



**Final Report: A Survey and Needs Assessment of
Individuals Living Outside in New Orleans,
Louisiana within French Quarter Management
District Boundaries in July 2021**

**Prepared by Travelers Aid Society of Greater New Orleans:
August 11, 2021**

Table of Contents (Click-Navigable)

I. INTRODUCTION	5
Purpose	5
Structure of Report	5
Acknowledgements	6
II. COMPLETE SURVEY FINDINGS	8
Population Size	8
Population Demographics	9
Age	9
Gender Identity	10
Gender Identity as Experienced in Relation to Sex Assigned at Birth	10
Sexual Orientation	11
Race and Ethnicity	12
Life Experiences Common Among Respondents	16
Veteran Status	16
Family/Household Status	16
Domestic Violence	17
Foster Care	17
Education Level and Language Access	18
Population Experiences of Homelessness, Housing Insecurity, and Displacement	19
Age at Which Respondents First Experienced Homelessness	19
Length of Current Episode of Homelessness	19
Length of Current Episodes of Homelessness as Measure for Determining Prevalence of Chronic Homelessness in FQMD-area unhoused population	20
Duration of Homelessness throughout Lifetime	21
Causes of Current Homelessness	24
Interventions Useful in Ending Current Homelessness	25
Experiences of and Exits from Various Housing Types	27
Geographies of Displacement	30
Birthplaces of Respondents	30
Time Spent in New Orleans	30
Reasons for Coming to New Orleans	31
Geographic Origins of Homelessness	33
Connections to the French Quarter	34
Realities of Medical Conditions, Mental Health, and Substance Use	38
Prevalence of Disabling Conditions and Disabilities	38
Physically Disabling Conditions and Physical Disabilities	39

Chronic Health Conditions	39
Autoimmune Conditions	39
Developmental and Cognitive Conditions	39
Traumatic Brain Injuries	40
Mental Health and Psychiatric Conditions	40
Substance Use by Drug of Choice	41
Substance Use by Frequency of Use	42
Enrollment in Primary Care vs. Emergency Service Utilization	42
Ability to Follow Through with Prescribed and Advised Care	43
Identifying Obstacles to Care	44
Needed Items and Treatments	44
Meeting Basic Needs: Awareness and Current Utilization	45
Awareness of City Services	45
Current Service Utilization to Meet Basic Needs (Hygiene, Clothing, Food)	45
Current Utilization of Shelter	47
Sleeping Locations of Respondents	49
Meeting Long Term Needs: Case Management and Social Services	50
Interaction with Outreach Services	50
Interactions with Case Managers or Social Workers to Discuss Goals	50
Engagement with Housing Providers	50
Attempts to Access Housing	51
Access to Income and Benefits	53
Interactions with Police and Public Safety	55
Rates of Interaction with Police and Public Safety	55
Profiles of Respondents who Interact Most and Least with Police	56
Respondent Experiences of Interactions with Police and Public Safety	57
Awareness of Laws Related to Homelessness	59
Justice System Involvement	60
Stated Desires about Services and Programs	62
Preferred Housing Types	62
Willingness to Accept Housing	63
Willingness to Accept Low-Barrier Shelter Setting	64
Services Respondents Wish They Could Access	67
Services or Facilities Respondents Avoid for Any Reason	67
General Reflections about Experiences and Needs	68
III. METHODOLOGY	71
Survey Creation	71
Survey Implementation	71
Sample Size	72
Data Duplication, Reliability, and Accuracy	73

Respondent Privacy Protection	74
Survey Limitations	75
Stakeholder Interviews	76

I. INTRODUCTION

Purpose

This survey project endeavored to yield data about individuals living and/or spending the majority of their time outside in the French Quarter Management District area so that their needs could both be better understood by all stakeholders and also be taken into account during any development of programs or policies that may affect them.

The survey prompted respondents to share their demographic information, their experiences of homelessness, their current utilization of and attempts to access services, their interactions with police and public safety, as well as their opinions and preferences around housing, homelessness, the French Quarter itself, and service provision. All of these topics were viewed as relevant to gaining a better understanding of the respondent population and opportunities for improved interaction and services.

Structure of Report

This report is divided by three **CHAPTER HEADINGS** outlined in the table of contents. You are currently in the first chapter, “**INTRODUCTION**.”

Throughout the second chapter of this report, “**COMPLETE SURVEY FINDINGS**,” data are presented graphically and in writing and compared to each other for increased understanding of the complex interaction of respondents’ identities, experiences, and preferences.

Sections of data are sorted both by **General Headings** as well as More Specific Headings, both of which are outlined in the above Table of Contents.

Throughout the report, orange text indicates key takeaways, many of which were foundational in providing analyses, interpretations, and recommendations in that separate report.

Throughout the report, *dark teal text indicates words and quotations provided directly by respondents and will usually appear surrounded by quotation marks, such as “these are my own words.”*

Footnotes have been provided when relevant external research was referenced.

In speaking about proportions of respondents who identified or answered a question a certain way, the utilization of (N=#*) denotes how many respondents answered the question or are in the relevant pool or sample about which a calculation is being made, such as:

8 out of 10, or 80% of people reading this report are familiar with N* referencing a relevant sample size (N=10*).

Percentages are presented to the second decimal point and without rounding.

After this section is the “**COMPLETE SURVEY FINDINGS**” section in which all the data yielded from the survey is presented using the above formatting and presentation style.

The report concludes with the “**METHODOLOGY**” section, which provides an in-depth discussion of the processes used to prepare and administer the survey and to process and calculate the data.

Acknowledgements

The team responsible for this project at Travelers Aid Society of Greater New Orleans would like to thank:

The French Quarter Management District for providing the funding for making this project possible and for their facilitation of connecting the survey team to needed space, supplies, and stakeholders.

The French Market Corporation for funding the first wave of this study, information from which was crucial in building this report as well.

Stakeholders who identified as business owners, residents, security and police officers who offered their time and insight to the survey team.

The New Orleans Police Department Homeless Assistance Unit and New Orleans Emergency Medical Services for providing survey draft feedback.

The surveyor team who spent countless hours engaging with and listening to individuals living outside in the French Quarter Management District area.

All the respondents who were willing to share their honest feedback about their difficult realities and trust that it would be put to good use.

Additionally, the report team would like to acknowledge that this report cannot and does not describe all aspects of homelessness as experienced by all individuals. All the complex elements of all individuals' diverse experiences of houselessness, homelessness, and displacement cannot be captured in any single report.

This includes an acknowledgment that the focus of this report is not on the experiences of those who are themselves housed while working in, visiting, or living in the French Quarter alongside those who are unhoused there. This report was funded in part in response to these experiences: business owners, residents, workers, artists, visitors, and enforcement officials reporting repeatedly seeing the same individuals experiencing homelessness for weeks, months, and years. As these parties have voiced their experiences to FQMD and in other arenas, they have stated both concern and frustration.

The report team held limited interviews with such stakeholders, and that same combination of concern and frustration was clear. Every stakeholder interviewed mentioned not only a concerned desire to see unhoused individuals in better situations but also a personal history of compassionate efforts toward this end when possible; many stakeholders knew the unhoused individuals residing nearest to them by name and all reported having given out food, clothing, money, and/or work opportunities when possible. Sometimes, this concern was also personally emotional - individuals reported genuine sadness at seeing individuals suffer and some reported unsettling experiences that stuck with them, such as encountering nonresponsive persons and being uncertain what would happen to them or what to do next.

At the same time, every stakeholder interviewed also had frustration to share - frustration about the use of staff and/or enforcement time to respond to concerns about unhoused individuals (which ranged from an unpreparedness to deal with medical challenges to needing to spend additional time cleaning, securing, repairing, and replacing properties and items), dealing with and living alongside the realities of having a large unhoused population on the streets of a small neighborhood (trash, debris, human waste), frustration that the perception of the French Quarter seems so shaped by this population (worries it appears unsafe or uninviting), and often, frustration that there were seemingly not programs or services in place that were sufficiently meeting the needs of this population (effective social service providers, treatment programs, or housing opportunities).

This report does not detail these concerns or frustrations in further detail, though it recognizes acknowledging them is key to all parties being able to honestly address challenges and opportunities. This report focuses on the needs of those who are themselves unhoused, whose voices and experiences have not yet been formally included in conversations specific to their presence in the French Quarter. This focus seeks to yield information about how those needs can be met within the realities of local structures and programs, with the hope that such information, when applied to developing effective programs, stands to not only improve the lives of those who are unhoused but also address the concern and frustration of other, housed stakeholders who wish to see change.

II. COMPLETE SURVEY FINDINGS

Population Size

Surveyors in this study canvassed the French Quarter Management District (FQMD) Area on 15 days over a 2.5 week period in July 2021 at varied times, from before sunrise to past sunset. In this canvassing, they surveyed 73 unique individuals who were either currently homeless (66 of whom were currently experiencing homelessness and 7 of whom had recently experienced homelessness and continued to spend much of their time outdoors in the French Quarter) and observed 3 other individuals who reasonably appeared to be living outside but who declined to participate.

In addition to this surveying, surveyors performed three “headcounts” of the area by walking up and down (or into) every block, alley, public park, public restroom, and feasibly accessible space within the FQMD Area and noting the location and number of all individuals who reasonably appeared to be living outside.

From the one early morning (before 6 a.m.) and one late night (10 p.m. - 2 a.m.) headcounts (one each), 175 and 112 individuals were respectively observed to be sleeping in the area, indicating that an average of 143.5 individuals were sleeping outside within FQMD area boundaries during overnight and early morning hours during the time period of this study.

One headcount was also performed during the daytime, yielding a count of 171 individuals who either were literally sleeping/living on sidewalks and in public spaces or who were already identified as surveyed or headcount-ed individuals who had been observed to be literally homeless by surveyors or confirmed their experiences of homelessness to surveyors.

→ Thus, *it is estimated that slightly more than 140 individuals are sleeping in the French Quarter Management District area at present (Summer 2021) and that as many as 170 individuals experiencing homelessness utilize and occupy that area during daytime hours*, indicating that even individuals who do not sleep within the area boundaries visit the area during the daytime.

This survey was developed and administered in July of 2021, in sequence to a nearly-identical needs assessment survey administered in May and June of 2021 in the French Market Corporation (FMC) area, an area that is almost entirely contained within the French Quarter Management District. To avoid unnecessary duplication of survey efforts, the surveys that were administered in the French Market Corporation areas that are also contained within French Quarter Management District areas (which were 56 of the 58 surveys administered there) have been represented alongside this data as well, meaning a total of 129 unique respondents are represented in the following data.

Population Demographics

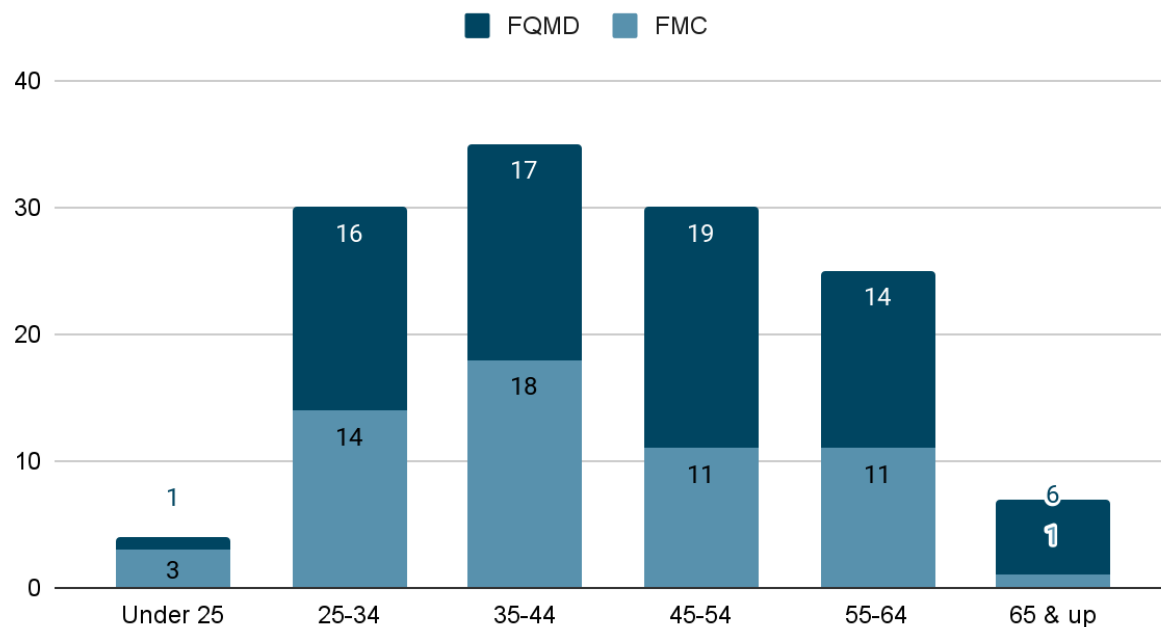
Age

→ The average age of individuals encountered in the entire FQMD (129 individuals, which includes 56 individuals encountered in a previous study conducted in the French Market Corporation Area), is 44.68 years old.

This does not represent a significant departure from the average age reported in the smaller FMC area sample - 42.57 years old (FQMD average is +2.11 years).

Individuals surveyed in the FQMD ranged in age from 22 to 70 years of age.

Ages of Individuals Encountered in FQMD and FMC



In the FQMD, inclusive of those encountered in FMC areas, only 2 respondents were aged 22 or younger, indicating only 1.55% of individuals surveyed would be eligible for services from Covenant House or youth providers.

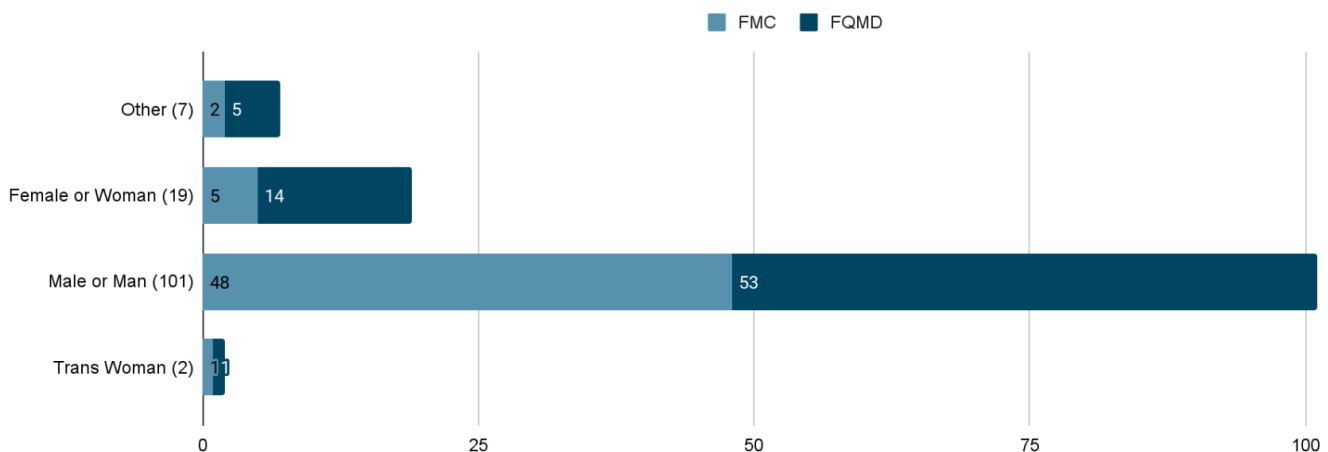
32 individuals were aged 55 or older, indicating that 24.80% of individuals surveyed may be eligible for senior-specific buildings (pending meeting of other eligibility criteria, such as producing identification documents or passing background checks).

