Webinar: The Impact of Decentralizing Homeless Services on Transportation and Mobility

Sarah Canham  
*University of Utah*

Ivis Garcia  
*University of Utah*

Shannon Jones  
*University of Utah*

Jeff Rose  
*University of Utah*

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Understanding the Impact of Decentralizing Homeless Services on Transportation and Mobility in Salt Lake County

Sarah L. Canham
Jeff Rose
Ivis Garcia Zambrana
Shannon O. Jones
Acknowledgements

Funding: National Institute for Transportation and Communities (grant #1386)

Community partners: Sue Ativalu (Volunteers of America, Utah), Lani Eggertsen-Goff and Tony Milner (Housing and Neighborhood Development Division of Salt Lake City’s Department of Community and Neighborhoods), Laurie Hopkins (Shelter the Homeless), and Sarah Strang (The Road Home)

Students: Delaney Sillman, Kyle Rehn, Morrison Donovan, Skye McBrian, and more!
Presentation Overview

1. Background of decentralizing homeless sheltering services in the Salt Lake Valley
2. Geospatial analysis
3. Client surveys
4. Client interviews
5. Provider and professional interviews
6. Recommendations
7. Questions and discussion
1. Introduction and Background

- The Road Home Salt Lake Community Shelter and Resource Center (TRHSLC) operated by The Road Home
- Replaced by four Homeless Resource Centers (HRCs)
  - Decentralized, scattered site model with multiple shelter locations providing coordinated service delivery
- Salt Lake City Planning Commission’s HRC Zoning Amendment
  - “Proximity” to public transportation and other needed services
History of TRHSLC

- 1988: TRHSLC opened
  - Provided emergency sheltering services for up to 1,100 people daily

- Salt Lake City’s downtown core
  - Free Fare Zone
  - Near variety of support services
Future Facilities
Scenario Resolution

“The concentrated service facility model in the Rio Grande area no longer meets collective needs or shared outcomes and should be changed.”

Recommendation: Use a scattered site model to reduce “stress on the emergency services system as a whole, on families and individuals who are homeless, and on neighborhoods that host homeless services”

(Homeless Services Site Evaluation Commission, 2015a)
Siting and Building the HRCs; closing the TRHSLC

- August 13, 2019: 200-bed Geraldine E. King Women’s Resource Center
- September 13, 2019: 200-bed mixed gender Gail Miller Resource Center
- November 18, 2019: 300-bed South Salt Lake Men’s Resource Center
A. Pre-decentralization (TRHSLC)

- 1100 beds, downtown

B. Post-decentralization (HRCs)

- Geraldine King HRC: 200 beds
- Gail Miller HRC: 200 beds
- Men’s HRC: 300 beds
- Midvale Family HRC: 300 beds

GMRC: 200 beds
MRC: 300 beds
MFRC: 300 beds
Homeless Resource Centers

- Three new HRCs have a combined maximum capacity of 700 beds
  - Reduced number of available shelter beds in Salt Lake Country from previous 1,100 beds

- HRCs provide a range of services
  - Employment assistance
  - Case management
  - Healthcare
  - In-shelter food service
  - Onsite mobile medical care units
Study Aims

1. How did the decentralization of homeless services influence transportation demand and mobility patterns for people experiencing homelessness (PEH)?

2. How did transportation and mobility changes affect access to basic services?
Study Design

- Technical Advisory Committee (TAC): representatives from local municipal government and homelessness serving agencies

- Mixed-methods research design
  a. Document analysis of publicly available planning and staff reports and documents
  b. Spatial and statistical analyses of proximity to basic and essential services for clients of the four new HRCS, as compared to TRHSLC
  c. Survey of clients’ travel behaviors, mobility patterns, and access to necessary services
  d. Qualitative interviews with HRC clients who had also stayed at TRHSLC
  e. Qualitative interviews with service providers and decision-makers
2. Spatial Analysis

Purpose: To determine how decentralization changed:
- Transportation access and patterns
- Use of less centralized HRCs

Research questions:
- How did accessibility to social services and basic goods change in Salt Lake County?
- How did accessibility to transportation services change in Salt Lake County?

