee Depot
Curves	Sandy's Ladies Consignment Boutique
Dunn Opticians	Skids II
Eli Lilly Company	Steve's Garden Market
Faith Book Store	Suellyn Dalton
Gotcha Covered	Tar Heel Drug, Inc.
Gourmet Cookie Company	The Grille
Graham Cinema	Zack's Hotdogs
Hursey's Bar-B-Q	

THANK YOU TO OUR
FORUM PLANNING COMMITTEE!

Bill Adams   John Harrell   Kathyrn Martin

Bobby Clark   Ronnie Hutchens   Shannon Smith

Robin Drummond   Brenda Ingle   Karen Webb

Michelle Embree   Lynn Inman

Contact Information

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Kimberly Russell, Mel Piper, Laura Hinson
Sarah Lowman, Liz Harden

aocdalamance@yahoo.com

Full report will be available online in July at:

http://www.hsl.unc.edu/phpapers/phpapers.cfm

Discussion Group Highlights and Action Steps

Employment		
Domain: Economic Conditions **Code:** Barriers and facilitators to Employment **Theme:** The changing job market and lack of job readiness are barriers to employment in Alamance County. **Trigger:** Excerpt of John Edward's speech. **Discussion Method**: ORID	**Discussion Highlights:** Alamance County and Jobs: • Employers don't want to hire ex-offenders, people living in homeless shelters • Identification cards and addresses are needed to get most jobs • Lack of transportation makes it difficult to find and maintain a job • Many homeless individuals are unfamiliar with resources and where to look for jobs in the area • Other factors that make it difficult to get employment include: lack of available jobs, increased competition, and qualifications • The following skills are needed to get a job in Alamance County: applications and interviewing, computer skills, literacy, vocational training, desire to get a job • Being underemployed makes it difficult to make enough money to support oneself and afford gas for travel to work • Not having a job may lead to mental health issues, drug use, and/or increased participation in crime. • It's important to reach people not staying at Allied. Many of them do attend lunch at Allied Churches, so that would be an ideal time to reach more people.	**Action Steps:** • Provide transportation to jobs and increase information about job opportunities • Put more job postings at library, bulletin boards at Allied, newspapers • Establish relationships between employers and Allied Churches • Representative from Employment Security Commission agreed to contact Bill Adams at Allied Churches in order to provide job opportunities and trainings • Establish relationships so that employers could come directly to Allied Churches for day laborers • Once a week after lunch an employer could be onsite ready to hire individuals (It should be after lunch because no one wants to do anything but eat at lunch.) • Start a for-profit business to support Allied Churches. This would provide job training and actual employment experiences for guests at the shelter and is a model that has worked for other shelters. Robin Wintringham, the Executive Director of Habitat for Humanity, has knowledge about this type of project.

Information and Communication about Services

Domain: Access/Barriers to services

Code: Information/Communication about available services

Theme: A lack of information regarding available services for people experiencing homelessness prevents homeless individuals from better accessing services, and decreases service providers' ability to connect clients with needed resources.

Trigger: None

Discussion Method: Force field Analysis

Discussion Highlights:

- There are many great services in the community, however there is little outreach to link individuals experiencing homelessness to those services.
- There is need for a centralized place where homeless individuals receive information about all of the services available to them (Allied Churches, the Drop-In Center, and the Burlington and Graham Libraries were mentioned).
- Word-of-mouth among homeless individuals is the most commonly utilized mode by which they receive information.
- Some homeless individuals are too proud to ask for help, or fearful of negative responses that they may receive from individuals who are not homeless.
- The lack of funding for programs to address issues of homelessness makes creating improved systems for connecting homeless individuals to services more difficult.
- There is a lack of personnel and case management to link homeless individuals with services and to provide follow-up to ensure that they are getting their needs met.
- The transient nature of individuals experiencing homelessness makes outreach and information sharing more difficult.
- The United Way resource directory should be more widely distributed.