Gender Identity

Participants did not have to select their gender identities from pre-formulated multiple choice options, yet almost all participants used either “man,” “male,” “female,” or “woman” to describe their gender identity.

78.29% of individuals reported being men or male, 14.72% reported being female or women, 1.55% reported being Trans Women and 5.42% reported other gender identities: “Whatever” (1), “They/Them” (1), “Non-Binary” (1), “Male/Female” (1), “It’s confusing” (1), “Everything” (1), and “Both” (1). This indicates 6.97% of individuals reported a gender identity other than man/male or woman/female.

Gender Identities Reported by Participants (N = 129*)



Gender Identity as Experienced in Relation to Sex Assigned at Birth

In acknowledgment of the differences between gender identity and the concept of biological sex, participants were also asked: “Do you experience your gender identity as different from that which is commonly or socially associated with the sex assigned to you at birth?”

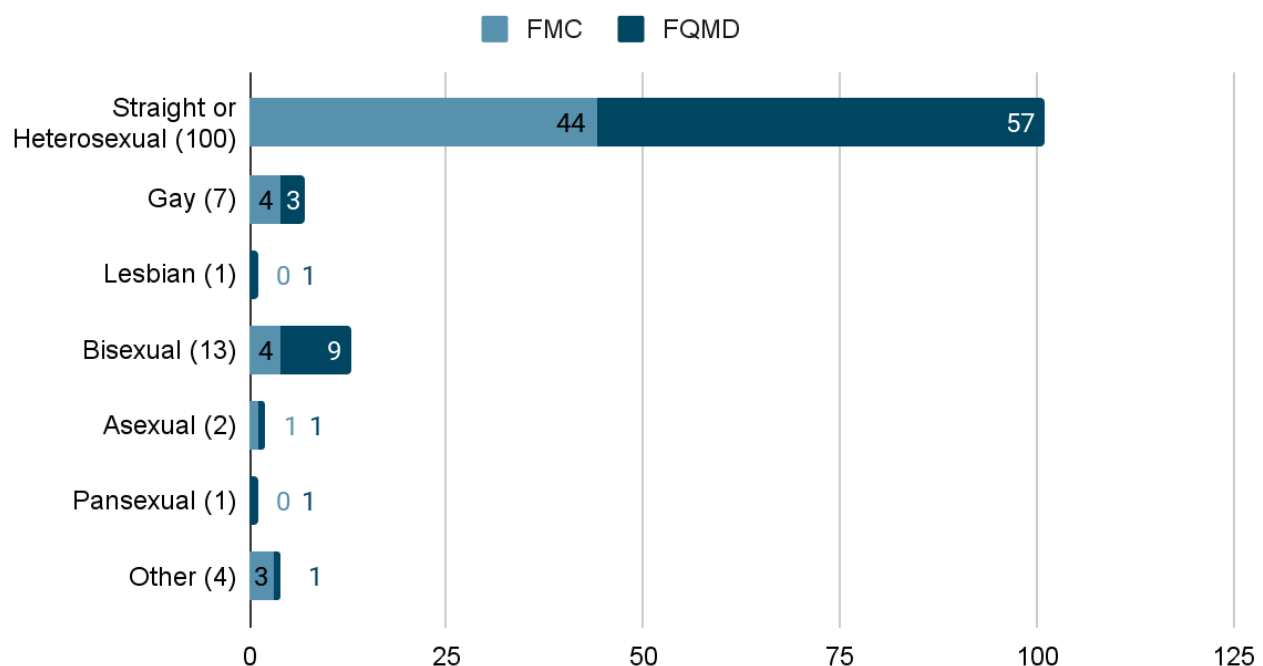
90.69% of respondents stated they do not experience their gender identity as different from that which is commonly associated with the sex that was assigned to them at birth, but **9.30%, respondents indicated they do experience their gender identity as in some way different from the gender identity commonly associated with the sex assigned to them at birth,** with some individuals then sharing their specific identities as trans, nonbinary, and others (N=129*).

→ This representation of almost 10% of surveyed individuals who experience their gender identity as different from what is commonly or socially associated with the sex they were assigned at birth is about fifteen times higher than is understood to be represented in the general population, where research indicates that 0.6% of adults in the United States identify as trans (data rates relatively unknown for those who identify as gender nonconforming or nonbinary).¹

This does not represent a significant change from the smaller sample observed in the FMC area, where those who reported experiencing their gender identity as some way different from the sex they were assigned at birth were represented at 10.34% of the surveyed population (N=58*).

Sexual Orientation

Sexual Orientation (N = 129*)



→ 78.29 % of respondents of respondents described their sexual orientation as “straight” or “heterosexual,” while 21.70%, described their sexual orientation in other terms (N = 129*).

¹ <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Adults-US-Aug-2016.pdf>

→ This representation of almost 22% of respondents identifying their sexual orientation as something other than straight or heterosexual represents a much larger proportion than is known to exist in the general population. Current national estimates indicate about 4.5% of adults in the United States may identify as part of the LGBTQ+ community, meaning *the FQMD area population of individuals experiencing homelessness has a representation of LGBTQ+ individuals nearly 5 times that of the general U.S. population.*² This reflects information known about higher rates of homelessness, joblessness, and displacement among individuals who identify as LGBTQ+.³

This does not represent a significant departure (less than 1.5 percentage points of change) from findings of the smaller FMC area respondent population, where 77.19% of individuals described their sexual orientation as “straight” or “heterosexual” and 22.80% described their sexual orientation in other terms (N=58*).

Race and Ethnicity

Respondents were offered both a selection of pre-formulated choices as well as open-ended space to identify terms they use to describe their racial and ethnic identities, with the ability to select and/or provide an unlimited number of descriptors.

→ *47.28% of surveyed individuals reported identifying as White or Caucasian alone, which is a greater representation than exists in the New Orleans population as a whole,* where those who identify as White or Caucasian alone make up 33.9% of the city’s population.⁴ *24.80% of surveyed individuals reported identifying as Black or African-American alone, which is a lesser representation than exists in the New Orleans population alone,* where those who identify as Black or African-American alone make up 59.5% of the city’s population.⁵ When adjusted for those who identify as either of these races alone or in conjunction with another race, 28.68% of individuals report identifying as Black or African-American and 53.48% of individuals report identifying as White or Caucasian (N=129*).

This is a moderately significant difference from the smaller sample surveyed in the FMC area alone, where 58.62% of respondents reported identifying as White or Caucasian alone (+ 10% points compared to FQMD sample as a whole) and 17.24% of respondents reported identifying as Black or African-American alone (- 7.24% points compared to the FQMD sample as a whole) (N=58*).

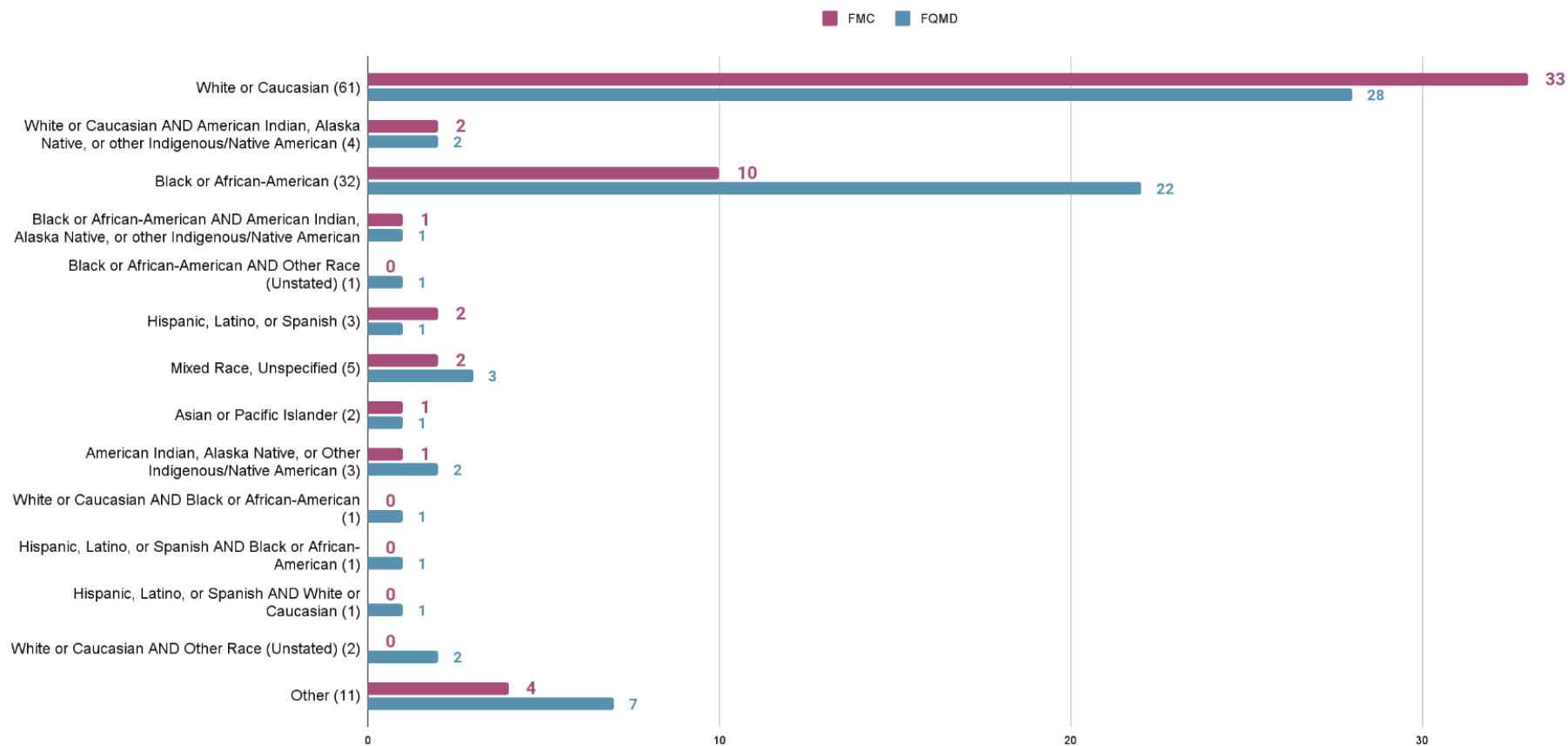
² <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Jul-2020.pdf>

³ <https://williamsinstitute.law.ucla.edu/publications/lgbt-homelessness-us/>

⁴ <https://www.census.gov/quickfacts/fact/table/neworleanscitylouisiana/RHI825219#RHI825219>

⁵ Ibid.

Racial Identity (N = 129*)



Notably, there is a much higher representation of individuals who identify as American Indian, Alaska Native, or other Indigenous/Native American(s) among those surveyed than is known to exist in the United States as a whole. 2.32% reported identifying as this way alone and 6.97% of respondents reported identifying as American Indian, Alaska Native, or other Indigenous/Native American(s) alone or in addition to another race, while only 1.7% of the United States population identifies in such a way, indicating that there is a representation of American Indian, Alaska Native, or other Indigenous/Native American individuals in the FQMD population of individuals experiencing homelessness more than 4 times than that which exists in the U.S. general population (N=129*).⁶

This does not represent a significant departure from the smaller sample in the FMC, where 1.72% of respondents reported identifying this way alone and 6.89% of respondents reported identifying as American Indian, Alaska Native, or other Indigenous/Native American(s) alone or in addition to another race (+/- <1% point for each).

Individuals were not made to separately identify their race and ethnicity, in acknowledgement of the difficulties that both individuals of multiple races and individuals who primarily identify their race as Hispanic or Latino have in selecting an appropriate combination of racial and ethnic descriptors. The self-generated racial and/or ethnic descriptors provided in open-ended space are as follows:

“Cherokee” (1)

- Provided by a FMC respondent who identified as White and American Indian, Alaska Native, or other Indigenous/Native American

“Cherokee, Choctaw, Tunica” (1)

- Provided by a FMC respondent who identified as American Indian, Alaska Native, or other Indigenous/Native American only

“Creole” (2)

- Provided by a FMC respondent who identified as Black or African-American and an FQMD respondent who identified as “Other”

“Dominican” (1)

- Provided by a FMC respondent who identified as Black or African-American

“Irish” (1)

- Provided by a FMC area respondent who identified as White or Caucasian

“Irish, Mohawk” (1)

- Provided by a FMC respondent who identified as White and American Indian, Alaska Native, or other Indigenous/Native American

⁶ <https://www.ncai.org/about-tribes/demographics#:~:text=According%20to%20the%202010%20Decennial,in%20combination%20with%20another%20race>

“Italian-American” (1)

- Provided by a FMC respondent who identified as White or Caucasian

“Human” (3)

- Provided by three FMC respondents who identified as “Other”

“Portuguese” (1)

- Provided by a FQMD respondent who identified as White or Caucasian

“Mexican” (2)

- Provided by two FQMD respondents who identified as (a) Hispanic, Latino, or Spanish and as (b) Hispanic, Latino, or Spanish AND Black or African-American White or Caucasian

“Laotian” (1)

- Provided by a FQMD respondent who identified as Asian, Asian-American, or Pacific Islander

“American” (3)

- Provided by three FQMD respondents who either identified as “Other” (2) or as White or Caucasian AND Hispanic, Latino, or Spanish (1)

“Cuban” (1)

- Provided by a FQMD respondent who identified as Hispanic, Latino, or Spanish

“Italina, Seneca, Mohawk”

- Provided by a FQMD respondent who identified as White and American Indian, Alaska Native, or other Indigenous/Native American

“Apache” (1)

- Provided by a FQMD respondent who identified as American Indian, Native American, or Alaska Native

“Irish, German, Mixed” (1)

- Provided by a FQMD respondent who identified as White or Caucasian AND Mixed/More than One Race (Unspecified)

“French, Dutch, Cherokee, Choctaw” (1)

- Provided by a FQMD respondent who identified as White or Caucasian AND American Indian, Native American, or Alaska Native

“German, French, Irish” (1)

- Provided by a FQMD respondent who identified as White or Caucasian

“Cajun”

- Provided by a FQMD respondent who identified as “Other”

Life Experiences Common Among Respondents

Veteran Status

→ **20.93% of respondents stated they had served in the United States Armed Forces** (N = 129*). This is not a significant departure from the smaller FMC sample, in which 20.68% of respondents stated they had served in the United States Armed Forces (+<0.5% point change).

Data was not collected on these individuals' length of service nor their discharge status, both of which can affect eligibility for programs funded by the Veterans Administration (VA), including housing. However, the city of New Orleans has made a commitment to prioritize veterans experiencing homelessness for available housing resources, even those without the specific discharge classifications or 24 months of active duty needed to qualify for VA-funded housing and healthcare services.

