HOMELESS PEOPLE IN TURLOCK:
THEIR NEEDS AND EXPERIENCES

A Project Presented to the Faculty
of
California State University, Stanislaus

In Partial Fulfillment
of the Requirements for the Degree
of Master of Arts in Criminal Justice

By
Xiong Mee Lor
May 2015
CERTIFICATION OF APPROVAL

HOMELESS PEOPLE IN TURLOCK:
THEIR NEEDS AND EXPERIENCES

by
Xiong Mee Lor

Signed Certification of Approval Page is on File with the University Library

______________________________  ______________________________
Dr. Amanda Matravers              Date
Associate Professor of Criminal Justice

______________________________  ______________________________
Dr. Rashaan DeShay                Date
Assistant Professor of Criminal Justice
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>v</td>
</tr>
<tr>
<td><strong>CHAPTER</strong></td>
<td></td>
</tr>
<tr>
<td>I. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Homelessness in Turlock</td>
<td>1</td>
</tr>
<tr>
<td>Exploratory Project</td>
<td>1</td>
</tr>
<tr>
<td>II. Literature Review</td>
<td>3</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>3</td>
</tr>
<tr>
<td>Purpose and Significance of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Background</td>
<td>4</td>
</tr>
<tr>
<td>Who Are They?</td>
<td>4</td>
</tr>
<tr>
<td>Bills and Legislations</td>
<td>5</td>
</tr>
<tr>
<td>Risk Factors</td>
<td>6</td>
</tr>
<tr>
<td>Homelessness in California</td>
<td>9</td>
</tr>
<tr>
<td>Relationship to Other Studies</td>
<td>10</td>
</tr>
<tr>
<td>Summary</td>
<td>12</td>
</tr>
<tr>
<td>III. Methodology</td>
<td>13</td>
</tr>
<tr>
<td>Research Design</td>
<td>13</td>
</tr>
<tr>
<td>Homeless Definition</td>
<td>13</td>
</tr>
<tr>
<td>Focus Group Definition</td>
<td>14</td>
</tr>
<tr>
<td>IV. Results</td>
<td>15</td>
</tr>
<tr>
<td>Observation 1</td>
<td>15</td>
</tr>
<tr>
<td>United Samaritans Foundation Center</td>
<td>15</td>
</tr>
<tr>
<td>We Care Shelter</td>
<td>17</td>
</tr>
<tr>
<td>Observation 2</td>
<td>18</td>
</tr>
<tr>
<td>We Care Shelter Wednesday Meeting</td>
<td>18</td>
</tr>
<tr>
<td>Focus Group Design</td>
<td>21</td>
</tr>
<tr>
<td>Participants</td>
<td>21</td>
</tr>
<tr>
<td>Results Summary</td>
<td>25</td>
</tr>
<tr>
<td>Recommendations</td>
<td>26</td>
</tr>
<tr>
<td>References</td>
<td>28</td>
</tr>
</tbody>
</table>
ABSTRACT

This project focuses on homelessness in Turlock, CA. Homelessness is a complex problem for the City, and was previously explored in a 2007 study by researchers from CSU Stanislaus (Garcia & Jasek-Rysdahl, 2007). That study concluded that there was much mistrust, anger, and frustration surrounding the problem. Eight years on, this project revisited the issue to discover what (if anything) has changed for Turlock’s homeless population. The project had three main aims. First, to understand the services available to homeless people in the city. Second, to gain an insight into the needs and experiences of this diverse population. Third, to offer recommendations for the future based on the voices of Turlock’s homeless people and those who dedicate their time to helping them. The project team carried out observations at two key locations in Turlock that provide services to the homeless. Discussions were held with staff at these locations. Finally, a focus group was held with homeless individuals who used these services on a regular basis. Findings from this fieldwork were consistent with the 2007 study, particularly with regard to the high levels of mistrust and suspicion that exist between the homeless and the community. Focus group participants perceived the community as hostile and uneducated as to the real lives and circumstances of homeless people. In spite of the best efforts of service providers, Turlock’s homeless population continues to feel that the community’s contempt for the homeless overrides compassion (see Garcia & Jasek-Rysdahl, 2007:49). This project reemphasizes the need for a response to homelessness underpinned by coordination, cooperation, collaboration – and compassion.
CHAPTER I
INTRODUCTION