Action Steps:

- Start a volunteer, homelessness task force, to increase communication of information about services to individuals experiencing homelessness and to create linkages between organizations. This group will include homeless individuals, as well as service providers and interested citizens, and it will build from the ACICHA group that is already in existence. The South Beverly Hills Neighborhood Association will provide support for this initiative.
- Create posters to encourage homeless individuals to inquire about available services in the community. This poster will be initially posted at Alamance County libraries.
- Arrange for a greater number of the Times-News to be delivered to the Shelters and the Drop-In Center.
- Ensure that Community Resource Directories for homeless individuals are available at Allied Churches, the Drop-In Center, and Vocational Rehabilitation. Ideally, this will eventually be a tailored resource guide for homeless individuals, including maps.

Re-entry

Domain: Re-entry

Code: Re-entry

Theme: Lack of resource and emotional services for individuals faced with re-entering society after institutionalization often results in homelessness.

Trigger: Skit

Discussion Method: ORID

Discussion Highlights:
- Re-entry is a huge issue in Alamance County, especially for those discharged to the local shelter.
- Re-entry creates a revolving door. There are social security gaps for prisoners and the recently released. They cannot apply for many services until they get out, and then are often denied.
- Large communities have more resources.
- There is no known group in the community that has addressed this issue. There is transitional housing for those getting out of mental institutions and for those needing behavioral treatments, but nothing for those coming out of prison.
- Although there is a small (six person) program through Ebenezer, there is no other prison-ministries service.
- Prisoners are not getting accurate information when released about what is available and not available to them. The Employment Security Commission provides a tip sheet, but no one in group was sure of the content.
- There is concern that prisons may not care about individual ex-offenders once they are released.
- Faith-based mentoring may be helpful to individuals one to two years post-release.

Action Steps:
- Research what other communities (such as Winston Salem, the Daryl Hunt program) are doing about issues of re-entry
- Tell the "real stories" at meetings and in the newspapers.
- Talk to Jackie Sheffield at police department about her re-entry program.
- Propose the idea of a reentry subcommittee to ACIHA.
- Attend the next ACICHA meeting.
- Arrange meeting with Chamber of Commerce HR committee to talk about benefits to employers for employing people who are reentering communities.

	Perceptions of Homelessness	
Domain: Experiencing Homelessness **Code:** Perceptions of Homelessness **Theme:** Negative stereotypes affect homeless individuals' ability to obtain employment and to feel like a part of the community, and they perpetuate incorrect generalizations of the homeless population. **Trigger**: Series of photos **Discussion Method:** ORID	**Discussion Highlights:** • Stereotypes about homelessness are harmful. • Citizens may want to volunteer or assist someone who is homeless, but fear or uncertainty keeps them from doing so. • There is a division in Alamance County between the 'haves' and the 'have nots.' • There is a lack of understanding regarding what it means to be homeless, and the range of experiences and circumstances that exist within the homeless population. • Negative stereotypes of homelessness are likely related to a lack of awareness; thus, increasing information and education around the issue of homelessness would decrease the negative stereotypes and would improve the community's perception of homelessness.	**Action Steps:** • Interested individuals may email Michael Abernethy from the *Times-News* about upcoming events related to homelessness. • Service providers in the discussion will contact the United Way about information and events pertaining to those experiencing homelessness. • Advertise/publicize events in the summer for the homeless community. • Personally work toward not pre-judging others based on appearance. • Ken Austin and Bill Adams will brainstorm ways to get information about local services, events, and resources to the harder to reach population of people experiencing homelessness. • April Durr will contact discussion group participants about the 212 information system.

Mental Health

Domain: Health	Discussion Highlights:	Action Steps:
Code: Mental Health **Theme:** Mental illness is prevalent in the homeless community, and there is need for improved processes to connect people to mental health services, medications, and/or case management. **Trigger:** Skit **Discussion Method:** SHOWED	• Untreated mental illnesses impact all aspects of a person's life, and may lead a person to harm himself/herself or others. • Mental health reform has made the process more complicated, and many do not understand how the new system works. • People experiencing homelessness need strong advocates (and currently lack those advocates) to help them navigate the mental health system and access mental health services. • Stigma, lack of insurance, eligibility requirements, lack of transportation, lack of providers, red tape (a person must be approved and evaluated to get into the system), and difficulty getting in through the walk-in clinic all make obtaining needed mental health services more difficult for homeless individuals. • The current mental health system is not set up to assist people in accessing services.	• Advocate on behalf of people experiencing homelessness who have mental illnesses *and* a lack transportation to appointments by facilitating representation of people from homeless community on transportation forum. • Increase homeless community attendance at educational meetings (held by DSS and other agencies) by providing transportation to the meetings, providing dinner at the meetings, posting information about meetings at shelter, or even holding meetings at Allied Churches and other shelters. • Organize a Speakers Bureau around mental health reform, mental health services, and how to access services • Encourage a *Times-News* reporter to cover mental health, mental health reform, and to reduce stigma about mental health in the broader Alamance County community (Art and Becky Springer) • Write letters to the paper, elected officials, and legislators about the barriers to mental health services and stigma associated with mental illness in our community.