→ Despite this commitment by the city meaning that almost all veterans experiencing homelessness in New Orleans are eligible to be rapidly connected to services, **14.81% of the surveyed veterans were not aware of any case management or drop in services in city, 87.5% of those 24 veterans who reported currently being homeless had never been visited by any outreach worker in their current period of homelessness (a period of more than 2 years for half of these veterans) and 91.66% had no housing case worker with whom they were attempting to connect to services.**

3 surveyed veterans reported they had recently moved into housing but continue to spend significant time outside in the French Quarter with still unhoused friends.

Family/Household Status

→ 12.40% of respondents stated they had other members in their household besides themselves, while 87.59% stated they did not have anyone else in their household (N = 129*).

In 13 of the 16 (81.25%) cases in which respondents stated having other members of their household, the other household member was another adult individual who was living with the respondent on the streets as a partner. In 3 cases, the other household member(s) were individuals not currently living with the respondent, including children.

Domestic Violence

→ **55.81% of respondents reported having experienced domestic violence in their lives** (N=129*). This indicates that **those who have experienced domestic violence are represented in the FQMD unhoused population at more than three times the national rate**, where they represent about 15% of the national adult population.⁷

This does not represent a significant difference from the smaller FMC area respondent sample, where 55.17% of individuals reported having experienced domestic violence (+<1% point).

16.66% (12 out of 72) respondents who reported ever having experienced domestic violence cited it as one of the specific causes of their current period of homelessness, confirming data that closely links domestic violence and homelessness.⁸

Foster Care

→ **21.81% of respondents reported they had lived in foster care at some point in their lives** (N = 110*). This indicates there is a representation of individuals who have lived in foster care among the FQMD unhoused population that is ten times the national rate, where research indicates that adults who have lived in foster care constitute just 2.6% of the national population).⁹

This represents a slightly significant difference from the responses of the smaller FMC area sample, in which 26.19% of respondents reported having lived in foster care at some point in their lives (N=42*; FQMD population is - <5% points than smaller FMC sample).

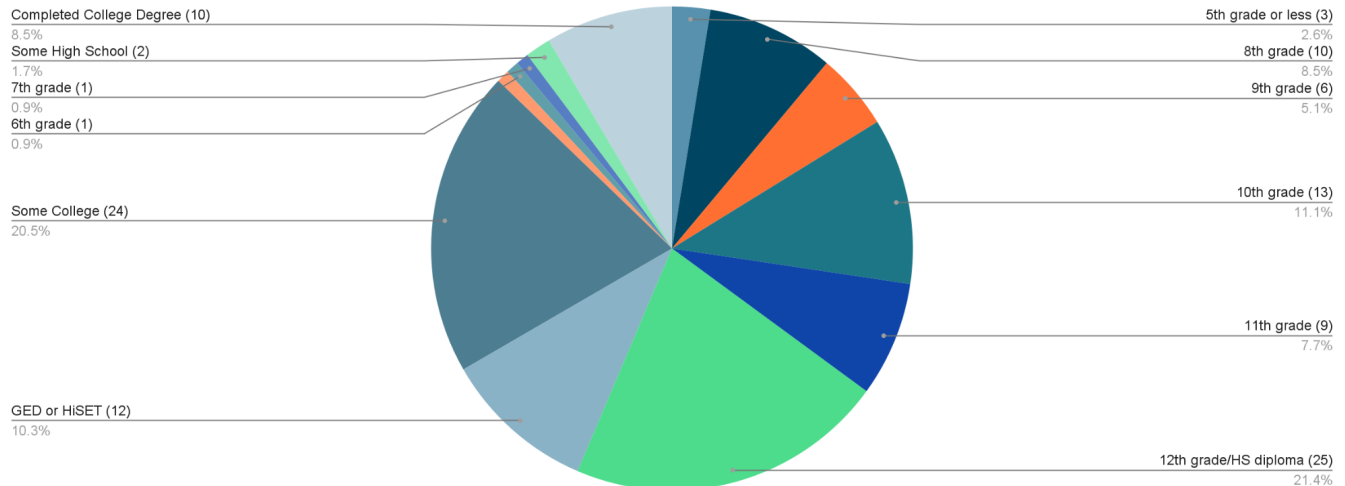
⁷ <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>

⁸ <https://files.hudexchange.info/resources/documents/PIT-and-DV-What-CoCs-Need-To-Know.pdf>

⁹ <https://www.cdc.gov/nchs/data/nhsr/nhsr138-508.pdf>

Education Level and Language Access

Highest Education Level Among Respondents (In entire FQMD, N = 117*)



→ **39.31% of respondents reported having less than a high school education or GED, with the average highest education level being about that of an 11th grade education** (N=117*). This indicates that those who have not completed a high school education are represented in the FQMD unhoused population at almost four times the national rate, where they represent less than 10% of the national adult population.¹⁰

This represents a slightly significant difference from the smaller FMC area respondent sample, where 43.75% of individuals reported having less than a high school education of GED (N = 48*).

→ **All but three respondents, or 97.65% of respondents, stated English was their primary language**, with other primary languages reported including French and Spanish.

However, **15.50% of respondents separately stated that they felt that their abilities to read, write, or understand English had created barriers to receiving services** (N = 129*). Among these individuals, 16 of them, or 80% reported that their reading ability specifically felt like it had presented a barrier to their ability to receive services (N = 20*)

¹⁰ <https://www.census.gov/newsroom/press-releases/2017/educational-attainment-2017.html#:~:text=Between%202000%20and%202017%2C%20the,for%20minority%20populations%20also%20increased.>

Population Experiences of Homelessness, Housing Insecurity, and Displacement

Age at Which Respondents First Experienced Homelessness

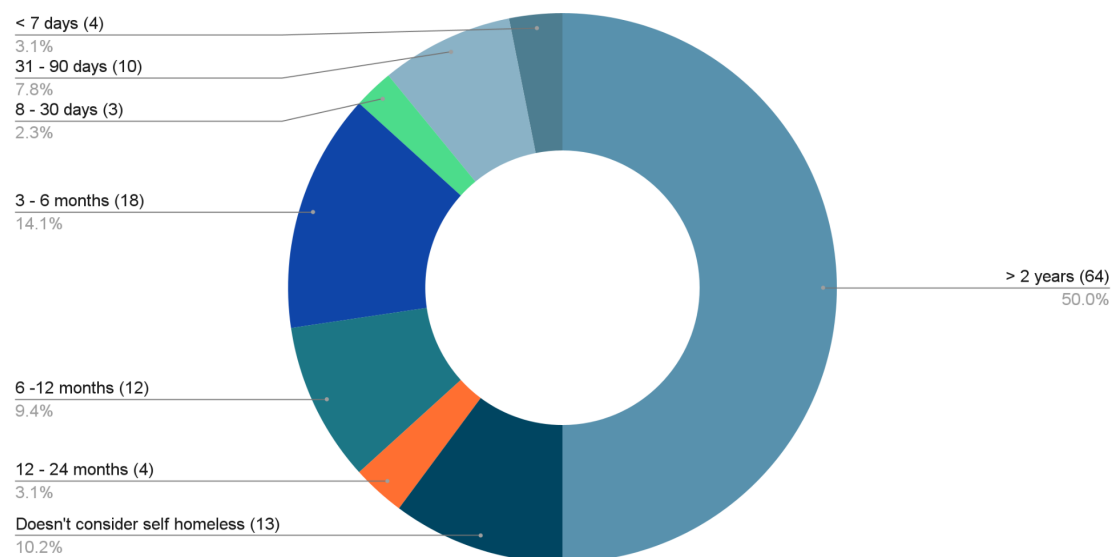
The age at which respondents reported first experiencing homelessness was 26.63 years old (N = 98*), with the spread of ages at which respondents reported first having experienced homelessness ranging from 0 (respondent stated *“I was born into it”*) to 66.

This does not represent a significant departure from the average among the smaller FMC area respondent sample, where the average age at which respondents reported first experiencing homelessness was 25.38 years old (+ <1.25 years).

Length of Current Episode of Homelessness

Describing the “current episode” of someone’s homelessness refers to describing their current homelessness only, the most recent period since they last had a safe, stable place to live. This distinction exists to separate one’s current experience of homelessness from periods of homelessness that may have occurred earlier in their lives, between which the individual instead may have experienced periods of housing stability (other interrupters of homelessness can include periods of institutionalization, such as in a jail, prison, or long-term treatment facility).

Time Length of Current Episode of Homelessness (N = 128*)



→ Exactly 50% of respondents reported it having been two or more years continuously since the most recent time they had a safe, stable place to live. 62.5% of individuals living outside in the FQMD area have been homeless for six months or longer in their most recent (current) episode of homelessness (N=128*).

This represents a moderately significant difference from the smaller FMC area population sample, where 54.38% of respondents reported that their current episode of homelessness was more than two years long (- <5% points) and 77.19% of individuals reported that it had been six months or longer since they had had a safe, stable place to live (- <15% points).

Notably, 5 of the 13 individuals who did not consider themselves homeless did report sleeping in a situation that would be considered “literally homeless” by social service providers the night prior to their survey - these individuals reported sleeping on the streets.

Length of Current Episodes of Homelessness as Measure for Determining Prevalence of Chronic Homelessness in FQMD-area unhoused population

The federal Department of Housing and Urban Development (HUD) is responsible for significant funding and oversight of providers and programs serving individuals and families experiencing homelessness.

Eligibility determinations for many HUD programs are based around the kind of homelessness someone is experiencing, whether it is, for instance, homelessness caused by an experience of domestic violence, or a brief episode resulting from job loss that can be solved by reconnection to employment and security deposit payment assistance.

Significant HUD resources are designated for those who are deemed to meet the definition of chronic homelessness. For someone to be considered “chronically homeless” by HUD, they must (A) have a disability AND (B) have been, out of the past 36 months: homeless for at least 12 consecutive months or homeless for four or more episodes that would cumulatively equal 12 or more months.¹¹

68 individuals living outside in the French Quarter reported having been homeless for at least 12 months in their current episode of homelessness, thus meeting part (B) The HUD definition of chronic homelessness.

Of these 68 respondents who meet part (B) of the definition of chronic homelessness, 53 (77.94%) also did report having some kind of serious disabling condition, thus also meeting part (A) of the HUD definition of chronic homelessness.

¹¹ <https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>

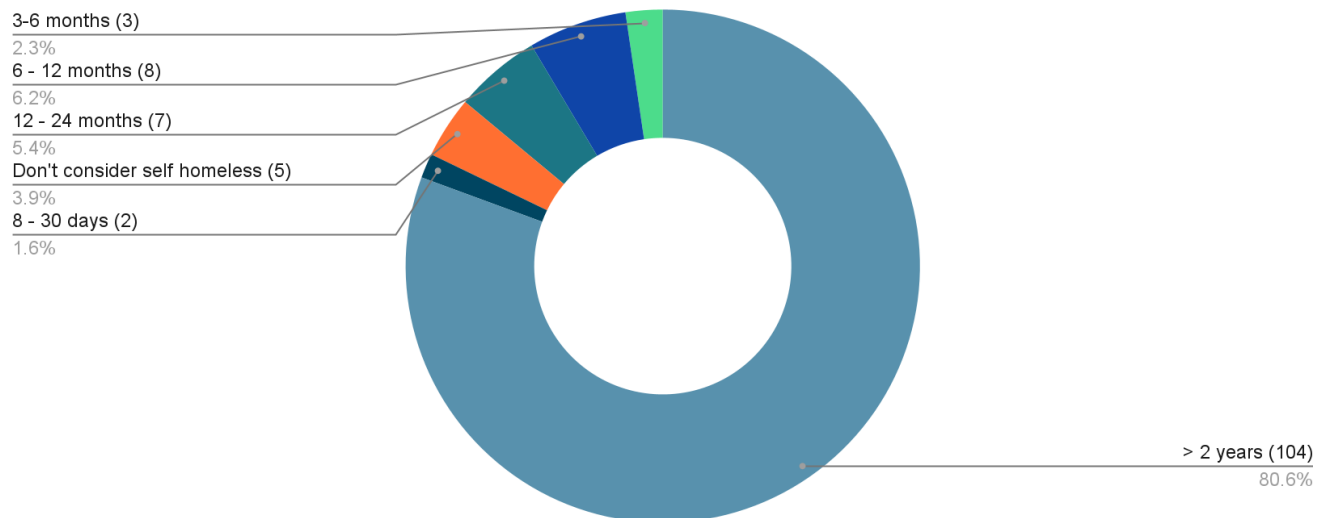
→ This indicates that at least 53 of 129, or **41.08% of all surveyed individuals in the French Quarter likely meet the complete definition (part A: disability & part B: length of homelessness being 12+ months of the past 36) of chronic homelessness and thus would be eligible for HUD-funded interventions like permanent supportive housing**, an intervention that provides a lifelong housing voucher (offering financial subsidy of rent - similar to that provided in Section 8 programs) combined with supportive case management services to participants in independent settings. Such programs have been shown to yield long-term housing stability, improved health outcomes, and a reduction in use of emergency/crisis services (hospitals, jails, ambulances) for individuals who have experienced chronic homelessness.¹²

Duration of Homelessness throughout Lifetime

→ **80.62% of respondents reported having experienced homelessness for more than two years of their life (total, including prior and current experiences/periods of homelessness)** (N = 129*). Only two respondents (1.55%) reported a total lifetime length of homelessness less than 30 days.

This does not represent a significant difference from the smaller FMC area respondent sample, in which 80.48% of individuals reported having experienced homelessness for two or more years throughout their life (+<0.15%) (N = 58*).

Duration of periods of homelessness throughout whole life (N = 129*)



Overall, this indicates that **those sleeping and living outside in the French Quarter are experiencing homelessness recurrently and for extended periods of time.**

¹² <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

Notably, the average age of all survey respondents was 44.8 years old, and the age at which survey respondents first reported experiencing homelessness, as noted above, was 26.63 years, indicating many respondents have experienced homelessness for a decade or more.

Respondents were given the open-ended opportunity to describe periods of homelessness in their lives, and **some reported extended periods of homelessness spanning as much as half of their lives:**

“[My family and I] were homeless for 8-9 months when I was 2 years old. We couchsurf throughout my childhood and I’ve been on my own homeless since I was 13.”

- Shared by a FMC respondent who is 22, indicating 9 years of homelessness.

“Haven’t had a stable place as an adult. I’ve been homeless straight since 16.”

- Shared by a FMC respondent who is 26, indicating a decade of homelessness.

“I’ve been homeless for 13 years straight.”

- Shared by a FMC respondent who is 38.

“I can’t remember much. I ran away when I was 16 years old. I know I’ve been on the street at least 20 years, but it’s hard to remember.”

- Shared by a FMC respondent who is 49.

“[I’ve been homeless] at least half my life.”

- Shared by a FMC respondent who is 45, suggesting 20 or more years of homelessness.

“From 2008 to now, the whole time.”

- Shared by a FMC respondent who is 46, indicating 13 years of homelessness.

“Straight since I was 45.”

- Shared by a FMC respondent who is 52, indicating 7 years of homelessness.

“The entire time since I was 40 years old.”