Homelessness in Turlock

With a population of about 69,000 residents, the city of Turlock is the second largest city in Stanislaus County. The growing city provides a relaxed living for many people; however, there is concern about the homeless population within the city itself. Based on a recent report completed by the Center for Human Services in Stanislaus County (2015) and supported by the U.S. Department of Housing and Urban Development, there is an estimated number of over 1400 individuals (just counting those interviewed and observed) who fit the definition of homeless (HUD, 2015). When compared to the total population of Turlock, there is clearly an issue, not only for the homeless community, but for the wider community and Turlock’s law enforcement agencies.

Exploratory Project

In 2007, Dr. Garcia and Dr. Jasek-Rysdahl from the Center for Public Policy Studies of California State University, Stanislaus, submitted an outline for a Community Inquiry to the City of Turlock. This particular project was requested by city staff in response to community concerns regarding the operation of a homeless shelter within the city. The goal of the project was to address the issue of homelessness in Turlock. Dr. Garcia and Dr. Jasek-Rysdahl’s teams’ key aims were to seek answers to three questions: 1) What are the most pressing issues related to a homeless shelter in Turlock; 2) What are the most viable strategies for addressing
these pressing issues; and 3) What role does the City have in implementing these strategies?

The final report includes observations and recommendations. Some of the findings include: a high level of mistrust and frustration over the issue of homelessness in the city; the impact of a homeless shelter on surrounding homes and/or businesses; and obtaining accurate data and information on the homeless population given that many people are not part of the visible homeless population.
CHAPTER II
LITERATURE REVIEW

Statement of the Problem

Ideally, individuals who are homeless are provided with adequate services such as food, shelter, and rehabilitation assistance. In reality, the issue of homelessness is often ignored by communities, who prefer the homeless to be invisible. The homeless experience many difficulties, including physical and mental illness, and substance abuse. Many are unaware of the services to which they are entitled and others are not qualified under the lists of requirements to receive aid. If the issues facing homelessness are properly understood, there is a greater chance of reducing the homeless population, to everyone’s advantage.

Purpose and Significance of the Study

The purpose of this study is to gain information about the needs and experiences of the homeless population of the city of Turlock. There is a clear need for more research on the risk factors of becoming homeless in this city and the help that is available for homeless people. By understanding the homeless population, more appropriate measures can be taken in order to battle the issue of homelessness. Studying this problem can also guide efforts to adjust policies and programs for this population.
Background

Definitions (Henry, Cortes, & Morris, 2013)

**Chronically homeless individual:** an individual who has a disability and either has been homeless for a year or more or has experienced at least four episodes of homelessness in the past three years.

**Emergency shelter:** a facility that provides temporary shelter for homeless individuals

**Sheltered homeless:** an individual who is staying in emergency shelters, transitional housing programs, or safe havens

**Unsheltered homeless:** an individual with a primary nighttime residence that can be a private or public place, but is not designed for regular sleeping accommodation for human beings. This include a car, park, abandoned building, etc.

Who Are They?

Due to their transient nature, it is difficult to estimate the size of the homeless population. However, the U.S. Department of Housing and Urban Development (HUD) endeavors to get an annual estimate. A 2013 report by HUD found that there was an estimated 610,042 people who fit the definition of a homeless person (Henry et al., 2013). About 65% were living in emergency shelters or transitional housing programs, while 35% were living in unsheltered locations. Of this number, 23% were children who were under the age of 18, 10% were between the ages of 18 and 24, and 67% were 25 years or older. Homelessness and unsheltered homelessness have declined by 9% and 23%, respectively, since 2007.

There are about 70,960 families who are homeless but because they are more likely to be sheltered, they make up nearly half of the total sheltered homeless
population. There is also an estimated 57,849 veterans who are homeless on any
given night. So about 12% of the homeless population are veterans, of whom over
90% of the majority are male (FAQ About Homeless Veterans, 2015). Most are
single, populate urban areas, and suffer some type of illness or disorder, such as
mental illnesses and alcohol and/or substance abuse.