Employment Discussion Group Trigger

This is part of a real speech that a politician gave in 1999. He is trying to convince others that jobs in North Carolina should not be moved to other countries.[1]

"I grew up in the textile business… I have seen firsthand, having worked in mills in North Carolina…how heavily folks depend on these jobs. They have nowhere else to go. The bottom line is, it is all they know. It is all well and good to talk about retraining, but when you are talking about retraining somebody who does not have a high school education and who has spent the last 30 or 40 years of their life working in a cotton mill, they have no idea what to do and they have no realistic prospect of going to some other field of employment. These people need these jobs. This is a human tragedy that is created oftentimes by these trade bills. I want folks to realize this is real. It has a real and devastating effect on people's lives in my State of North Carolina and all over this country."

Bringing it closer to home: Jobs in Alamance County[2]:

- Ten years ago, 22% of all of workers in Alamance County worked in the textile and apparel manufacturing industries.

- In 2006, only 10% of all workers had jobs in the textile and apparel manufacturing industries.

- In 2005 alone, there were 23 factory closings, affecting over 1,300 workers.

Employment Training Resources

Employment Security Commission - JobLink Center
Glenda Morrow, JobLink Manager (336) 570-6800

Alamance Community College - Human Resources Development
Robert Windham, HRD Coordinator (336) 506-4402

Women's Resource Center - Employment Skills Program
Becky Mock, Program Director (336) 227-6900

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[1] http://thomas.loc.gov/cgi-bin/query/R?r106:FLD001:S13142
[2] Alamance County Planning Department & Piedmont Triad Council of Governments 2006

For persons with disabilities -

NC Division of Vocational Rehabilitation
(336) 570-6855

For persons who qualify for Social Services:

Alamance County Department of Social Services
Workfirst and related programs
Christy Kylander - (336) 513-4762

For individuals experiencing homelessness:

Allied Churches Drop-In Center
124 E. Pine St., Graham, NC
Chris Moses (336) 570-0851

ORID Discussion Model

Welcome and Introductions
Things to Remember for discussion today (Respecting what others have to say and differences of opinion, I may interrupt you so that we can get to the action steps, confidentiality)

Objective
What – getting the facts
- What words or phrases do you remember from the speech?

Reflective
Gut –feelings, associations, emotional responses
- What was your first reaction to the speech?
- How do does that make you feel?

Interpretative
- So what? Values, meanings, purpose
- How have the closing of mills affected people in Alamance County?
- Let's talk about being homeless and trying to get a job. What do you think people experiencing homelessness need in order to find a job?
- What makes it difficult to get a job here?
- What skills do people need to get a job here?
- What skills are most needed?

Decisional
- Now what? Action steps – Talk about importance and changeability
- Which of the issues mentioned can we do something about?
- What can do about _____?

- What are the specific steps that need to happen?
- Who is willing to take the lead on this? By when? Week?

Note: Suellyn Dalton (literacy) and Chris Moses (drop in center, GED, employability classes) are unable to be here today, but they are interested in being a part of what this group decides

Theme: The changing job market and lack of job readiness are barriers to employment in Alamance County.