Service proximity and intensity analyzed for each HRC
Spatial Analysis

**Table 2.1: Count of basic services within one mile of each HRC and TRHSLC**

<table>
<thead>
<tr>
<th></th>
<th>GMRC</th>
<th>MRC</th>
<th>MFRC</th>
<th>GKRC</th>
<th>TRHSLC</th>
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<td>6</td>
<td>3</td>
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**Table 2.2: Count of transportation services within one mile of each HRC and TRHSLC**

<table>
<thead>
<tr>
<th></th>
<th>GMRC</th>
<th>MRC</th>
<th>MFRC</th>
<th>GKRC</th>
<th>TRHSLC</th>
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<td>0</td>
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<td>4</td>
<td>9</td>
</tr>
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</table>
3. Client Surveys

1. What impact did the decentralization have on the frequency PEH use certain transportation modes?

2. What impact did the decentralization have on PEH access to services?
Survey Methods

- Participants recruited from MRC, GMRC, and GKRC
- Survey organized into two time periods
  - Pre-decentralization and post-decentralization
- Distinguish between transportation behaviors, preferences, and perceptions pre- and post-decentralization
Demographics of Survey Respondents

- 106 respondents: 40 from MRC, 33 from GMRC, 33 from GKRC
- Average 48.8 years old (SD = 10.5)
- Majority male (61.3%), white (60.4%), and non-Hispanic (74.5%)
- 65.1%: High school degree or less education
- Half indicated were seeking a job
- 66%: No other supporting income (social security, disability, unemployment insurance, pension)
- 53.8%: Trouble walking due to physical health
Change in primary transportation mode, by HRC
<table>
<thead>
<tr>
<th>Service Change Category</th>
<th>Started</th>
<th>Continued</th>
<th>Stopped</th>
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<tbody>
<tr>
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<td>61%</td>
<td>29%</td>
<td>11%</td>
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<tr>
<td>Convenience Store Visits</td>
<td>28%</td>
<td>63%</td>
<td>9%</td>
</tr>
<tr>
<td>Fast Food Visits</td>
<td>41%</td>
<td>48%</td>
<td>13%</td>
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<tr>
<td>Food Bank Visits</td>
<td>60%</td>
<td>32%</td>
<td>9%</td>
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<tr>
<td>Friends Family Visits</td>
<td>45%</td>
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<td>8%</td>
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<tr>
<td>Grocery Visits</td>
<td>21%</td>
<td>68%</td>
<td>10%</td>
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<tr>
<td>Health Clinic Visits</td>
<td>40%</td>
<td>48%</td>
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<tr>
<td>Job or Job Search Visits</td>
<td>38%</td>
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<td>Library Visits</td>
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<td>4%</td>
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<td>Park Visits</td>
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<td>Pharmacy Visits</td>
<td>28%</td>
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<td>11%</td>
</tr>
<tr>
<td>School Visits</td>
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<td>18%</td>
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<tr>
<td>Superstore Visits</td>
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Change in service visits, by HRC

<table>
<thead>
<tr>
<th>Service Change Category</th>
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<th>GKRC Stopped</th>
<th>GMRC Started</th>
<th>GMRC Continued</th>
<th>GMRC Stopped</th>
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<th>MRC Continued</th>
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<td>15%</td>
<td>69%</td>
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<td>33%</td>
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<tr>
<td>Convenience Store Visits</td>
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<td>18%</td>
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<td>16%</td>
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<td>Fast Food Visits</td>
<td>24%</td>
<td>38%</td>
<td>8%</td>
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<td>36%</td>
<td>7%</td>
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<td>1%</td>
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<td>Health Clinic Visits</td>
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<td>32%</td>
<td>46%</td>
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<td>4%</td>
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<td>58%</td>
<td>6%</td>
<td>35%</td>
<td>50%</td>
<td>15%</td>
<td>8%</td>
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<td>8%</td>
<td>41%</td>
<td>51%</td>
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Percent of Service Change by Category

3.57%  100.00%
Increase or decrease in service trips post-decentralization, by HRC

<table>
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<th>Service Change Group</th>
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<td>Grand Total</td>
<td>19%</td>
<td>42%</td>
<td>28%</td>
<td>29%</td>
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</tbody>
</table>
4. Client Qualitative Interviews

1. How has the decentralization of homeless services influenced transportation demand and mobility patterns for PEH?

2. How have transportation and mobility changes affected access to basic services for PEH?
Methods and Participants

- In-depth, semi-structured qualitative interviews with PEH
- Inductive qualitative analytic methods to identify patterns in the data
- Participants
  - 18+ years old
  - Stayed at TRHSLC pre-decentralization
  - Staying at either MRC, GMRC, or GKRC at time of data collection
- 19 clients consented in-person, semi-structured interview
  - 7 at MRC, all identified as male aged 22-70
  - 6 at GMRC, three identified as female and three identified as male aged 33-60
  - 6 at GKRC, all identified as female aged 37-64
Client Interview
Findings

4.1 Pre-decentralization transportation and mobility

4.2 Post-decentralization transportation and mobility
Pre-decentralization transportation

- Convenient to PEH staying at the TRHSLC
- Proximity to the central downtown location,
- Relatively reliable schedule
- Reduced cost barriers