Bills and Legislation

In 2010, a comprehensive plan in response to the issue of homelessness in
America was developed by the Federal Administration directed by President Obama
and Secretary Shinseki. The goals of this plan, titled “Opening Doors: Federal
Strategic Plan to Prevent and End Homelessness” are to end chronic homelessness by
2015, to prevent and end homelessness in families, youth, and children by 2020, to
prevent and end homelessness in veterans by 2015, and to set a path to ending all
types of homelessness (Henry et al., 2013). Federal partners and HUD have
collaborated with State and local communities to reach these goals. Since 2010 there
has been a small amount of progress towards each goal, but overall, the plan did not
result in success (Howell, 2014).

A number of relevant bills are currently being reviewed or have passed
through the House of Representatives and the Senate. The following are examples
introduced from the 113th Congress from 2013-2014 (U.S. Department of Veteran
Affairs, 2015). H.R. 897 was proposed to amend Title 38 of the United States Code.
This bill was created to expand the definition of homeless veterans for the purposes of
obtaining benefits through the Department of Veterans Affair or VA. This bill elaborates the definition to a veteran or family member of a veteran who is fleeing domestic violence, sexual assault, or other dangerous and life-threatening conditions. As of March 8, 2013, this bill was referred to the House Committee on Veterans Affairs. Another example is H.R. 1842, the Military Family Home Protection Act of 2013, which proposes to improve protections for disabled veterans and surviving family members of service members who are killed in action. The bill also seeks to prevent foreclosure on mortgages for a year after the veteran is medically discharged or killed in service. As of July 18, 2013, the bill was forwarded to the VA Committee. In the Senate, S.6 or the bill “Putting Our Veterans Back to Work Act of 2013” seeks to extend veteran employment training programs such as the Veterans Retraining Assistance Program and VA rehabilitation programs. This bill also awards grants for the hire of veterans in civilian occupations, including fire departments and law enforcement. Another bill proposed and passed by the Senate is S. 287 “Helping Homeless Veterans Act.” This bill includes the expansion of the definition of homeless veterans to include victims of domestic violence, increases per diem payments, provides dental care services, and extends program re-authorizations.

**Risk Factors**

In the past couple of decades, increasing homelessness continues to be an issue. Two trends, as reported by the National Coalition for the Homeless (2007), are largely responsible for this rise: the shortage of affordable rental housing and
increasing poverty. Homelessness and poverty are directly linked. People who are living in poverty are often unable to pay for necessities such as housing, food, healthcare, and education. In 2005, over 38 million people lived in poverty and based on the data from 2003, there is a large increase of people who are living in poverty. There are two factors that contribute to this issue: diminishing work opportunities and a lack of available public assistance. A survey in 24 U.S. cities found that just 13% of homeless individuals are employed (U.S. Conference of Mayors, 2005). Individuals cannot afford a one or two-bedroom apartment on a minimum-wage and most housing requires about 30% of an income, as defined by the federal definition of affordable housing. Public assistance is another contributing factor to poverty and homelessness. Public assistance such as TANF and Food Stamps combined are below the poverty level in all states. For example, benefits for a single mother of two children represent 29% of the federal poverty line (Nickelson, 2004).

Other factors that contribute to homelessness include a lack of affordable health care, domestic violence, mental illness, and addiction disorders. Due to the high cost of living and other contributing factors such as losing a job, it was found in a 2004 study that approximately 45.8 million Americans had no health care insurance (National Coalition For the Homeless, 2007). Women who are in abusive relationships are also often forced to choose between being abused or becoming homeless. For instance, nationally, it was found that nearly half of all women and children who are homeless are fleeing domestic violence (Zorza, 1991). Mental illness is also a contributing factor to homelessness. In 2005, it was estimated that
approximately 16% of the homeless population suffers from some type of mental illness (U.S. Conference of Mayors, 2005). Although many people with a mental issue are not mandated to be institutionalized, many are unable to access assistance. Lastly, although there is a link between addiction and homelessness, homelessness cannot be explained by abuse issues alone. Many people who are substance and drug users are not homeless, even though addicts are at high risk of becoming homeless.