- Shared by a FMC respondent who is 65, indicating 25 years of homelessness.

“On and off for the last 15 years, but mostly homeless.”

- Shared by a FQMD respondent who is 58 years old.

“First when I was in foster care from 7-11, then again when I was 13 and 14... off and on since I was 7 years old really.”

- Shared by a FQMD respondent who is 34 years old, indicating on and off homelessness for 27 years.

“Off and on since I was 16.” (plus 2 equivalent)

- Shared by three FQMD respondents who were 32 years old (indicating 16 years of on and off homelessness); 62 years old (indicating 46 years of on and off homelessness); and 63 years old (indicating 47 years of on and off homelessness).

“Straight since 1984.”

- Shared by a FQMD respondent who is 56 years old, indicating 37 years of continuous homelessness.

“We slept in a park when I was 8, but on and off since I was 22 years old.”

- Shared by a FQMD respondent who is 49 years old, indicating 27 years of on and off homelessness.

“On and off since I was in foster care.”

- Shared by a FQMD respondent who is 48 years old, indicating likely 30 years of on and off homelessness (foster care often times out when one is 18).

“On and off since I was 16. I spent 39 years in jail until 4 months ago.”

- Shared by a FQMD respondent who is 69 years old, indicating under 5 years of on and off homelessness surrounding 4 decades of institutionalization.

“Off and on since I was 21.” (2)

- Shared by two FQMD respondents who were 56 years old (indicating 35 years of on and off homelessness) and 58 years old (indicating 37 years of on and off homelessness).

“On and off since 17.”

- Shared by a FQMD respondent who is 57 years old, indicating 40 years of on and off homelessness.

“Off and on since I was 19, but straight homeless for the last 5 years.”

- Shared by a FQMD respondent who is 38, indicating 14 years of on and off homelessness and 5 years of continuous homelessness.

“Off and on since back in my 30s.”

- Shared by a FQMD respondent who is 70, indicating 40 years of off and on homelessness.

“Straight since I was 17.”

- Shared by a FQMD respondent who is 34 years old, indicating 17 years of continuous homelessness.

“Straight since Katrina except for 4 years in a Unity apartment I lost.”

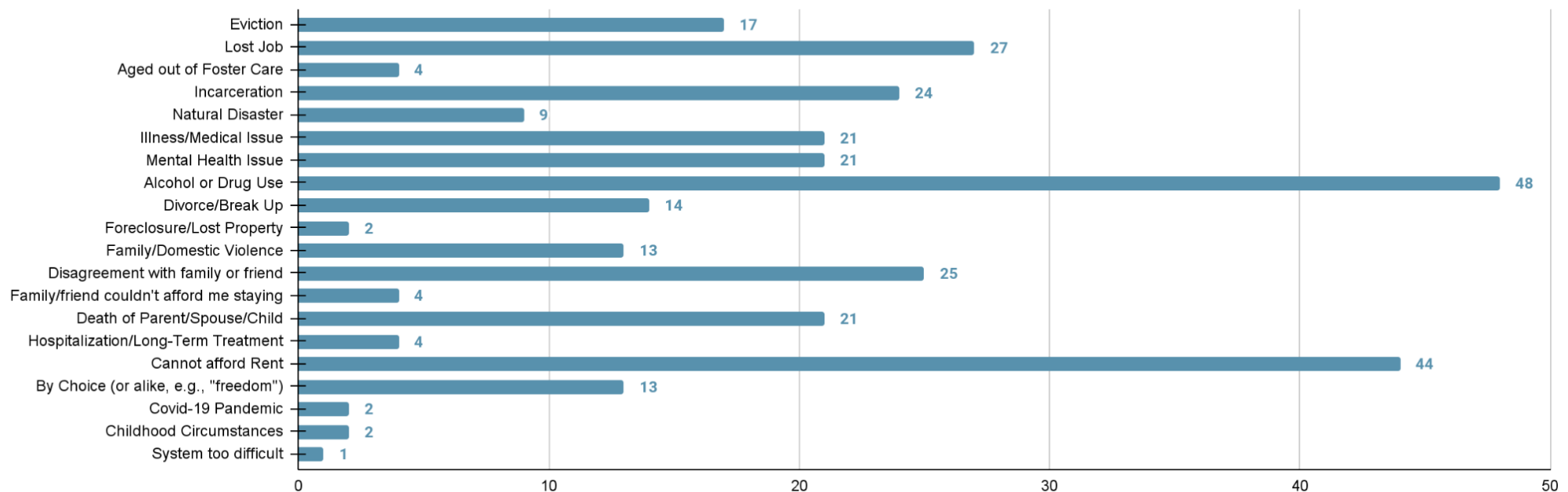
- Shared by a FQMD respondent who is 49 years old, indicating 12 years of literal homelessness.

Causes of Current Homelessness

112 respondents offered 316 responses as to what the causes of their current homelessness are, with the ability both to select all applicable responses from a list as well as to provide any number of causes of their own.

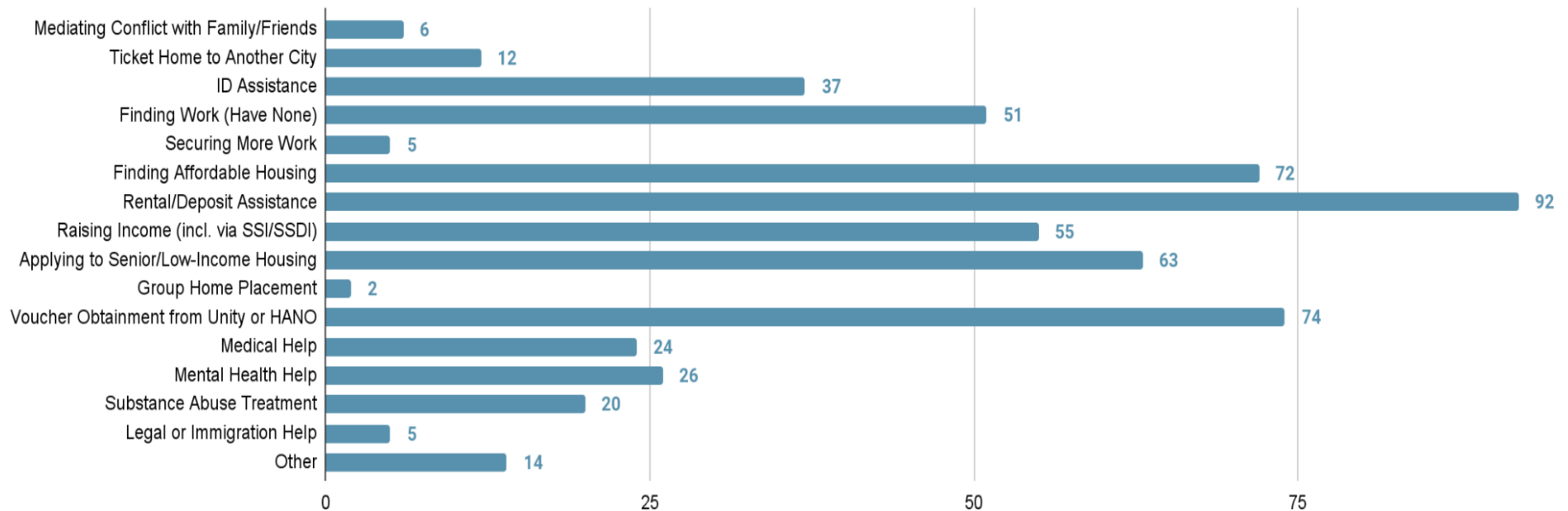
Of 112 respondents, 29.46% provided only one reason as being the primary cause of their current homelessness, while **70.53% of respondents provided at least two causes for their current homelessness, with some respondents providing as many as 9 causes. This emphasizes the complex and interconnected nature of experiences likely to lead to homelessness.** For instance, those who reported that eviction, job loss, or the inability to afford rent were causes of their homelessness more often than not reported at least 2 of these 3 causes in conjunction with each other.

Causes of Current Homelessness (N = 112* respondents providing 316 responses)



Interventions Useful in Ending Current Homelessness

Interventions Useful to End Current Homelessness (N = 107* individuals providing 558 responses)



107 respondents provided 558 responses to the question of what services or interventions could be most useful to them in ending their current periods of homelessness, with the ability both to select all applicable responses from a pre-formulated list as well as to provide any number of causes of their own.

→ **303 of the 558 (54.30%) potential interventions named as the most useful by surveyed individuals seeking to end their current homelessness involve the direct provision of or connection to housing:** provision of rental and/or deposit assistance (payment to cover the cost of one's rent or security deposit) (92); assistance in obtaining a housing voucher from Unity of Greater New Orleans (the local lead agency for the Continuum of Care of homeless service agencies) or from Section 8 to permanently subsidize one's rent (74), help finding affordable housing (72), help applying to senior or low-income housing (63), and placement assistance into a group home (2).

This does not represent a significant departure from the smaller FMC area respondent sample, where 51.98% of potential interventions named as the most useful in ending someone's current homelessness involved the direct provision of or connection to housing (+1.32%).

The next most frequently cited types of assistance were related to increasing income: help finding work (51), help securing more or better paying work (5), and help increasing income by other means (including by applying to Social Security benefits) (55). Cumulatively, responses about various means of increasing income represent 19.89% of all responses about which interventions would be most useful to respondents in ending their current homelessness.

Notably, what individuals cite as the causes of their homelessness and what individuals would find most useful in ending their homelessness align in some, but not all, places.

For instance, while “alcohol or drug use” was the most cited single contributor to individuals' experiences of homelessness in the previous question (48 times out of 316), substance abuse treatment was cited as the 10th most helpful potential intervention to ending respondents' homelessness, cited just 20 out of 558 times as a useful intervention to ending individuals' homelessness, representing just 3.58% of responses to this question, a lesser rate than those at which mental health and medical help were cited (4.65% and 4.30%, respectively).

This means that substance abuse treatment was cited as a useful intervention to ending someone's homelessness at one-fifteenth the rate at which direct provision of or connections to housing were cited. Thus, while substance abuse is frequently self-reported as a contributor to the experiences of homelessness had by unhoused individuals in the French Quarter, substance abuse treatment is not viewed by these individuals as a primary pathway to ending their homelessness.

This information can also be understood situated in research that outlines the many difficult realities that individuals experiencing homelessness face around substance abuse treatment: (1) major obstacles in accessing treatment from the streets, (2) challenges in maintaining sobriety upon exiting treatment when no housing options exist and thus having to return to settings in which substance abuse may be common, (3) the frequency with which homelessness can actually lead to or significantly worsen addiction, and (4) the greater efficiency and effectiveness in programs, like permanent supportive housing, that offer substance abuse treatment, among other supportive services, to individuals once they are already stably housed and thus are able to give treatment its needed time and energy because their survival needs have been met.¹³

¹³ <https://www.nationalhomeless.org/factsheets/addiction.pdf>

Experiences of and Exits from Various Housing Types

116 respondents provided information on their previous experiences of and exits from various housing types as adults - if they had lived in various types of housing as an adult, if they had left from those types of housing willingly or unwillingly (or both), and if they would return to those types of housing. Examples of the differences between leaving housing willingly and unwillingly were offered to respondents. Examples of leaving housing willingly included scenarios like moving out due to preference for a different location or frustration with the landlord - any situation initiated by the respondent and not forced by an external party or pressure. Examples of leaving housing unwillingly included eviction (formal or informal), loss of home due to a natural disaster, property loss through foreclosure, or being asked to leave by a family member or friend.

18 of 116, or 15.51% of, respondents reported never having lived in any of the nine housing types identified in the chart on page 29 as an adult, several of whom were respondents who had reported first experiencing homelessness prior to turning 18 (N=116*).

Notably, even when respondents reported having left a type of housing willingly, they still often reported being willing to return to that type of housing. For instance, even though 65.78% of respondents who reported having lived in situations where they rented without financial subsidy or case management support reported having left those situations willingly, 80.26% of individuals who had lived in such situations reported that they would return to the same type of housing if it were available to them. Similarly, 71.42% of individuals who reported living in single room occupancy (SRO) settings stated they left such settings willingly, but 53.57% of individuals who had lived in those settings would be willing to return to the same type of housing if it were available to them.

Having left types of housing willingly and unwillingly were not mutually exclusive experiences among respondents. 4.31% of respondents reported having left the same housing type both willingly and unwillingly at different times, and 26.72% of respondents reported having left various housing types both willingly and unwillingly throughout their lives.

Notably, those who reported having ever left housing types unwillingly in the past were more likely to repeatedly experience unwilling departures, or to experience them to a greater extent than they experienced willing departures from housing.

That is, while 1.59 times as many instances of leaving housing willingly were reported than instances of leaving housing unwillingly (150 willing instances compared to 94 unwilling instances) by all respondents, those respondents who reported any instance of ever leaving housing unwillingly did so at a rate of 2.11 times that at which they left housing willingly.

One notable example of this is that of a respondent who stated they had lived in five different housing types and left all unwillingly but who had never lived in any housing type from which they'd left willingly - similarly, two other individuals reported they had left four different housing types unwillingly but had never left any housing type willingly, and two additional individuals reported they had left three different housing types unwillingly but had never left any housing type willingly.

47 of the 55 (85.45%) individuals who reported ever leaving any housing type unwillingly also reported having been homeless for more than two years in their lives, which is a proportion more than 5% greater than is displayed in the surveyed population as a whole. This indicates that the experience of leaving housing unwillingly at any point is likely linked to somewhat longer lifetime experiences of homelessness among the population surveyed.

Also notable is that the rate of willingness to return is lowest among settings likely to have a more congregate structure: group homes (26.92% willing to return) and living in a family home as an adult (30.64%). This indicates that the surveyed population generally may have had experiences in these settings that have made them less willing to return.