“The Free Fare Zone was really nice because you could get a little bit farther and still have a little walk, so you could do more. I rode TRAX a lot because I could leave [TRHSLC]. I could go from The Road Home right up to the library, so I could still have a little bit of normalcy (C08, GMRC).”
Pre-decentralization transportation challenges

- Costs of transportation outside the Free Fare Zone
- Limited services available within the Free Fare Zone
- Walking long distances
- Time investment of using public transit

“[It was] hard on me because I’m a diabetic. I have neurostasis [sic] in my feet, so I can’t be on my feet too long… [After a] couple of hours, I come back in pain, and I just want to just sit there and cry (C12, GMRC).”
4.2 Post-decentralization transportation and mobility
Post-decentralization availability of shuttle

Availability of an agency shuttle to use as an alternative to public transit.

“They only take you to shelter addresses. They don’t pick you up and take you to another address... I have to make my own arrangements, or I have to catch the shuttle bus and they have to drop me at the Weigand Center and then I have to walk (C16, GKRC).”
Post-decentralization transit passes

HRC case managers can provide transit passes or tokens to clients at no cost if needed for employment or medical appointment.

“We have all the services that the shelters provide... and what they don’t have, they set you up [an] appointment and usually give you a token or something, [a] bus token to get there and a transfer to get back (C01, MRC).”
Post-decentralization Challenge: HRCs further from downtown and increased time to use transit

HRC distance from the central downtown area of Salt Lake City and the increase in time invested in using public transit described as a challenge.

“I take the bus pretty much everywhere I go because it’s too far to walk... Here, my destination is a lot more routed because I’m out of the way... my walking is actually shorter [because] I’m on the bus or traveling more on TRAX (C05, MRC).”
Post-decentralization Challenge: Accessing public transit for PEH with mobility limitations

Difficulty for PEH with mobility limitations to walk to transit stops.

“I don’t get out and about as much as I used to because there’s not a lot right around here… Any of the places that I would think about, they’re so far, and I couldn’t walk that far. …I’ve been to Walmart, but that’s pretty far for me… the last time I went there, it took me just a little over an hour and then about the same, maybe a little more, coming back because I was gone for three-and-a-half hours (C08, GMRC).”
Post-decentralization Challenge: Cost of public transit outside the Free Fare Zone

Cost barriers of transit since HRCs are sited outside the Free Fare Zone

“It’s kind of hard to get money and get on the bus now. I have to have more money here than I do downtown because it’s in the Free Fare Zone and sometimes they won’t take your ticket because you don’t have any money (C07, MRC).”
How has decentralization impacted PEH clients’ transportation needs and service utilization?

Recommendations for improving transportation, mobility, and access to services for individuals staying in the HRCs?
Methods

- In-depth, semi-structured qualitative interviews with n=24:
  - Urban and transportation planners,
  - Social workers,
  - Homeless sector providers, and
  - Policy advisors
- Virtual interviews conducted using Zoom
- Inductive qualitative methods to collect and analyze the data
  - 5.1 Transportation Challenges
  - 5.2 Mobility and Transportation Outcomes of Decentralization
5.1 Transportation Challenges

“We initially did not think transportation would impact the clients too severely because we were going to bring everything to them…. [But] now we’re facing clients that need to have their basic needs met…. [So, we’re] trying to bridge that gap.” (P10)
Post-decentralization Transportation Challenges

1. Car Challenges
2. Bike and Mobility Challenges
3. Shuttle Challenges
4. Public Transit Challenges
5. Challenges Specific to the MRC

“Transportation is way more important than it was before. Before, people could make their own way to one location pretty easily. So, transportation now has become a big barrier that we didn’t have previously because of the decentralization. (P14)”
5.2 Mobility and Transportation
Outcomes of Decentralization
Comparison of Mobility & Transportation Experiences

1. Impact on PEH mobility
2. Sheltering system changed, transit system did not
3. Now need transit, didn’t need before
4. Need advanced travel plans
5. Increased travel times
6. Increased opportunity for accidents

“It’s been very difficult changing a very old system to this new model....[In] the old model, the majority of services...were within the Free Fare Zone. Now, all of the [HRCs] are outside of the Free Fare Zone—transportation is significantly more difficult. (P05)”
Reduced Access to Offsite Services

1. Reduced access to services still downtown
2. Reduced access to healthcare services
3. Unanticipated challenges of COVID-19
4. Reduced motivation to leave HRCs to access offsite services