Although military veterans share many risk factors with civilians, they are at greater risk of homelessness (Donovan & Shinseki, 2013; Balshem, Christensen, & Tuepker, 2011). An estimated 1.4 million veterans are considered at risk of becoming homeless due to a range of contributing factors. Many veterans are plagued by the effects of post-traumatic stress disorder (PTSD); effects that contribute to a downward spiral including depression, anxiety, depression, substance abuse, broken relationships, and unemployment. Some veterans come from troubled backgrounds and have weak social support networks. Mental illness and disability are also common problems for returning veterans (FAQ About Homeless Veterans, 2015). In addition, many veterans lack the skills and experience that are required for civilian occupations, preventing them from obtaining employment. These disadvantages lead some veterans to resort to substance and/or drug abuse or criminal activities where they lose everything and are forced to live on the streets. Although there are many resources available to aid veterans, these are not always effective in preventing veterans from resorting to transient lifestyles.
Homelessness in California

California has the highest rate of homelessness in the country. However, since 2007, California also has the largest decline in homelessness among US states (Henry et al., 2013). Los Angeles County is home to the majority of California’s homeless population, followed by Santa Clara County, and the city of San Francisco. California also has the most chronically homeless population, 36%, in the nation, with the largest increase since 2012. The state also has the highest number of unaccompanied homeless children and youth under the age of 18, 2,144 out of the 13,605 homeless children and youth who are under age. Not only that, California is one of the highest state with very high rates of homeless unsheltered and unaccompanied children and youth.

In addition, California has more homeless veterans than any other state; some 15,179, on any given night. The majority live in Southern California (Los Angeles, San Diego, and Orange Counties). Approximately 26% of veterans have some type of disability and many have reported this as a barrier when looking for employment. Although many health issues such as heart disease and high blood pressure are common in veterans, there are other health problems such as hearing impairment and vision loss that are more common veterans than in the general population. Veterans are over-represented in the homeless population and veterans who are living in poverty are more likely to become homeless.

In Stanislaus County, there is a range of services available to homeless veterans. Public housing can be obtained by the homeless families and individuals
and the Department of Veterans’ Affairs provides other assistance. The VA works with various agencies (both government and non-government) to provide assistance for homeless veterans or veterans who are at risk of becoming homeless (Homeless Veterans Outreach and Support, 2013). One example is the HUD-VASH program that provides long-term support such as permanent housing. There is also a 24/7 hotline called the National Call Center for Homeless Veterans that provides free access to trained counselors for homeless or at-risk veterans. The Health Care for Homeless Veterans (HCHV) provides outreach to eligible veterans who require assistance in accessing appropriate healthcare.

**Relationship to Other Studies**

Berk-Clark and McGuire (2013), were interested in why some people are prone to homelessness. The characteristics of chronically and acutely homeless elderly veterans were compared in an attempt to understand risk factors that may contribute to homelessness. This study was conducted in Los Angeles County with homeless veterans who were 65 years and older. Some 33 chronically and 26 acutely homeless veterans were interviewed about their personal and homelessness histories. Chronic homelessness is defined in accordance with the Housing of Urban Development definition, which states that a chronically homeless person is one who has been continuously homeless for more than a year or has had four or more episodes of homelessness over the past three years, together with a disabling condition. Observations, open-ended, and structured questions were used to identify
other precipitants of homelessness. The results suggest that the two veteran groups were more similar than different with considerable levels of physical, psychiatric, and social impairment. Their differences relate to their homelessness histories, where chronically homeless veterans have long histories and episodes of homelessness. Health and substance abuse also contribute to the loss of social supports and worsen the chances of becoming homeless.

Homeless veterans who do not seek help are at high risk drifting into crime. Benda et al. (2003) studied the problems, relational factors, or personal attributes that functions as crime predictors. Using a random sample of military veterans from the Veterans’ Administration Medical Center (VAMC) the researchers administered for tests including the Addiction Severity Index (ASI), which measures the number of different offenses committed in the past year and the Hudson’s Multi-Problem Screening Inventory (MPSI) that measures self-esteem, depression, alcohol abuse, suicidal thoughts, sexual abuse, drug abuse, physical abuse, and family problems. The data indicated that 27% of the sample committed nuisance offenses and 41% committed some sort of crime in the past year. The study found that alcohol and drug abuse, poor education, lack of employment, psychiatric problems, and sharing a home with a substance abuser increase the likelihood of committing criminal offenses. People who were physically and/or sexually abused before the ages of 18 years also have a higher chance of committing a crime. However, it was found that self-efficacy, ego integrity, and resilience will reduce that likelihood.
Summary