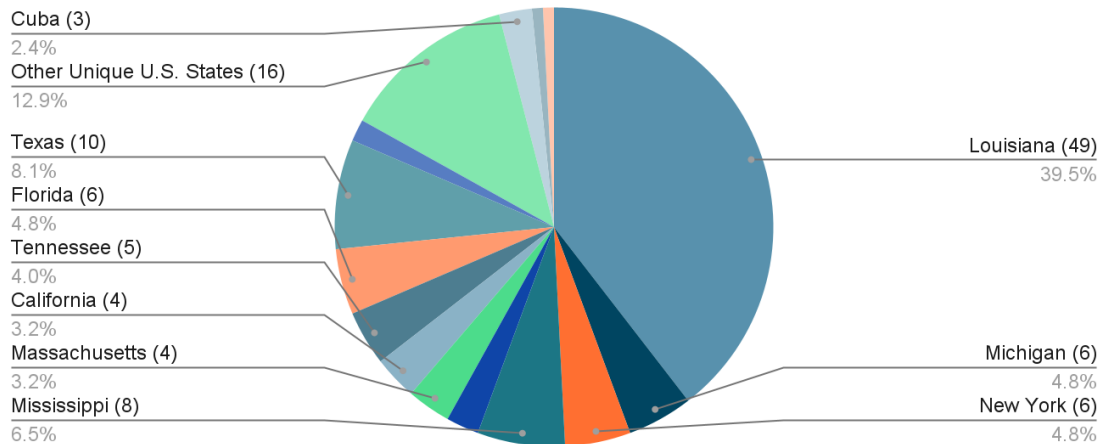
Experiences of and Exits from Various Types of Housing (N = 116*)

	Renter with no financial help and no case management help	Renter with voucher (financial subsidy) and case manager help (PSH, Unity)	Renter with financial subsidy ONLY (e.g., Section 8, low income complex) - no case manager	Sole or partial home owner	Living in family home as adult	Group home	Nursing home	Senior Housing	Single Room Occupancy (SRO)
Have Lived (% = x/116)	76: 65.51%	19: 16.37%	8: 6.89%	19: 16.37%	62: 53.44 %	26: 22.41 %	1: 0.86%	1: 0.86%	28: 24.13%
Left Willingly (% of those who have lived there)	50: 65.78%	6: 31.57%	5: 62.5%	8: 42.10%	44: 70.96 %	16: 61.53 %	1: 100%	0: 0%	20: 71.42%
Left Unwillingly (% of those who have lived there)	28: 36.84%	14: 73.68%	6: 75%	10: 52.63%	19: 30.64 %	9: 34.61 %	0: 0%	1: 100%	7: 25%
Would Return (% of those who have lived there)	61: 80.26%	13: 68.42%	5: 62.5%	15: 78.94%	19: 30.64 %	7: 26.92 %	1: 100%	1: 100%	15: 53.57%
Open to It (% of those in sample who responded to this question in the FQMD and who have not lived there - asked only of those not in FMC)	16: 40%	44: 45.36%	51: 47.22%	38: 39.17%	3: 5.5%	13: 50%	2: 1.73%	14: 12.17%	34: 38.63%

Geographies of Displacement

Birthplaces of Respondents

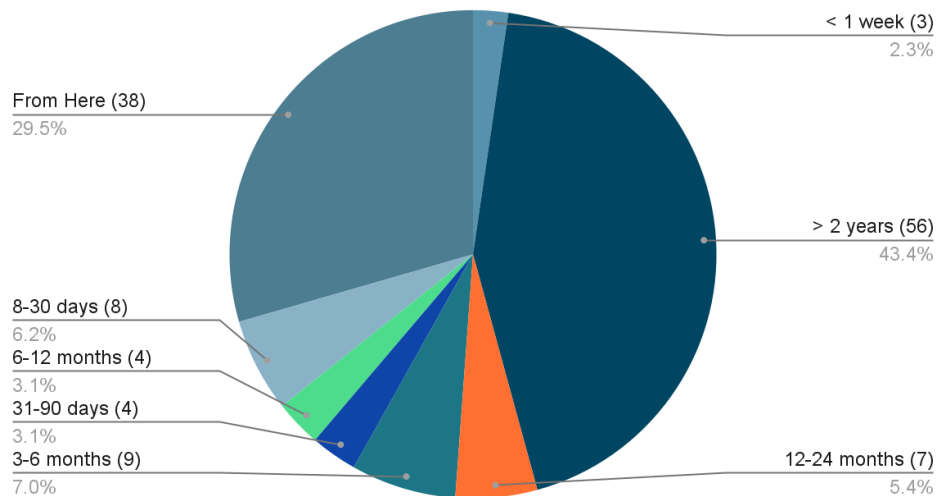
Birthplace of Respondents (N=126*)



→ **38.88% of respondents reported being born in Louisiana and 71.42% of those 49 individuals were born in New Orleans or the GNO Area** (N = 126*).

Time Spent in New Orleans

Length of time spent in New Orleans (N=129*)



→ **72.86% of individuals surveyed reported having been in New Orleans for at least two years (including those from New Orleans)** (N = 129*). This is not a significant departure from the smaller FMC sample, where 73.68% of individuals reported having been in New Orleans for at least two years (including those from New Orleans).

Reasons for Coming to New Orleans

Of the 91 individuals not born in the GNO region, 75 provided brief explanations for their relocation to New Orleans. The vast spectrum of responses indicates the complex and unique factors that have caused individuals who are living outside in the French Quarter to have relocated to New Orleans if they are not from here:

34 reported being motivated by family or personal reasons (or crises):

- *"Fiancé died and I lost my house."*
- *"Friends"*
- *"My brother was shot, my mother died, my step-father died, and my father died. My mother and father were from New Orleans."*
- *"I was born in Florida, but raised in New Orleans."*
- *"[My] wife dropped me off."*
- *"I moved here with my mother as a child."*
- *"I am getting away from an abusive boyfriend." (Respondent 6 months pregnant)*
- *"My friend"*
- *"I was looking for my little sister."*
- *"My parents passed away and I decided to come to New Orleans because my brother was living here."*
- *"I was stabbed by a family member."*
- *"I came here after leaving foster care."*
- *"Running away from home."*
- *"My parents in [redacted LA city] kicked me out when I relapsed after leaving jail."*
- *[Had to relocate after] "a suicide attempt"*
- *"Trying to get away from heroin in [redacted AL city]."*
- *"Baby mama asked me to come back."*
- *"Broke up with my girlfriend and came here."*
- *"Came to see my sister."*
- *"Family died, so I had to leave [redacted MI city]."*
- *"My mother moved here when she was 17."*
- *"I moved here with my parents when I was 3 years old."*
- *"Moved here when I was a baby."*
- *"My wife died and I didn't know what to do, so I came to NOLA."*
- *"Been here off and on my whole life. Moved here when I was a kid."*
- *"My cousins live down here."*
- *"My friends are here." (2)*
- *"Hurricane Laura." (2)*
- *"I had to get away from [redacted MS city]."*
- *"I was released from prison in [redacted LA city]."*
- *"I got into it with someone back home."*
- *Divorce."*
- *"Came here to stay at a halfway house."*
- *"I came to help a friend get home."*

27 reported reasons related to travel or personal preference:

- *“Wanting to have fun.”*
- *“It was getting colder in California where I was living before winter.”*
- *“[I] wanted to go to Mardi Gras.”*
- *“Travelling”*
- *“Helping the people.”*
- *“[I had] never been before.”*
- *“I came riding freight trains. I get along with people here.”*
- *“My whole crew is here. I love the Quarter.”*
- *“Travelling and marriage”*
- *“[I was] tired of living in the country.”*
- *“I rode my bike here from [redacted FL city].”*
- *“I needed a change of environment away from the country.”*
- *“Got tired of Florida.”*
- *“After Katrina, I came here to help the city.”*
- *“Music”*
- *“Place I could be new.”*
- *“Riding freight trains”*
- *“Rode a bike.”*
- *“I came to party.”*
- *“I come and go from here.”*
- *“I love New Orleans.”*
- *“Mardi Gras”*
- *“This is my adopted home.”*
- *“I was trying to get addicted to drugs.”*
- *“I always wanted to experience the city.”*
- *“I always wanted to live here after visiting in 2016.”*
- *“I came here on vacation when I was 17 and moved down.”*

6 reported reasons related to employment:

- *“Lack of job”*
- *“Work”*
- *“[I] came here after my job in [redacted MS city] ended.”*
- *“I do my artwork here.”*
- *“Used to play in a band down here.”*
- *“I had work gutting houses after Katrina.”*

4 reported reasons related to medical or legal needs:

- *“Getting away from legal charges”*
- *“The DA in Mississippi told me to go back to New Orleans.”*
- *“Came for LSU Dental School and legal business”*
- *“The government.”*

4 reported reasons related to logistic problems or uncertainty:

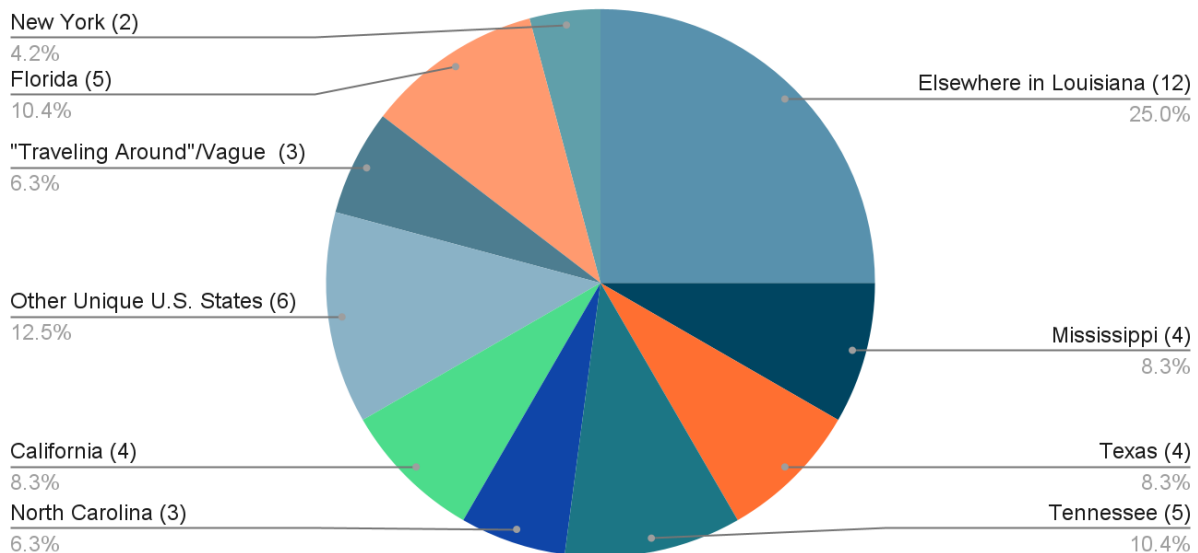
- *“No idea. Only enough money to get to NOLA from [redacted TX city.]”*
- *“No other options”*
- *“Just passing through, but it turned into a longer stay.”*
- *“I was traveling and got stuck.”*

Geographic Origins of Homelessness

→ Of the 91 individuals not from the GNO region, 75 provided information on whether they were homeless prior to arriving in New Orleans: **68% were homeless prior to coming to New Orleans, while 29.33% became homeless only after coming to New Orleans** (the remaining 2.66% of respondents to this question did not consider themselves to be currently homeless but did report sleeping on the streets the previous night) (N=75*).

Of the 51 individuals who reported both not being from New Orleans and not being homeless prior to arriving in New Orleans, 48 provided information on where they were living when they became homeless:

Where respondents became homeless if not in New Orleans (N=48*)



→ The **most frequently cited location for becoming homeless if not in New Orleans was elsewhere in Louisiana, which was cited by 25% of respondents**, followed by a somewhat equal distribution among other southern states (Texas, Tennessee, North Carolina, Florida, and Mississippi - cumulatively accounting for 43.75% of responses) and California (accounting for 8.33% of responses).

Connections to the French Quarter

125 respondents provided information about what draws them to stay in or spend time in the French Quarter. Their responses are included below:

34 individuals provided responses that indicated respondents primarily had personal and community connections to the area:

- *"I have a lot of friends here"*
- *"It's familiar, I know people in the area"*
- *"Family" (2)*
- *"Family and friends"*
- *"Family connections"*
- *"My Friends" (4)*
- *"I am looking for my sister, who is supposed to live and work in the Quarter."*
- *"It's home"*
- *"It's more me"*
- *"Know everybody around here"*
- *"People staying outside are my community."*
- *"My people and my friends"*
- *"The people"*
- *"It's what I'm familiar with."*
- *"Where my people are"*
- *"Where my family is"*
- *"More people out here, both tourists and people I know."*
- *"New Orleans is my home."*
- *"Because I came here broken, and I got relief getting lost in someone else's pain."*
- *"The people"*
- *"This is my house"*
- *"This is where I was when I first came here, so I know the area."*
- *"With my friends."*
- *"I can enjoy myself with my friends."*
- *"All my friends are here even though I have an apartment in Gentilly."*
- *"I'm around the people I know."*
- *"This is where I like."*
- *"My people and my church are here."*
- *"I don't like being alone. I know a lot of good people out here."*
- *"My family and friends"*

18 individuals provided responses that indicated respondents primarily had logistic reasons for staying in the area, such as getting their needs met:

- *"Availability of resources"*
- *"Easier to get my needs met. Used to be on Calliope."*
- *"More people willing to help in the Quarter."*
- *"It's easy. Crescent Park and the Bywater"*
- *"To do my volunteer work."*
- *"Easy to make money here"*
- *"I have a part-time job."*
- *"This is where I make money."*
- *"This is where I make my money."*
- *"More resources here."*
- *"Money"*

- “Money’s here. Women. Can feed yourself easily here.”
- “I promote and perform music here.”
- “I can get a job anywhere in the Quarter.”
- “Food” (2)
- “I play music for cash.”

47 individuals provided responses that indicated respondents primarily had reasons for staying in the area related to the lifestyle, culture, environment, or feel of the French Quarter:

- “Alcohol”
- “All the different people. New day - new people.”
- “All the people”
- “Eventful place to be”
- “Homeless people are friendly. Lots of people.”
- “Having a group of people in the same situation makes me feel comfortable.”
- “I can drink for free and meet new people.”
- “Music” (2)
- “Music and people”
- “Music, people, tourists. Relaxing.”
- “People and liveliness, easy to find drinks laying around”
- “People are nicer”
- “It’s a hub for the travelling community. Able to have a lot of fun.”
- “Just walked up here. It’s pretty.”
- “Less gangster attitude in the community here. It’s the ‘stick together thing.’”
- “Love the craziness and music”
- “Peaceful by the river”
- “You can drink wherever”
- “Stimulation”
- “It’s always alive and inspirational.”
- “It’s beautiful.”
- “Love drinking. Love the people.”
- “More partying atmosphere”
- “It’s open. You can meet and see people. A lot of people are around.”
- “It’s quiet and I can rest.”
- “It’s shady and there are places to sit.”
- “I like the atmosphere and tourists keep things friendly.”
- “I like the entertainment.”
- “I love the French Quarter.”
- “Art, music, architecture”
- “Cool and good spot”
- “Quiet, peaceful place”
- “Safe haven with less violence”
- “The beauty, social interactions, the hustle, the entertainment and music.”
- “The cameras and businesses make me feel safer.”
- “The magic of this place.”
- “You can be free here and can talk to people.”
- “It’s nice and quiet, safer than other neighborhoods.”
- “It’s more peaceful. Security and the NOPD don’t harass people as much.”
- “The free spirit occupies my mind.”