Drop in Center Activities:

Employability Skills and Videos
Every Monday
Usually has 2-3 people attend

Healthy Activities
20 minutes walks, talk about health and nutrition

Re-entry Discussion Group Trigger

PROPS:
1. *Easel*
   a. *What happened in the skit?*
   b. *How does it make you feel?*
   c. *How does it relate to this community?*
   d. *Action Steps*
   e. *Volunteers*
2. *Trash Can*
3. *Poster Board Square with four scenes*
4. *Blank pieces of paper (at least four)*
5. *Ground Rules written on poster board (optional)*
6. *Theme statement written on poster board*
7. *Reentry written on poster board*
8. *Agenda on poster board (optional)*
9. *Handouts*
   a. *Sample Reentry programs and information*
   b. *Public Health Effects sheet*
   c. *Second Chance Act*
10. *Jessica as notetaker, Hillary as timekeeper*

INTRO (5minutes)
Reentry

First, I want to thank everyone for coming to the Reentry discussion group. We don't have much time, so we need to get started right away.

(Go around and do names, if time)

The purpose of this particular discussion group is reentry. Now, I'd like to clarify exactly what we mean by reentry, specifically related to the homelessness and to Alamance County.

Reentry is when an individual leaves an institution and "reenters society." Most of the time when we talk about institutions we talk about jail or prison, but it could also mean out of a mental health facility. There are many challenges that such a person faces—finding a job, getting a place to stay, getting around from place to place.

The theme statement related to Reentry is:

Here is what we will be doing in this 50 minutes:

1. First, you all will see a very short skit.

2. Then, we will begin the discussion by talking about the basic issues faced by individuals who are coming back into the community after incarceration.

3. Next, we will talk about those issues specific to this community, and especially to homelessness.

4. Lastly, we will talk about what we can do to make those issues better.

There are a few ground rules I'd like to go over before we start (optional).
(Point to ground rules, read through).

1. Listen actively and do not talk while someone else is talking.
2. Respect one another's differences, and do not make assumptions about one another.
3. Be encouraging and supportive of one another.
4. Feel free to disagree, but be constructive.
5. Be honest and speak up.
7. Have fun.

One more reminder before we get started: I'd love for as many people as possible to contribute to our discussion group today. I am here mainly to keep us on track. Our team has heard a lot about this issue in our interviews. We've heard a lot of stories from people who have been incarcerated as well as from service providers who work with those individuals. Because the focus today is on action steps, I may politely cut you off and steer you toward talking more about what we can do about the issue rather than the experiences you have had.

SKIT (5 minutes)

ORID Discussion

O-(5 minutes)
<u>What happened in that skit?</u>
I want you to ONLY tell me what you SAW. Do not analyze yet, do not jump ahead with interpretation. Only tell me what happened.

R--(7 minutes)
<u>How does it make you feel as you watched this skit?</u>
 Now, what are your reactions to that skit? How does it make you feel?

I-(7 minutes)
<u>How does it relate to this community?</u>
Are these issues happening in Alamance county? How does it relate to homelessness? What do you think are the main issues for people coming out of an institution?

D-ACTION STEPS-(20 minutes)

Now we are getting to the meat of this discussion group. The idea of an action step is that it is a SMALL, REACHABLE step toward a bigger goal. Think about what is possible. We probably

can't change the government, change a law, or start a reentry program right away…so what CAN we do? Specifically, what will YOU BE WILLING to take on?

SUGGESTIONS?
- Get the message out via email, hand out, at shelter, to service providers
- See if there is interest in a support group for recently released? A space to get together, talk about the barriers to reentry, support each other. Perhaps at the shelter or the DIC?
- Contact reentry programs in Greensboro and the Hunt program. Dig up information on how to write grants and get a program started.

Volunteers
Who is going to take on these steps?

Feel free to nominate yourself or someone else in this room.

Who is willing to present our action steps to the rest of the people here? All you need to do is read off the list that we have made and say the name of the person who will be taking on that particular step to volunteer to speak back to the whole group about this.

Trigger Skit

SCENE 1

Prison Guard: *(Slaps money into Man's hand)*
"Here, man, good luck. Hope I do see you in here again!"
(Walks away)

Man: *(Looks at money)*
"What? Only $40? How am I supposed to survive on $40?"

(Walks to Job #1)

SCENE 2

Man:
"Excuse me, I'd like to apply for a job. Here is my application."
(Hands her application)

Woman: (*Peruses document*)
"Hmm…I see you just got out of jail. Well, I'll give your application to the manager."