Homelessness is clearly an issue for the state of California. While each person may have a different background, most are plagued with the same issues (PTSD, physical and mental trauma, substance abuse, mental illness.), many of which could be addressed via service provision. Most research has focused on larger cities and counties but there is very little information on the homeless population in the city of Turlock. Although there are programs available statewide, many homeless individuals have no access to these resources, and those that do are faced with long lists of eligibility requirements. The purpose of this study is to examine the needs of homelessness in Turlock in order to drive efforts to reduce their numbers.
CHAPTER III

METHODOLOGY

Research Design

The research design is exploratory and qualitative, and includes two observations and a focus group. Both of these data collection methods are intended to supply information about the perspectives, needs and experiences of homeless people in Turlock and the organizations that work with them.

Homeless Definition

The definition of a homeless individual as defined by Title 42, Chapter 119, Subchapter 1 of the United States Code is:

“An individual who lacks a fixed, regular, and adequate nighttime residence; and an individual who has a primary nighttime residence that is a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations; b) an institution that provides a temporary residence for individuals intended to be institutionalized; or c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (FAQ About Homeless Veterans, 2015).”

In other words, a homeless individual is someone who has no regular shelter to sleep in at night or unusual sleeping quarters that are not habitable for humans. A homeless person may also be someone who relies on public shelter for temporary living accommodations or those who are living in temporary institutions and are waiting to be institutionalized.
Focus Group Definition

Patten (2009) explains that the use of interview data to explore complex issues raises the issue of reality. In qualitative research, perception is as important as it is informative. Focus groups allow researchers to understand the perceptions of individuals who may not always be recognized as experts in the topic under review. A focus group usually consists of 6-12 participants who gather to discuss a particular topic. The group is led by a facilitator or moderator, whose role is to describe the topic and to create an environment where participants feel comfortable expressing their opinions, attitudes, and experience. One advantage of focus groups is that the method “reveals the evolution of perceptions in a social context” (Patten, 2009). Patten gives the example of a business design where an individual’s perspective on a new product may seem less promising after discussing it with other people who have different views on that same product. Other advantages are that focus groups are great for generating, exploring, and identifying key ideas or concepts and are a great way to understand the sample population (Fink, 2006). Disadvantages of focus groups are that the quality of the data may be influenced by the moderator, that the moderator must be trained to initiate conversation and set a good atmosphere for participants, and that participants may be reluctant to share desired information (Fink, 2003).
CHAPTER IV

RESULTS

Observation 1

United Samaritans Foundation Center

On arrival, the whole team was greeted and welcomed by Julie Fox and the center staff members. We were given a tour of the center, where we were told that it was created to provide homeless people with basic needs. We started our tour with the front lobby. The front lobby’s functions are similar to those of a post office where individuals who have no mailing address can safely retrieve any incoming mail. The lobby also has a phone that can be used free of charge. The front door to the center is patrolled by a security officer during the daytime.

The center has a large warehouse full of items donated by the community. These goods range from kitchen appliances to toys, clothes and a freezer that holds all the donated food and produce. Everything is sorted before being dispersed to the appropriate location. Donated kitchen appliances are given to the homeless community, including those who are trying to reintegrate into society after serving a prison term. Toys are donated by local businesses such as Wal-Mart and handed out to homeless children. Clothes and shoes that are donated by the community are sorted by male and female clothing and size and stored in an organized room where individuals who are in need can come and get free clothing. This clothing closet is open once a week and also contains business attire for homeless individuals who have
job interviews. Lastly, the warehouse has sections that contain food and produce. These food items are donated by local grocery stores such as Safeway and Winco. There are even birthday cakes to be given to homeless children on their birthdays.

The center has a window that is open to the community every day from 8 AM to 12 PM. This is staffed by a certified drug and alcohol counselor. A veterinarian is also available at set times for homeless people with pets. The center also has a shower and laundry area. Homeless individuals line up at the front door every morning to try to get a chance at using the showers, for it is a first-come-first-serve basis and there is a limit of 35 showers each day, with a time limit of 15 minutes per shower. Individuals who utilize these showers are given bathroom essentials such as shampoo and conditioner, all of which are all donated by the community. Following each use of the shower, the shower rooms are sterilized.