- *"I feel safer here. Can just chill."*
- *"Music and Art"*
- *"The park"*
- *"I like to walk around"*
- *"The stigma"*

19 individuals provided responses that crossed two or more of these three categories of reasons (personal attachments, lifestyle and culture, and logistics):

Logistic and Lifestyle:

- *"Money, people, music, leftovers"*
- *"Food availability, transportation, safety, culture, work, acceptance"*
- *It's exciting, and I can do my art here."*
- *"I can take care of myself with my art. Commotion takes my mind off things."*
- *"Freedom, free stuff, and knowing that you won't be judged."*

Logistic and Personal:

- *"I panhandle down the street and know folks in the area."*
- *"Know people and where to get free food"*
- *"It's easier to get drinks out here, my friends are here."*
- *"I sell water here and my friends are here."*
- *"People take care of the homeless people out here. Family is here."*
- *"I can put smiles on people's faces... I find stuff and get donations here."*
- *"I have a lot of fun down here, and the people don't mess with me"*
- *"I have a lot of friends in the Quarter, and the tourists are generous."*
- *"This is the safest place to sleep. My friends are here."*

Lifestyle and Personal:

- *"Like the people, my friends, and the music"*
- *"The people I know are here. I like the spirit of the Quarter."*
- *"My friends, bars, I can drink everywhere. It's peaceful. I like sitting by the river."*
- *"More people here. Girlfriend is here. Friends are here. Stuff to do."*

Logistic, Lifestyle, and Personal Reasons:

- *"I stay in the park next to the French Market because of music and the interactions I have with people. Feels familiar. I know everyone, I like to be outside, I feel a sense of security."*

7 respondents shared responses indicating they actually do not have any specific reason for being in the French Quarter nor much of a sense of personal attachment to it:

- *"I don't like New Orleans."*
- *"It's no better, no worse than any other areas."*
- *"I have nowhere else to go."*
- *"No good reason. Just happen to be here at the moment."*
- *"No particular reason."*
- *"It's busy. I'd rather not be here."*
- *"I want to go back to Mississippi."*

→ Notably, respondents' explanations of what draws them to spend time in the French Quarter are diverse. Additionally, respondents have diverse interpretations of various facets of the French Quarter - for instance, while some are attracted to the liveliness of the French Quarter, others find the French Quarter an especially quiet, calm, or safe place.

Realities of Medical Conditions, Mental Health, and Substance Use

Prevalence of Disabling Conditions and Disabilities

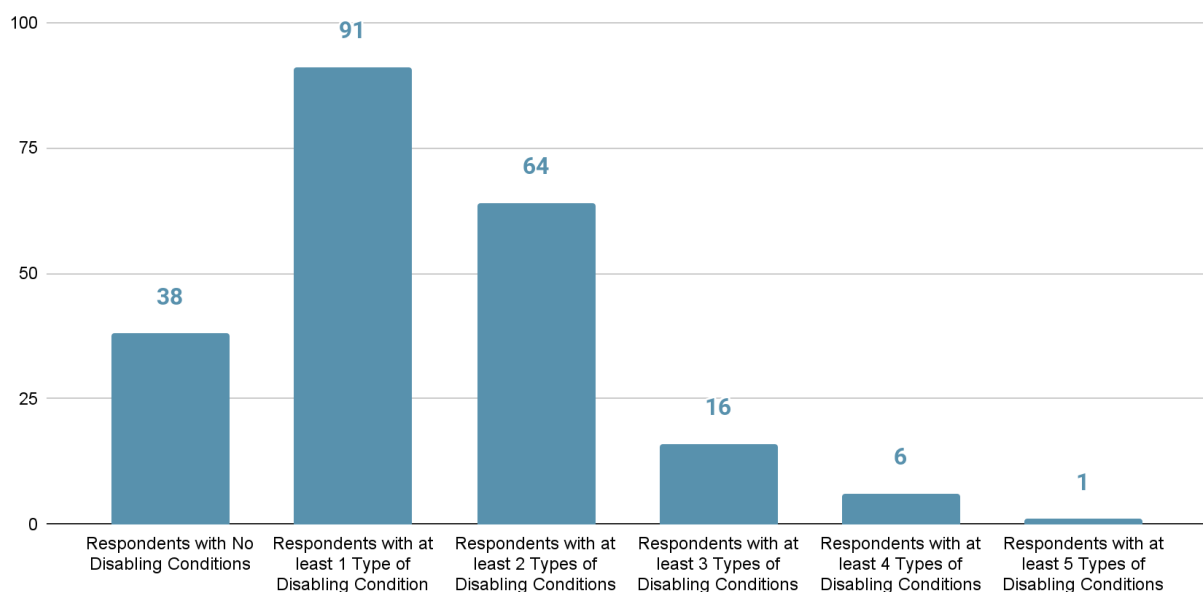
In acknowledgement of the multiple kinds of disabling conditions that exist and the unique attention various kinds of conditions require, respondents were asked about each of the following types of conditions separately: physical disabilities, chronic health conditions, mental health conditions, autoimmune conditions, traumatic brain injuries, and cognitive or developmental conditions.

Each type of disabling condition one may experience is likely to require unique treatments, different treatment professionals, and different treatment centers. For instance, while someone can likely get their depression and anxiety treated in the same place, someone with depression and diabetes may need to go to two different providers entirely, who may work for different healthcare agencies and thus are located and managed differently.

Thus, data on disabling conditions was initially sorted by the prevalence of multiple types of conditions in individual respondents. As seen in the chart below, while 29.45% of respondents reported having no disabling conditions of any kind, **70.54% of respondents reported having at least one type of disabling condition** (N = 129*).

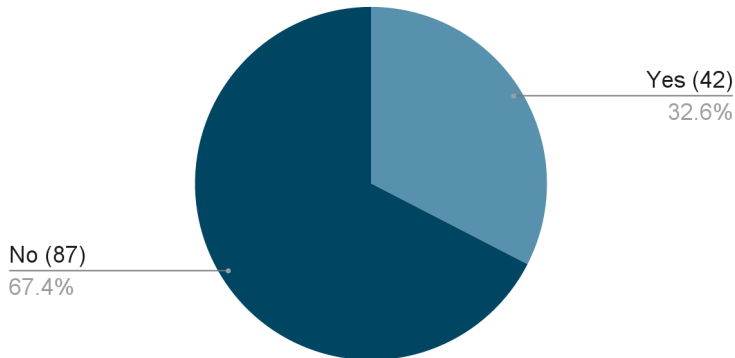
As will be discussed below, many respondents also reported having multiple disabilities of the same type(s), such as having two mental health conditions or two mobility impairments. Along these lines, **50.38% of respondents have at least two disabling conditions**.

Prevalence of Multiple Types (among Physical Disabilities, Chronic Health Conditions, Mental Health Conditions, Autoimmune Conditions, Developmental and Cognitive Conditions, and Traumatic Brain Injuries) of Disabling Conditions in Individual Respondents (N= 129*)



Physically Disabling Conditions and Physical Disabilities

Have you been diagnosed with any physical disabilities?
(N=129*)



Physically disabling conditions and physical disabilities include conditions affecting the physical body, its capacity for mobility and movement, and the five senses (vision, taste, hearing, touch, and smell).

→ **32.55% of respondents reported they had been diagnosed with physical disabilities** and 67.44% reported they had not (N=129).

Chronic Health Conditions

Chronic health conditions include long-term medical conditions, often related to one's internal functioning, such as diabetes, cancer, and other heart, lung, kidney, and liver conditions.

→ **44.96% of respondents reported they had been diagnosed with chronic health conditions**, while 55.03% reported they had not (N=129*).

Autoimmune Conditions

Autoimmune conditions include conditions that affect the immune system in such a way that the body's immune system attacks healthy cells. Such conditions include rheumatoid arthritis, lupus, multiple sclerosis, human immunodeficiency virus (HIV), and others.

→ **4.65% of respondents reported being diagnosed with autoimmune conditions**, while 96.12% reported not having been diagnosed with any such conditions (N=129*).

Developmental and Cognitive Conditions

Developmental and cognitive conditions include those that may onset in the developmental period and/or that affect intellectual functions such as memory and learning. Examples of such conditions are attention deficit disorder, Down syndrome, and intellectual disabilities.

→ **12.40% of respondents reported having developmental or cognitive conditions, while 87.59% reported not having any such conditions** (N=129*).

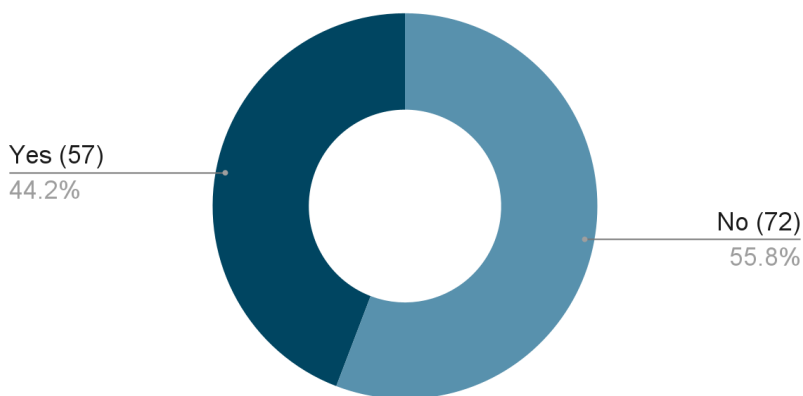
Traumatic Brain Injuries

Traumatic Brain Injuries (TBIs) are interruptions to typical brain functioning that can be caused by an injury to the head that may damage the skull and/or the brain. Some traumatic brain injuries result in shorter-term symptoms such as dizziness, confusion, temporary memory loss, and blurred vision, while other, more severe, TBIs can permanently alter brain functioning and affect memory, mood, and behaviors for the long-term.

→ **20.93% of respondents reported having experienced TBIs at some point in their lives**, while 79.06% reported never having experienced TBIs (N=129*). This proportion of 20.93% of respondents reporting that they have experienced TBIs indicates a much higher rate of TBIs among individuals living outside in the French Quarter than exists in the general population of the United States, where TBI incidence is estimated to be about 1.3%.¹⁴ That is, **the rate of TBIs reported in the unhoused population in the French Quarter is 16 times greater than the rate of TBIs reported in the U.S. general population**. This echoes existing research that TBIs have a high incidence among individuals who are experiencing homelessness in the United States, which is linked to both the ways in which lowered functioning due to TBIs may cause or contribute to homelessness and the ways in which individuals living outside are at greater risk for sustaining TBIs due to lack of shelter and exposure to violence and traffic.¹⁵

Mental Health and Psychiatric Conditions

Respondents diagnosed with mental health and/or psychiatric conditions (N = 129*)



Mental health and psychiatric conditions include those affecting mood, thinking, and behavior, such as depression, obsessive compulsive disorder, and schizophrenia.

→ **44.18% of respondents reported that they had been diagnosed with mental health conditions**, while 55.81% reported they had not (N=129*).

Of those 57 respondents who stated they had been diagnosed with a mental health condition, there were 26 mentions of bipolar disorder (also known as manic depression); 19 mentions of schizophrenia and related disorders; and 10 mentions of depression. **27 of these 57 respondents with mental health conditions (47.36%) listed more than one mental health diagnosis in their response**.

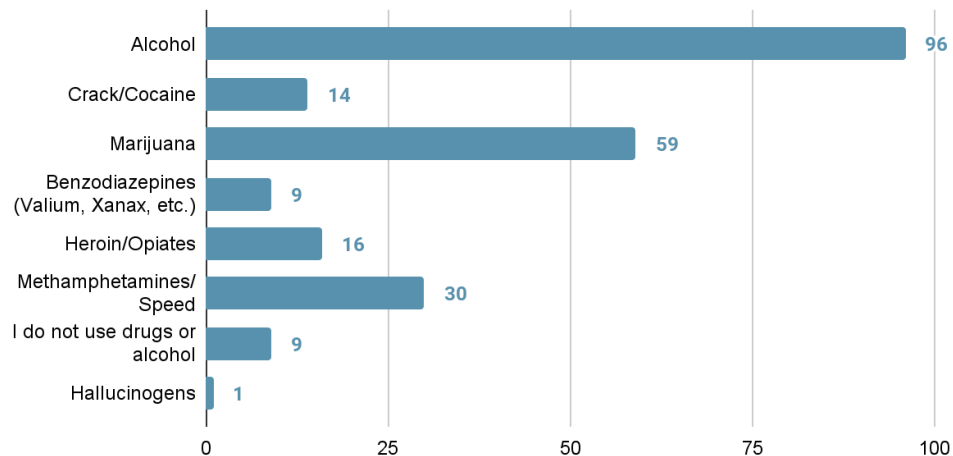
¹⁴[https://thejns.org/configurable/content/journals\\$002fj-neurosurg\\$002f130\\$002f4\\$002farticle-p1080.xml?t:ac=journal_s%24002fj-neurosurg%24002f130%24002f4%24002farticle-p1080.xml](https://thejns.org/configurable/content/journals$002fj-neurosurg$002f130$002f4$002farticle-p1080.xml?t:ac=journal_s%24002fj-neurosurg%24002f130%24002f4%24002farticle-p1080.xml)

¹⁵ <https://www.thelancet.com/action/showPdf?pii=S2468-2667%2819%2930188-4>

Substance Use by Drug of Choice

→ 93.02% of respondents reported using some form of alcohol or drugs currently (N=129*). 61 of the 120 respondents (50.83%) who did report using some form of alcohol or drugs reported more than one substance that they were actively using, indicating that about half of individuals living outside in the French Quarter who are actively using substances are polysubstance users.

Substances Used by Respondents (N = 129 respondents providing 234 responses*)

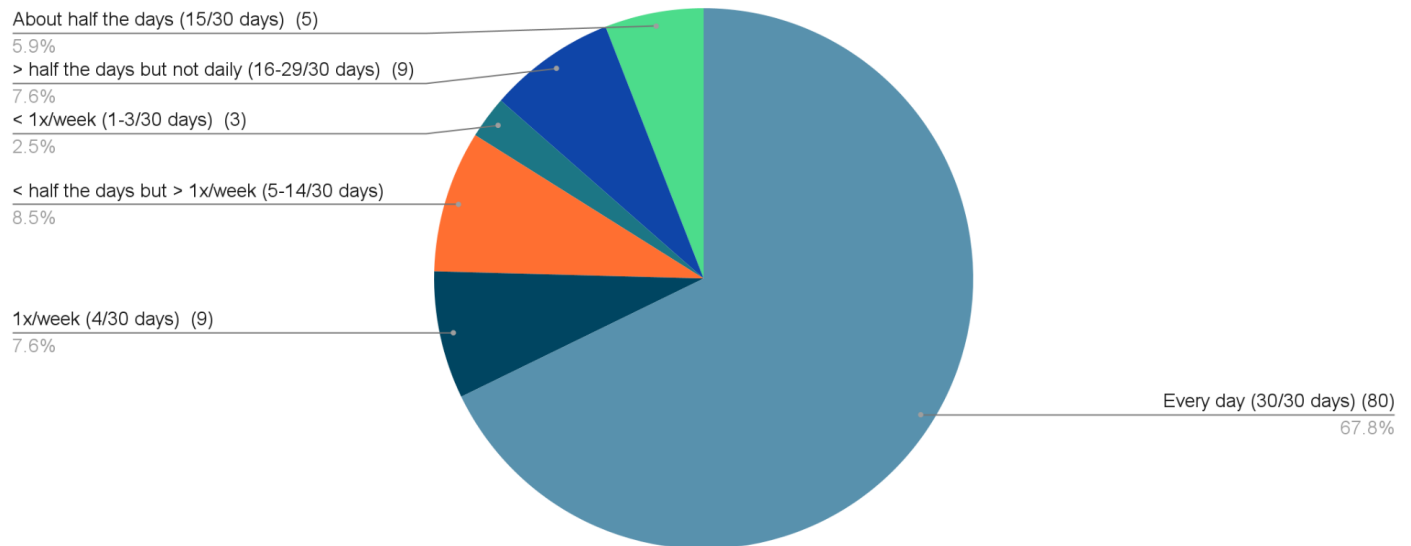


→ 85% of the 120 respondents who reported using some substance within the past 30 days specifically reported using alcohol, benzodiazepines, and/or heroin or other opiates, all substances that can require professional, medical detox assistance due to the potential ill effects of attempting to spontaneously stop using the substance.