Man:
"Thanks you very much!"
(Walks away to Job #2)

Woman: *(When she sees his back to her, she throws paper in trash can and rolls her eyes. Then flips poster sign to say "Job #2).*

SCENE 3

Man: *(Now at Job #2)*
"Excuse me, I'd like to apply for a job. Here is my application."

Woman: *(Peruses application)*
"Ah huh. Ah huh. I see. You have spent some time in Butner. Got mental problems or something?"

Man:
"No, ma'am, I just…"

Woman:
"I'll put it in the pile. We'll be in touch."

Man:
"Thanks."
(Walks away to Housing).

Woman:
(When he turns his back to her, she rips application in half. Flips poster sign to say "Housing")

SCENE 4

Man:
(Walks into Housing office)

"Yes, I'd like to apply for housing. Here is my application."

Woman:
"You and everybody else. There is a long wait, I'm afraid."
(Looks at application).
"And you have a felon too. Sorry, we can put you on the list."

Man:
(Looks at crowd)
"What am I supposed to do?"

--End--

Perceptions of Homelessness Discussion Group Trigger

ORID-Perceptions of Homelessness

Now I only want you to describe what you see.

What do you see in these pictures?
What are the people doing?
What are they not doing?
Where are they?

Those are all really good observations.
Next I want you to describe your gut reactions to these pictures.

What was your first response to these pictures?
What emotions did you have when you look at these pictures?
What angered or saddened you about these pictures?
What positive reactions do you have towards these pictures?
What negative reactions do you have towards these pictures?

Thank you for sharing your thoughts.
Now we are going to explore this issue some more.
We are going to move on now and talk about the meaning of these pictures.

What are these pictures about? (Probe: What are some of the issues here?)
How does these pictures relate to our lives? (Probe: What issues does it bring up for you? for your family?)
How does these pictures relate to how people view homelessness in Alamance County?
What are some possible reasons why people have these perceptions?

Everyone has contributed so much to this conversation so as we move into the next phase we are going to focus on solutions or action steps that you can do to help solve this problem.

What change is needed around the perceptions of homelessness in Alamance County?
What can we do to make these changes about how people perceive homelessness in Alamance County?
What are some realistic action steps we can do or commit to today?
What should be our first step?

--Please place your contact information on the sheet before leaving.--

Mental Health Discussion Group Trigger

Mental Health Trigger
SHOWED method

Therapist: Betty, will you begin by telling me about your symptoms?

Betty: Hallucinations are a major part of my illness. Probably the first hallucination I had was the sound of glass breaking when people walked. It made a real crunchy sound. I heard it all the time.

    And sometimes when certain people are around me, I hallucinate electricity coming out of their bodies, in colors. I can see it, and am overwhelmed with fear of getting radiation. I can feel it, too. It's too hot for me to be close to people physically, because I can feel the waves, the heat.

    And then there are the demons…

Therapist: Could you tell me about the demons?

Betty: They started a long time ago, and are constantly with me. I see them. Some of them look like evil spirits and wear black cloaks. They chant things like "you're stupid, you're worthless." Others look more human, although I can't see their faces, and those demons don't chant. They speak to me instead, in a very deep voice, and tell me to hurt myself.

Therapist: Do you have any other hallucinations?

Betty: I often taste things- things taste like metal. It's very unpleasant.

Sometimes I have delusions, too. For a long time, I was convinced that people could read my mind. I thought that my mother was reading my mind, and it used to make me furious. That's why I came up with the code.

Therapist: The code?

Betty: Yes, if my mother said a certain sentence, it meant she was reading my mind but wasn't telling me. And the sentence would be something common, like "How are you?"

Therapist: So if your mother said, "How are you?" that was a signal that she was reading your mind?

Betty: Yes, and I was so mad that she was doing it. I confronted her, and she denied it- but I didn't believe her.

Therapist: Betty, can you tell me what it's like to function, to get through the day, with all these symptoms?

Betty: It's hell. I see people doing things – ordinary things – like eating or reading, and it's so hard for me. You know, sometimes I don't know where I'm going to sleep at night or where I can get my next meal, and it's really difficult to keep going. Everyone around me seems so competent, and I can't do the things that they do… I think it's a dirty trick from the demons.

Therapist: Have you ever had a job?