The center of the foundation is the kitchen where food is prepared. The food items are dispersed onto four different trucks that go out to nine different locations in the county such as Ceres, Turlock, and Denair, where they stop at different locations including senior centers, the HAM center, and churches. Each truck has two paid staff members that run it, along with any available volunteers from the community and USF. It is the only service in California with these food trucks. Although a very expensive process, this is one of the most effective ways to get to individuals who are in need of this service. Lastly, the center has a conference room located on the second floor. This is where volunteers and staff members come together to have meetings and plan and put together fundraisers.
The We Care Homeless Shelter is directly across the street from USF and has been open since 2003. The shelter used to be the city hotel and the convenience of the bedrooms works out for the organization. The shelter is only opened for a limited amount of time, although each year the organization hopes for it to be open longer. The season starts on December 1 and, depending on funding, may stay open up to six months. During the past season, it was open for five months and one week. Those who utilize the shelter cannot be registered sex offenders due to the location of the shelter and every individual who checks in must register and be entered in the Homeless Management Informational System (HMIS), which is a database for homelessness. Registering consists of handing over all possessions, including lighters and pocket knives, a full pat-down by a security officer, and filling out a thick packet that is required by the city as part of the shelter contract. There are many rules placed on the shelter by the City. Along with having to register with HMIS, homeless individuals who are seeking shelter must be “invisible” on the street and cannot “hang out” around the shelter before 6:15 PM. They must also leave the premises by 8 AM.

Everything in the shelter is regulated. For example, dinner is served at exactly 7 PM and there are specific times for smoke breaks. Beds are assigned at 8:30 PM, with those who are sick or under the influence of drugs being housed together on the ground floor (according to staff, this method works well). Every chore in the shelter is assigned to a registered occupant, including the washing and setting of tables for
dinner and the cleaning of the bathrooms. There are about forty-seven rooms including many that contain more than one bed. There are “social rooms” on each floor. Occupants are not allowed to close their doors at night, and the hallways are patrolled by paid security officers. Well-behaved occupants may utilize the shelter as many times as they need to and may keep the same room.

The cafeteria attached to the shelter is the venue for an open meeting every Wednesday at about noon. Any homeless individuals may attend and are given a free lunch. Given the previous location of the shelter, this one is much more effective and appropriate. Nevertheless, it is clear that the shelter users feel lost when the shelter closes over the summer.

**Observation 2**

**We Care Shelter Wednesday Meeting**

When we first gathered outside the We Care Shelter located in downtown Turlock, CA, J. informed us of an incident that had just happened a few days prior. The We Care shelter used to be an old hotel that was converted to a shelter with the permission of the City. Attached to the shelter is a cafeteria where homeless individuals eat dinner and is also the location for the weekly meetings on Wednesdays. J. told us that when the shelter closes, there is strain and pressure amongst the homeless community and that is what contributed to the incident. A homeless individual hurt himself by cutting his neck outside the town hall, and the police were called took him away for his own protection. J warned us that there might
be some anger among the homeless individuals who were attending the meeting that day. We then went to sit in the back of the cafeteria, which is an L-shaped room that consists of a number of plastic tables and chairs. There is also a window where food is distributed.

Two (male) volunteers stood in the kitchen area, almost as though they were guarding the food that was stacked up on the counter. Most of the items were in plastic packaging: fruit, pasta, salad, and cookies. As well as the homeless attendees, M. and B. (who have been working with homeless people in the area for decades) were present, trying to organize seating and welcome people to the meeting. The meeting started with an introduction by B., who passed out a sheet of paper. The paper listed the agenda items for the meeting and contained a long list of details about assistance for the homeless community. It was read out by a woman we had not met before, but who wore an official-type badge around her neck. It was not clear whether she was homeless or a volunteer working with the shelter. The audience seemed a little restless, & some people did not seem to be paying much attention. Then M. mentioned the town hall incident and a representative from the Stanislaus Behavioral Center introduced himself. The man, N, was casually dressed, but did not seem entirely comfortable in his surroundings. He explained that he specializes in assisting homeless individuals who have substance and alcohol abuse issues. At this point Monica, a homeless attendee who was sitting behind us, raised her hand and asked in rather a loud voice whether he provided services for homeless people who do not have problems with substance abuse or alcohol. She said that the homeless
community is labeled with being substance and alcohol abusers but there are many who are neither, although they have other problems. N answered by saying that he can offer assistance to non-substance and non-alcoholic abusers by referring them to other agencies. He finished his introduction by saying that he would leave business cards with M so that anyone who needed to would be able to contact him at any time. However, at the end of the meeting, none of the attendees took a card.