Depending on the levels one normally consumes, such ill effects can include severe illness and, in some cases, death. Risk of serious ill effects are highest among individuals with significant daily intake, especially of alcohol, who may also have other underlying medical conditions (which above data shows many individuals living outside in the French Quarter do).

Substance Use by Frequency of Use

Frequency of Substance Use within past 30 days (N = 118*)



Among the 120 individuals who did report using drugs or alcohol within the past 30 days, 118 provided information on their frequency of use: 80 of 118 (67.79%) reported using substances every day during the past 30 days.

Enrollment in Primary Care vs. Emergency Service Utilization

→ Despite the high rates of disabilities in the population of individuals living outside in the French Quarter reported above, **31.40% of respondents reported having a primary care physician or clinic** (N=121*).

→ **Of the 91 individuals who reported having at least one disabling condition, 27.47% reported not having been advised any treatments nor prescribed any medications to assist with managing those conditions.**

→ Among these 25 individuals who had been diagnosed with disabling conditions but had not been prescribed or advised any treatment, 92% were not connected to any primary care. These 25 individuals reported 67 cumulative hospital visits in the past six months.

→ 45.96% of respondents reported they had been to the hospital via the emergency room at least once in the last six months, which represents one and a half times the number of respondents as are enrolled in any form of primary care (N=124*).

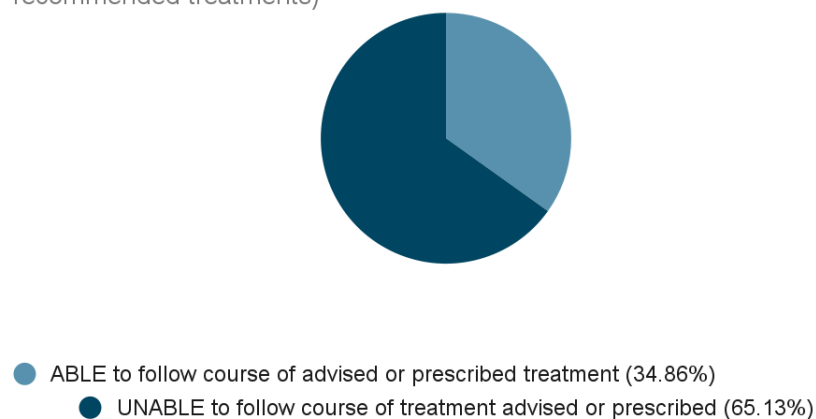
→ The 57 respondents (45.96%) who had been to the hospital at least once in the past 6 months reported a cumulative 327 trips to the hospital via the emergency room over 253 ambulance rides. The average number of hospital visits via the emergency room in the past 6 months was 2.63 visits across all 124 respondents within the French Quarter who answered this question, while the average was 5.94 hospital visits in the past 6 months across the 57 respondents who actually went to the hospital via the emergency room at least once.

The average number of ambulance rides taken in the past 6 months among all 124 respondents to this question was 2.04 rides, while the average among the 34 respondents who actually took at least 1 ambulance ride was 7.44 rides in the past 6 months.

Ability to Follow Through with Prescribed and Advised Care

Individuals who stated they had any disabling conditions of any type were also asked about the treatments, medications, and supplies they had been prescribed or advised to utilize and their ability to actually utilize these things as prescribed or advised - the overall rate of being able to follow advised treatment or take medications as prescribed was 34.86% across all health conditions among those living outside in the French Quarter, indicating a treatment follow-through rate of barely a third even by those who have connected to care sufficiently to receive recommendations about treatment.

Reported ability to follow prescribed or advised course of treatment for health conditions (N = 85* respondents providing information about 109 recommended treatments)



Identifying Obstacles to Care

Frequently cited obstacles to following through with treatments as prescribed included that the individual had lost contact with their provider (cited 20 times), that the treatment advised could not take place while the respondent lacked housing (cited 6 times), that the respondent could not follow through with their treatment due to lack of transportation (cited 3 times), that the respondent's medications or supplies had been lost or stolen (cited 14 times), that the cost of medications or treatments was cost prohibitive (cited 6 times), and that the respondent felt the negative side effects of medications or treatments made it so that they preferred not to take them (cited 20 times).

Needed Items and Treatments

Respondents were invited to share any specific medications or supplies they were without for any reason in addition to their responses about their ability to follow up with their care in general. 14 respondents elected to do so and shared the following unfulfilled needs:

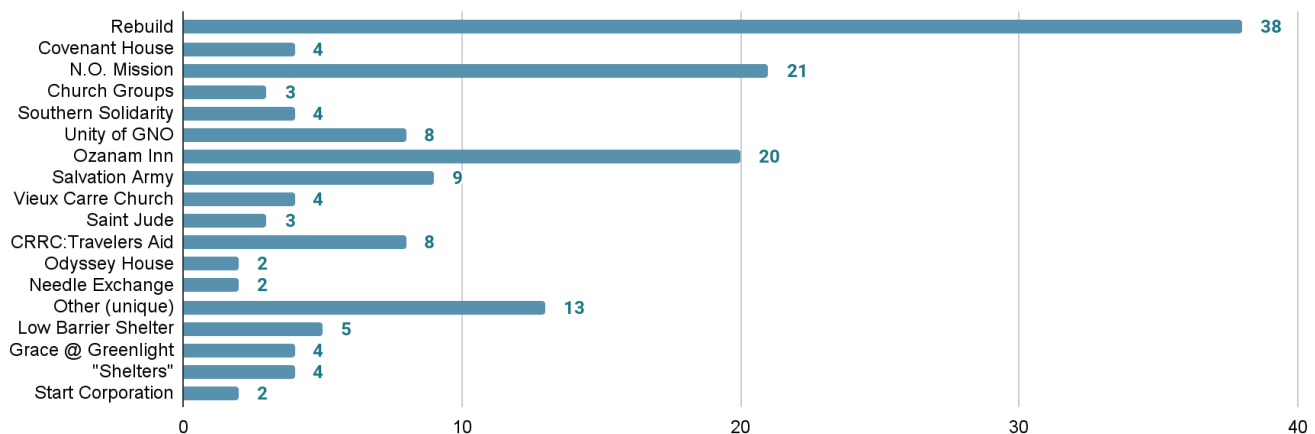
“Glasses” (named by 2 respondents), ***“inhaler,” “blood work labs,” “need prenatal care”*** (respondent 6 months pregnant), ***“Abilify for depression and suboxone,” “An ACT Team”*** (intensive mental health team), ***“a cane,” “I need staples taken out of my head,” “hip surgery,” “lung cancer treatment,” “Pain management doctor,” “I need bullets removed from my body,”*** and ***“I need AIDS treatment.”***

Meeting Basic Needs: Awareness and Current Utilization

Awareness of City Services

→ 74.77% of respondents reported being aware of any drop-in, case management, hygiene, shelter, and other social services in the city of New Orleans and 25.22% reported they were not aware of any such services in the city, indicating **just over one fourth of individuals living outside in the French Quarter may not have basic information about needed services** (N=111*). 84 respondents identified services with which they were familiar:

Services named as known by those who reported being familiar with local services (N = 84* respondents providing 154 responses)



2 respondents who had stated they were aware of local relevant services, when asked to name them, stated, ***"I can't remember any of them by name, really"*** and ***"I actually can't remember."***

Current Service Utilization to Meet Basic Needs (Hygiene, Clothing, Food)

Regarding actual use of services to meet daily needs, however, respondents did not report primarily using many of the above services with which they were familiar to meet their basic needs - they did so just slightly more than one third of the time.

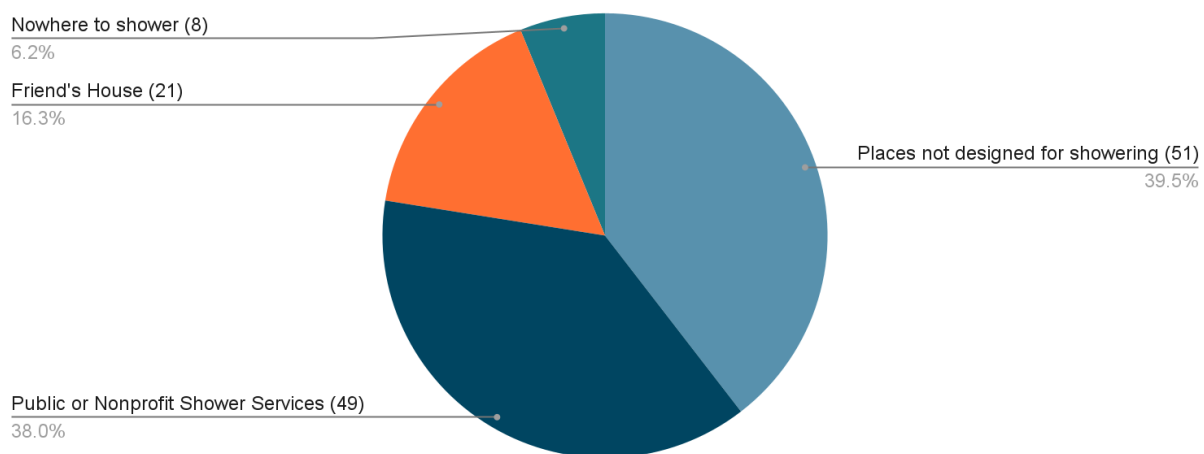
As seen in the chart below, **39.53% of the time, respondents wash up in places not designed for showering or attending to full personal daily hygiene routines**. Identified

locations included: public restrooms for “bird baths” or baby wipe baths (34), in the rain (2), in the Mississippi River (3), in parks (1), with hoses (2), in fountains (6), and “wherever” (3).

Next, respondents reported using public or nonprofit shower services 37.98% of the time: Rebuild (19), Vieux Carre (19) Ozanam Inn (2) Unspecified Shelters (2), The New Orleans Mission (1) The Community Resource and Referral Center(4) and Public Rec Centers (2).

Next, respondents reported using friends’ houses to shower 16.27% of the time. 6.20% of responses indicated the respondent had nowhere to shower, with one stating: “[I] haven’t showered in a year and a half.”

Typical Shower and Hygiene Locations Described by Respondents (N=107*
respondents providing 129 answers)



These responses show the divide between known services and utilized services. For instance, while 38 individuals reported being aware of The Rebuild Center, only 19 individuals (50% of those who reported being aware of its services) reported using its shower facilities to meet their hygiene needs.

Regarding bathroom use, only one single respondent out of 109 reported their primary bathroom location being at any nonprofit service (The Rebuild Center).

Instead, out of 109 respondents reporting 141 locations for primary bathroom use, public restrooms were the preferred location for restroom use 61.70% of the time. The next largest set of responses was an “if, then” response that if public restrooms were closed, then people would relieve themselves outside 14.89% of the time. Then, individuals reported using porta potties 9.21% of the time, followed by respondents who stated they primarily relieved themselves outside (7.09% of the time). Three non-duplicated responses

were also reported, with one individual reporting they primarily used bathrooms at The Rebuild, one reporting they used a toilet in a vacant building, and one individual with a significant condition limiting mobility reporting that: “[I go to the bathroom] on myself.”

Regarding doing laundry and obtaining clothing, 105 respondents provided 109 responses. Individuals reported using nonprofit laundry or clothing provision services 23.85% of the time, and paying to use laundromats or buy their own clothing 11.92% of the time, otherwise, 64.22% of the time, individuals report relying on donations from tourists and visiting advocacy and church groups, finding clothing on the streets or in the trash, or simply reporting they have been wearing the “same [clothes] since I got here” or that they have “one set of clothes.” or that they have “nothing at all.”

Regarding obtaining food, 108 respondents provided 141 responses. 42.55% of the time, respondents reported getting their food from handouts or donations from groups who come into the French Quarter to serve food or from individual residents, businesses, and visitors who donate food to them. Respondents reported traveling to nonprofit meal sites only 14.18% of the time, which is less often than respondents reported either buying their own food (19.14% of the time) or finding food in the trash or set out as leftovers (21.27% of the time). Three respondents stated they simply got their food “wherever” and one respondent said they “don’t get food.”

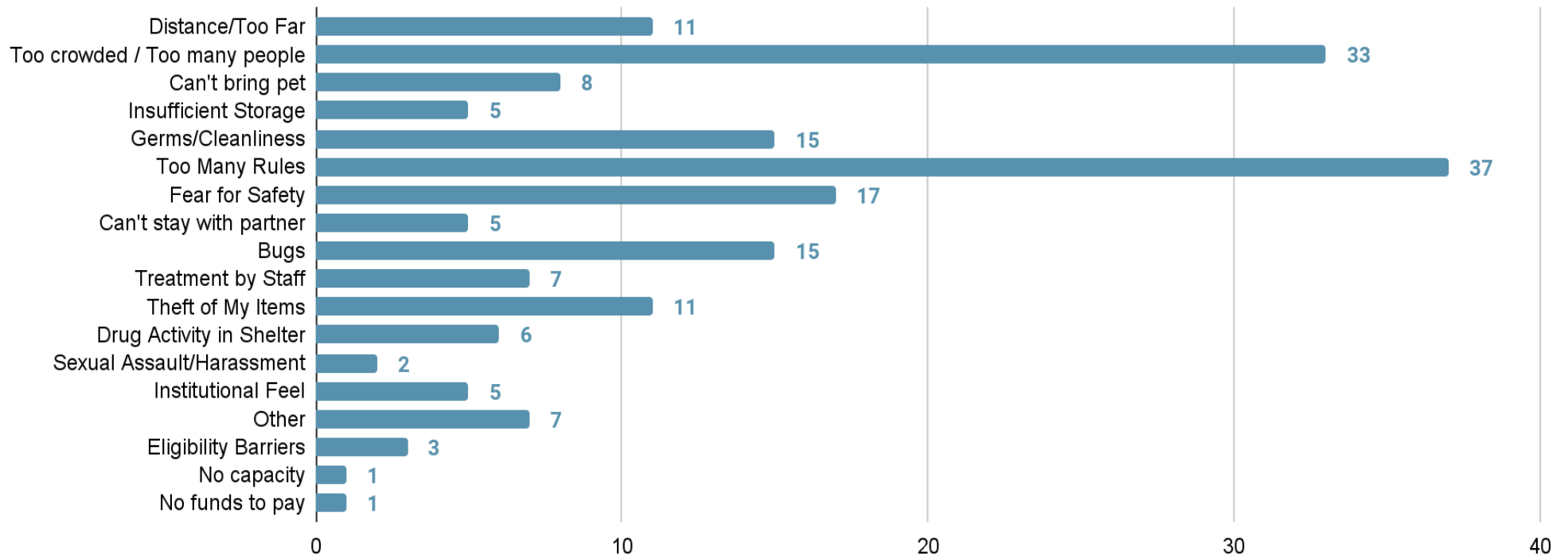
Current Utilization of Shelter

→ 86.23% of respondents reported not utilizing nighttime shelters (N=109*). Of the 15 (13.76% of respondents) individuals who stated they did utilize nighttime shelters, only one had slept in shelter the night prior to being surveyed. 95 respondents then provided 189 reasons for not utilizing nighttime shelters (including 2 respondents who stated they sometimes utilized shelters).