Betty: Yes. I graduated from college and have a master's degree in library science. I used to work at the university library, but it was hard for me to keep working when the demons arrived. I can't always think right.

 I remember one day when I was working at the library, I had to alphabetize some cards, and I just couldn't do it. It was like everything was written in Greek, and everyone around me was speaking Greek, and I couldn't understand what was going on.

 And then there is the paranoia. It makes everything so hard to do. When I'm around people, I think that they can read my mind, that they know about my illness, and that they are making fun of me… so I try to leave. I prefer to be alone.

Discussion questions:

What are some words that stuck out in your mind from this dialogue?

How do you think that Betty feels about her illness?

Is mental illness common in Alamance County, and what types of illnesses are you aware of in this community?

How does it impact the community when mental illness goes untreated?

What keeps people from accessing mental health services?

Of the issues listed above, which are the most important to address today, based on importance and changeability?

What can we/you do to address these prioritized issues? -ACTION STEPS-

Forum Planning Committee Members

Members of the Forum Planning Committee

Name	Organization
Bill Adams	Allied Churches
Bobby Clark	Allied Churches
Robin Drummond	Salvation Army
Michelle Embree	Good Shepard Kitchen
John Harrell	Allied Churches Shelter Guest
Ronnie Hutchens	Allied Churches Shelter Guest
Brenda Ingle	Loaves and Fishes
Lynn Inman	Local Management Entity
Kathryn Martin	Allied Churches Shelter guest
Shannon Smith	Loaves and Fishes
Karen Webb	Local Management Entity
Cornelia Talley	Red Cross

Fundraising Letter

THE UNIVERSITY *of* **NORTH CAROLINA** *at* **CHAPEL HILL**

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH BEHAVIOR
AND HEALTH EDUCATION

302 ROSENAU HALL
CAMPUS BOX 7440
CHAPEL HILL, NC 27599-7440

T 919.966.3761
F 919.966.2921
www.sph.unc.edu/hbhe

March 30, 2007

Dear Alamance Business Owner,

Greetings from the University of North Carolina – Chapel Hill! We are a team of 5 graduate students in the School of Public Health working with and conducting an assessment of the homeless community. We are working in Alamance County because two local service providers requested a team to learn more about the homeless community in your county. We are fortunate enough to have spent the last 8 months attending Alamance County events, interviewing local homeless individuals and service providers, and frequenting local restaurants, and stores.

On Friday, April 27, 2007 from 11 a.m. – 1:30 p.m. we will be presenting the results of our assessment at a community forum hosted at the First Christian United Church of Christ in Burlington. We will be inviting local businesses such as yours, homeless individuals, service providers, and the general community. Because everyone we spoke to mentioned the pride they have in local establishments, we would like to have your business represented at the forum.

We are requesting a donation (in-kind or monetary) from your business. Our team is using donations to host the community forum. For example, we hope our donations assist us with advertisement, event programs, decorations, and door prizes for local residents attending the event. We will also have a list of donors present at the forum to give you recognition. This undoubtedly will generate even more goodwill in your community and publicly credit your organization as a generous one.

Your donation is eligible for a tax deduction. The Federal Tax ID number for UNC-Chapel Hill is 56-600-1393. Should you have any questions, please do not hesitate to leave us a message by calling (919) 966-3919 or toll-free at (866) 610-8272. Please select option 1 (Alamance County) when calling our team number.

We thank you for your donation, and hope you can join us on April 27!

Most Sincerely,

Mel Piper & Kimberly Russell
Community Forum Planning Committee, Co-Chairs

Forum preview article in Burlington's *Times-News*

Groups looking for answers to local homeless problem

By Michael D. Abernethy / Times-News
April 25, 2007 3:00 AM

Most people who are homeless don't receive the services that could put them on the road to stability and employment, a study conducted in Alamance County by the University of North Carolina at Chapel Hill found.

Homelessness: Creating Community Change, a community forum addressing the disconnect between social services and the homeless, aims to change that.

The forum will be held from 11 a.m. to 2 p.m. Friday at First Christian United Church of Christ, and will present results of seven months of conversations with the homeless and local social service providers.