After N had left, B stood up and seemed to be trying to reassure everyone that N was someone they could trust. He said that no one should feel as though they were alone, and that he and M and all the other shelter “folk” were always there for them, as they had been for many years. B is clearly very committed to this work and to helping and protecting this group of people. We were still expecting someone to begin talking about the incident J had mentioned outside, but no one did, and there was no sign of the anger that she had suggested we might encounter. The room was very warm, and people seemed lethargic and not anxious to raise any issues. Then J asked M whether it would be a good time to introduce us, so that people could get to the food. We told them our names, and said that we were hoping to hear some of their stories. The following section is the outcome of our focus group.
Focus Group Design

For this study, observations and the use of a focus group based on convenience sampling were used to collect data. The project supervisor acted as the moderator, whose role is to ask questions and guide the group, while the rest of the team focused on listening and making notes. The focus group participants were attendees of the weekly Wednesday meetings held at the We Care Shelter. They were told about the purpose of the research and invited to take part and share their stories and their experiences living as homeless individuals. The main goal of the focus group was to establish the needs of the homeless population and discover how homelessness is perceived both by the homeless community and the community of Turlock. The names of participants were changed to protect their identities and no audio recordings were made.

Participants

Phil is a white male who was born in Livingston, CA but is currently living in a tent by Highway 99. He originally came from a wealthy family and at one time had his own successful business. He also served in the military. Phil became an IV drug user when he met a woman who he did not name. His continuous use of meth resulted in kidney failure. He was also arrested in Arizona for possession and as a consequence of these events, lost his business in the early 2000s. At present, Phil describes himself as an advocate for the homeless community and says that it is his
choice to be homeless. When asked about his opinion on homelessness, Phil stated that as a homeless person, he encounters law enforcement on a daily basis. Police officers, he said, do not respect homeless people and harass them at each encounter. For instance, civilians who are doing the same things that homeless people are doing (i.e. going to the bathroom in the park) do not get chased away or warned to leave as homeless people would.

George is a white male, originally from North Carolina. He said that he was born into a wealthy family and had a good upbringing. In 1989, he was discharged from the army and used the GI Bill to go to Culinary School. From there, he went to work as a chef in the MGM hotel in Las Vegas. George’s life took a downturn when he started using meth. In 2005, after losing his position, he was stopped in Madera by a police officer and arrested for possession. At that time, he weighed only 137 pounds and was in an unhealthy place in his life. He admitted that that encounter had “saved his life.” After that, he went through a number of relapses but says he is currently drug-free. George sees himself as an advocate for the homeless community. He wants to educate the public on homelessness and wants to build a “true” homeless resource center, which he believes is what the homeless community really needs.

Sandra is a white female who explained that the reason why she became homeless was because she was in an abusive relationship. She had three kids with her at that time but lost all of them after a long illness, during which her partner took everything she owned. Sandra talked about her previous life in which she had been a taxpayer and not a social outcast. She felt that the community in Turlock did not
understand that many homeless people had regular lives before they became homeless.

Martha is a frail white lady in her 60s who was well known to the shelter staff. Her little dog was tied up outside during the meeting and the subsequent focus group, and his barking clearly distracted her. She described him as her “whole life” and was clearly one of the people who would not want to go into the shelter if it meant being separated from their pets. She said that homeless people feel vulnerable in the city, and this theme was taken up immediately by Rodney.

Rodney is a young Hispanic man who did not initially join the focus group. But when Martha mentioned her fear of the community, he described an incident in which he was going through the trashcans in the back of a local restaurant and was attacked by two men who had been at the establishment, presumably for dinner. His injuries were not serious enough to merit hospital attention, but he was left with severe bruising including a black eye. He, together with other focus group participants, speculated about the reasons why these restaurant patrons would attack such a vulnerable individual.