“People’s healthcare is definitely suffering because they’re less likely to leave the facility because transportation is challenging to get down to Fourth Street. (P11)”
6. Study Recommendations
Eliminate Cost Barriers to Transportation

1. Provide free transit
2. Provide HRC clients unlimited transit linked to services card
3. Expand the capacity of HRCs to offer transit passes
4. Base the cost of transit on a person’s income

“Making [transit] a free fare and a free pass instead of having to pay to get there (C05, MRC).”
Increase HRC
Transportation Access

1. Expand UTA bus service
2. Expand the availability and accessibility of Advantage Shuttle
3. Expand the Free Fare Zone
4. Develop ride and bike share programs
5. Increase transit frequency while reducing cost

“The Free Zone downtown it’s supposed to be for the people that live downtown and for the homeless people so that we can get around… But if they’re going to move the shelters out to other places, then they need to just to make it free at least from here (C02, MRC).”
Questions & Discussion

Full report: https://nitc.trec.pdx.edu/research/project/1386/Understanding_the_Mobility_Impacts_of_Decentralizing_Homeless_Services_in_Salt_Lake_County,_Utah

Canham, Sarah L., Rose, Jeff, Garcia Zambrana, Ivis, & Jones, Shannon O. Understanding the Impact of Decentralizing Homeless Services on Transportation and Mobility in Salt Lake County. NITC-RR-1386. Portland, OR: Transportation Research and Education Center (TREC), 2022.
References


Extra slides
History of Decentralizing TRHSLC

2013: Salt Lake City’s Division of Community and Economic Development commissioned situational analysis of state homelessness where TRHSLC was located

- Livability and quality of life negatively affected by concentrated homeless population
- Lack of resources and coordination/collaboration in service outreach and delivery
- Rio Grande Street seen as impassable due to pedestrians
- Cleanliness, crime, and drug use were concerns among PEH, pedestrians, and residents
- TRHSLC was built to meet needs of single men experiencing homelessness

(Straube & Steiert, 2014)
History of Decentralizing TRHSLC

2014: Homeless Services Strategy:
   “Determine the best locations for homeless services from multiple perspectives—health and
   safety, business, livability, transportation, service provision, and how each is impacted by a
   select location.”

Homeless Services Site Evaluation Commission (HSSEC)
- Tasked with making recommendations and informing decision-making on configuring and
  siting emergency homeless services
- Current shelter model required a substantial redesign: “A scattered site model”

(Hartvigsen et al., 2016; Salt Lake City Government, 2014; Salt Lake City Homeless Resource Center Site Selection, 2016)
Siting and Building the Homeless Resource Centers

Salt Lake City’s Housing and Neighborhood Development Division hosted Neighborhood Engagement Workshops

1. Not be conducive for regional drug trade
2. Provide easy access to services
3. Be designed for safety using Crime Prevention Through Environmental Design (CPTED) standards
4. Be close to public transportation as needed to access services

Considerations: property availability and price; avoidance of neighborhood complaints

(Cleveland, 2016; Homeless Services Site Evaluation Commission, n.d.)
Transportation Network

- TRHSLC was located near a central Utah Transit Authority Transportation System hub
- TRHSLC within the Free Fare Zone, riders can use TRAX and bus services for free
- No HRC within Free Fare Zone
## Table 2.4: Intensity of transportation services in each distance band within the one-mile catchment areas of each HRC and TRHSLC

<table>
<thead>
<tr>
<th>Distance Band (miles)</th>
<th>GMRC</th>
<th>MRC</th>
<th>MFRC</th>
<th>GKRC</th>
<th>TRHSLC</th>
<th>Average of HRCs</th>
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</thead>
<tbody>
<tr>
<td><strong>Bus Stops</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>0-0.125</td>
<td>116.9</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>127.0</td>
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<td>0-0.25</td>
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<td>151.4</td>
<td>0.0</td>
<td>21.4</td>
<td>91.6</td>
<td>57.8</td>
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<tr>
<td>0-0.5</td>
<td>56.5</td>
<td>74.9</td>
<td>10.4</td>
<td>39.1</td>
<td>59.7</td>
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<td>29.8</td>
<td>18.6</td>
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<td>56.6</td>
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<tr>
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<td>21.0</td>
<td>43.9</td>
<td>47.2</td>
<td>29.3</td>
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<tr>
<td><strong>TRAX Stations</strong></td>
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<td></td>
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<tr>
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<td>1.5</td>
</tr>
</tbody>
</table>
Further Recommendations

1. Education on transportation and system navigation
2. Funding recommendations
3. Reflection and dialogue

“It’s just continually surveying the needs of those that are at the HRCs and seeing what...primary services they are having issues accessing. (P06)”