"The hope is that there will be action. The forum is to bring together the community to change," said Mel Piper, one of five graduate students in UNC's School of Public Health who helmed the study. "We've done the survey, now it's up to them to facilitate change."

There are at least 129 homeless people in Alamance County, according to an annual U.S. Department of Housing and Urban Development report. That number excludes homeless people who are temporarily housed with friends or family, said Lynn Inman with Alamance-Caswell Mental Health, Developmental Disabilities and Substance Abuse Authority.

The UNC study presented a unique opportunity for the county to get to the root of the disconnect between social services and the homeless, Inman said. A majority of the homeless here have diagnosable mental health or substance abuse problems and are eligible for benefits and services to get them back in the work force, he said.

"These are not services for people who aren't eligible. These are not handouts. We're just matching people up to the services they're eligible for," Inman said. "There are things the community could do to make a meaningful intervention. That improvement would have rippling effects through the entire social-service system."

The forum will focus on three barriers to services, including lack of information about available services, mental health, and barriers to employment.

"We're going to release to the public the names of members of the community who will head these efforts to change," Piper said. "I hope that something is going to come out of this."

Inman echoed the need for more than just well-intentioned discussion.

"I don't know that conversations accomplish very much. I think people are really trying to walk out of this with concrete steps for action," he said. "What we want to do is walk away with

things we can do and accomplish."

Members of Allied Churches of Alamance County, the Alamance County Interagency Council for Homeless Assistance and the UNC School of Public Health will host the forum on Friday.

If you go

What: Homelessness: Creating Community Change

When: 11 a.m. to 2 p.m. Friday

Where: First Christian United Church of Christ, 415 S. Church St., Burlington

For more information, call the UNC-CH Department of Health Behavior and Health Diagnosis at 866-610-8272, Ext. 1.

Article published after forum in Burlington's *Times-News*

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Forum unites community in tackling homelessness

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By Michael D. Abernethy / Times-News
April 27, 2007 10:22 PM

From left, Executive Director of Habitat for Humanity of Alamance County Robin S. Wintringham, Teddy Davis and Dantonio Pass present employment action steps Friday during a homelessness forum at First Christian United Church of Christ in Burlington

Mike Newsome never imagined he'd be homeless.

At 59, the lifelong Alamance County resident found himself suddenly jobless, without a home or car, and forced to live in the Allied Churches of Alamance County homeless shelter. Newsome, a college graduate, wants to work and rebuild his life. He says barriers such as transportation, lack of access to, and information about, social services and negative stereotypes keep him living off of handouts.

Action spurred by a community forum Friday could soon remove some of those barriers. Homelessness: Creating Community Change brought together more than 160 members of churches and human services groups and homeless people to map a course of action to allow the homeless better access to social services, mental health care and employment.

The forum was planned by five students of the University of North Carolina at Chapel Hill's School of Public Health as part of a nine-month study on homelessness in Alamance County. They interviewed more than 34 homeless here and also put together a committee of social services representatives and homeless to pinpoint problems specific to the area.

At Friday's forum, attendees split into teams to tackle the problems in setting Alamance County's 129 known homeless residents on the path to employment and stability. Most of the solutions hinged on better communication.

Directories of services and liaisons with the homeless community would close the information gap between providers and the homeless. A for-profit business inside the Allied Churches' shelter would raise money to support public information campaigns and more money for transportation. And if more residents would get involved, negative stereotypes of the homeless as drug users and criminals might dissolve.

"This has been one of our goals for years, to have a forum like this. This is the first time this has been done," said Lori Lafferty, co-chairwoman of Alamance County Inter-agency Council for Homeless Assistance. "I do think we're going to see some action from this. I don't think it will be tomorrow, but we'll see it."

It's up to the community to solve a very solvable problem, Lafferty said.
"Volunteers must step forward from the community," she said. "There's a place for everyone to volunteer, whether their interest is in computers or just serving food. All people need to do is contact any service provider and volunteer."

You can help
What: Alamance County Inter-agency Council for Homeless Assistance meeting
Where: Allied Churches of Alamance County shelter, 206 N. Fisher St., Burlington
When: 2 p.m., May 7
For more information, contact Lori Lafferty, ACICHA co-chair, at
336-229-2921 or 336-264-4921