Monica is a white woman who asked the representative from the Behavioral Center about resources for those who did not fit into the drug and alcohol abuse or mentally ill category. In her view, the homeless are stereotyped, not only by the community, but also by some of the very people who are paid to work with them.

Harriet is currently on housing aid and lives in the neighborhood. She used to be homeless and has a family of her own. Her perspective on homelessness has to do
with how the community views the homeless population. She believes that the community has negative feelings about the homeless community, although she knows herself that homeless people are good people who just need a chance. She also felt that the view of homeless people as dirty was unfair. She described how, when she was living on the streets, she would pick up after herself and made sure that the area was clean when she relocated. She explained that the city created ordinances specifically for homeless people, such as that they cannot sleep anywhere in Turlock and described how law enforcement would offer to drive them to Modesto, just to get them out of the city. She felt that local businesses have a lot of issues with homeless people, especially the ones down the street from the shelter, and her message to the community is to have everyone treat homeless people with respect.

From those who dedicate their time to the homeless, we learned that about 18% of people are homeless and this is only an estimate, because although the center is obligated to conduct surveys, there is a trust issue amongst the homeless community that prevents the center from gathering any data. There is also the issue of funding. The budget to run the center is about $1.3 million dollars, where 18% is from grants and the rest is from other donations. Sponsors such as Kaiser Permanente and Winco provide the center with packaged food and fresh fruit and vegetables. Other problems are the lack of volunteers to help run the center and the lack of support from the community. The community wants the homeless population to disappear, but they are not doing anything to help them. Everyone is frustrated with
the issue of homelessness, including the community, the homeless community, and law enforcement.

We also learned that homeless people are not only single men and women. There are many homeless children too, and although there is assistance for homeless families, there are also policies that require the families to split. Because of this, many families choose to stay together and refuse any type of aid. Another disadvantage that the homeless community has, is that they are without a four-wall room (in our case, a home), so when there is an issue between couples, their problems are available for the whole world to see. Many homeless individuals have some type of mental or physical illness, or are drug and alcohol abusers who are in need of any type of help.

Results Summary

Result 1. There are limited resources for homeless individuals who are considered “normal” versus those who have issues such as mental illness or drug and/or alcohol abuse. Homeless people are often stereotyped as drug and substance addicts and/or have a mental illness and many resources that are available for the homeless community only target these individuals.

Result 2. The transition from living as a normal civilian to a homeless person is often the result of drug addiction, specifically meth addictions. These addictions often lead to criminal involvement

Result 3. Homeless individuals who are veterans seem to have similar issues to the general homeless population.

Result 4. Many homeless individuals are disabled and have poor health.

Result 5. Some of the resources that are supposedly available to help the homeless community have high standards and requirements, so that the people who need them the most are not eligible for them. For instance, we were told that one of the
requirements to receiving housing assistance is having a good credit score. Many homeless people do not have any credit or any way to build good credit.

**Result 6.** There is a lot of hostility amongst the local community towards the homeless population. The main issue here is a lack of awareness of the many reasons why people (including families with children) become homeless.

**Result 7.** Although some individuals try to act as advocates for Turlock’s homeless, there is little unity amongst the homeless community. Most people are just trying to survive from day to day.

**Recommendations**

The following are some recommendations stemming from the data we collected:

1) The community’s awareness of and knowledge about homelessness should be increased. For example, meetings could be organized at which members of the city board, presidents of schools, CEOs of companies, community volunteers, and homeless advocates discuss homelessness and develop local strategies to work on the most pressing problems. Another example would be to rally local businesses to support the homeless.

2) Resources and assistance programs should set their requirements at a standard that can be met by homeless individuals. One example would be to have a more realistic standard for housing assistance by removing the good credit score requirement.

3) There should be a special unit in the police department that focuses on the homeless population. The unit should consist of a trained officer or officers who would patrol the city with a professional counselor, and respond to incidents involving homeless people. It should also be remembered that the homeless can be victims of crime as well as perpetrators.

4) Homeless advocates should work to develop unity amongst the homeless community. Everyone needs to come together and have their voices heard. Their unity will bring strength and demonstrate to the community of Turlock that they are real people with real problems.
REFERENCES