Notably, many of the reasons that shelters exist also seemed to be the goals of respondents in choosing their sleeping environments.

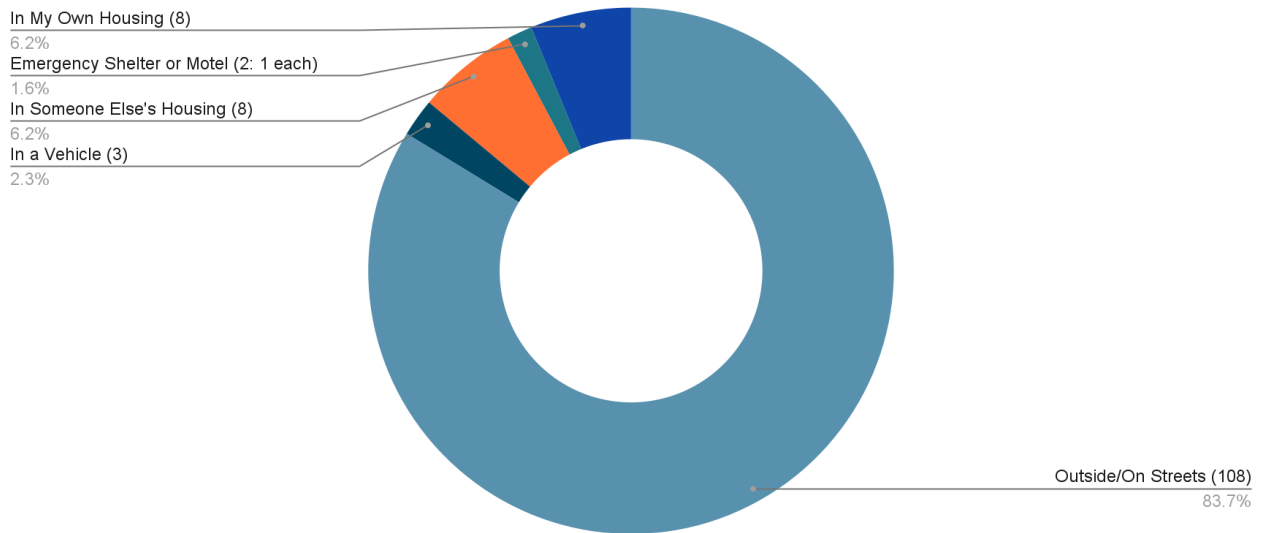
For instance, a shelter reasonably endeavors to provide safety (including from sexual assault or harassment), a clean environment (including from insects), and the security of its occupants’ personal belongings from theft. However, respondents’ perceptions that shelters did not provide these three things (safety, cleanliness - including from bugs, and security of belongings) constituted 31.74% of the reasons that respondents reported not utilizing shelters. In further comments to surveyors, respondents reported that getting only 7-21 nights of a guaranteed, free stay (which does not extend into daytime, meaning individuals still have to relocate with all their belongings every morning) was simply not worth the time, energy, and exposure to the negative realities of shelters detailed above that accessing shelter involved.

Reasons for Not Utilizing Nighttime Shelters (N=95* respondents providing 189 responses)



Sleeping Locations of Respondents

Sleeping Locations of Respondents Night Prior to being Surveyed (N=129*)



→ **The majority of respondents (83.72%) reported sleeping on the streets the night prior to the survey.** Specified locations ranged in type and in location, with responses including abandoned buildings, on the Mississippi River/The Moonwalk, adjacent to the French Market, in Jackson Square, in parking lots, on benches, in parks, and on sidewalks.

Notably, one respondent who reported having slept in their own housing the night before reported having been evicted that morning.

To determine the extent to which those who sleep and spend their days in the French Quarter area also spend time elsewhere, specific sleeping locations were examined as to whether they were within the French Quarter (considered equivalent to French Quarter Management District boundaries here) or not.

Among 69 respondents who provided sleeping locations specific enough to determine if they were inside or outside of the French Quarter, 27, or 39.13% reported sleeping outside of the French Quarter and 60.86% reported sleeping locations inside of the French Quarter.

This information indicates that **even individuals who may sleep outside in other parts of the city overnight come to spend time in the French Quarter during the daytime.**

Meeting Long Term Needs: Case Management and Social Services

Interaction with Outreach Services

→ Of 122 respondents, 30 (24.59%) reported having been visited by an outreach worker during their current period of homelessness while 92 (75.40%) reported they had not been visited by any outreach worker during their current period of homelessness.

Among those 30 individuals who had been visited by an outreach worker (one reported they were visited by more than one), 15 reported the outreach worker was from Unity of Greater New Orleans, 6 reported the outreach worker was from Travelers Aid Society of Greater New Orleans, 1 reported the outreach worker was from the Tulane Drop-In Center for Youth, 2 reported the outreach worker was from the Law Enforcement Assisted Diversion (LEAD) program, and 7 individuals could not recall from which agency the worker came.

Interactions with Case Managers or Social Workers to Discuss Goals

93 individuals reported the amount of times they had interacted with a case manager, social worker, or outreach worker to discuss long term goals such as housing and income in the past six months.

71 of 93, or 76.34% of individuals, reported they had not met with any case manager, social worker, or outreach worker any amount of times in the past 6 months. The average amount of interactions with a case manager, social worker, or outreach worker among the respondent population was 0.90 times in the past 6 months (N=93*).

Engagement with Housing Providers

→ Of 104 individuals who identified both as homeless and actively seeking housing, 85, or 81.73%, reported that they currently were not connected to nor working with any housing case manager who could assist them with the process, through completing the required paperwork, navigating the document gathering, or understanding what options were available to them. The remaining 19, or 18.26%, of respondents who identified both as homeless and actively seeking housing reported having connected with a housing case manager with whom they were working.

Relevantly, *the bulk of housing programs and interventions managed locally by Unity of Greater New Orleans using HUD-based and other funds cannot be accessed without the assistance of a housing case manager serving as the point person for the individual seeking housing.* This means that those 85 above-mentioned individuals without housing case managers (over 80% of those who are seeking housing) will be largely unable to access these resources until they connect with such a person.

Attempts to Access Housing

75 individuals who reported being homeless and actively seeking housing but who also reported not being connected to any housing case manager reported on their attempts to access housing. *17, or 22.66% of these individuals reported having made active attempts to access housing or housing case management that had not been successful, while 58, or 77.33% of individuals, reported they had not made a specific attempt to access housing or housing case management due to various barriers.*

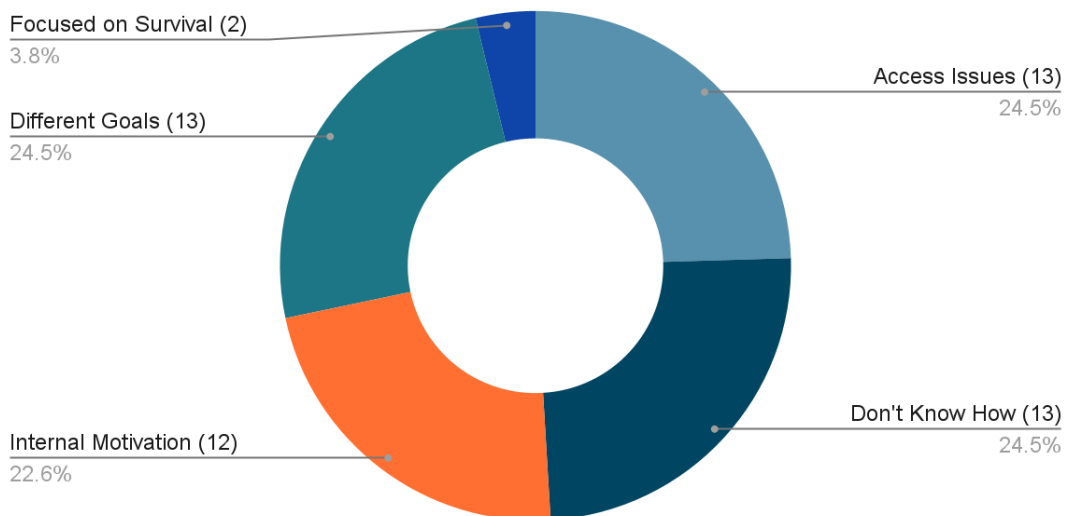
18 individuals who had attempted to access housing or housing case management gave the following explanations for it not working out (including one person who stated they had not made any attempts):

- *“There was no communication so we lost touch.”*
- *“I have attempted during past stays in the city but it’s never worked.”*
- *“I tried, but nothing happened.”*
- *“Unity had poor communication.”*
- *“HANO didn’t work out.”* (HANO is the Housing Authority of New Orleans, which manages the city’s Section 8 Voucher program.)
- *“I fired them for not doing their job.”*
- *“It didn’t go well.”*
- *“Tried at the Rebuild.”*
- *“Keep missing them, going later this week.”*
- *“Met with Unity, but they didn’t follow through.”*
- *“Didn’t hear back from Unity.”*
- *“Tried last year, but it didn’t work out.”*
- *“Unity keeps giving me the run around.”*
- *“I tried online, but got no help.”*
- *“I tried back in Lake Charles.”*
- *“I met with [redacted name] at Unity but got no follow-up.”*
- *“I tried once, but it didn’t work out.”*
- *“Have talked to NOPD Homeless Assistance and Unity but nothing”*

53 of those 58 individuals who had not made specific attempts to access housing or housing case management provided details on the barriers or reasons that prevented them from making an attempt to connect to housing:

24.52% of individuals who reported on their reasons for not having attempted to access housing services attributed this to not knowing how to access housing services, stating things like *“I’m willing to try, but I don’t know how”* (N=53*).

Reasons for Not Attempting to Access Housing Services (N=53*)



Another 24.52% of these individuals who reported on their reasons for not having attempted to access housing services attributed this to accessibility barriers (N=53*):

- *“It’s hard to get to the Rebuild” or “It’s hard to get to the VA”*
- *“It’s hard to remember things.”* (+1 similar)
- *“It’s hard for me to do paperwork without my glasses.”*
- *“I am willing to try, but it’s hard for me to access.”* (+2 similar)
- *“No ID, so makes getting services hard*
- *“My foot hurts too bad to go anywhere.”*
- *“It’s hard because I don’t have internet.”*
- *“I think I need [to be homeless for] 2 more months to qualify.”*
- *“No cell phone”* (2)

12 individuals, or 22.64% of those who reported on their reasons for not having attempted to access housing services attributed this to issues of internal motivation (N=53*):

- “It’s hard to find the motivation.”
- “My depression and alcoholism prevent me.”
- “I haven’t thought about it.”
- “I just haven’t done it.”
- “I can’t when I’m drunk all the time.”
- “I know I need to.” (+1 similar)
- “No reason” and “Nothing in particular”
- “I know people who have been waiting too long so I don’t want to try.”
- “Alcohol makes it hard.”
- “I should try.”

24.52% of individuals who reported on their reasons for not having attempted to access housing services attributed this to having goals or preferences they viewed as not compatible with seeking housing case management or assistance, with 2 people reporting they desired to relocate to another city, 5 people reporting they preferred to be self-sufficient, and 6 people stating they did not want to use nonprofit agency services to change their lifestyle at current time (N=53*).

Access to Income and Benefits

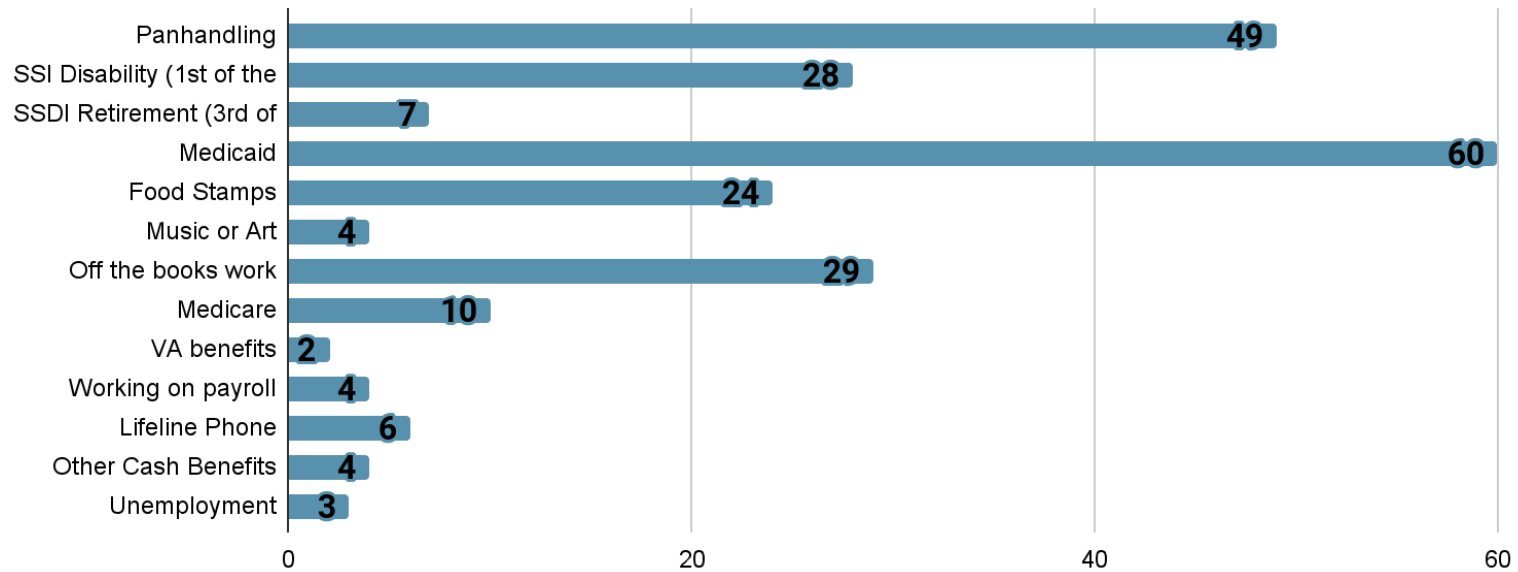
→ 92.62% of individuals reported having access to some form of income or public benefits, whether through formal (disability, Medicaid, Food Stamps, earned income on a paycheck) or informal (panhandling, working under the table) means (N=122*).

115 individuals provided 230 responses about what type of public benefits or income they receive. As seen in the chart below, receiving Medicaid benefits (state-funded health insurance) was the most common response, constituting 26.08% of responses. The next most common response was cash gained through panhandling, constituting 21.30% of responses.

Notably, most individuals in the sample are eligible for Medicaid, meaning that many of the 45 individuals who did not report already being connected to Medicaid or Medicare likely could be eligible for these types of insurance but are not receiving them.

Additionally, information shared elsewhere in the survey indicates 91 individuals in the sample report having at least one major disabling medical condition. Subtracting the 38 individuals who already report receiving SSI disability or SSDI retirement means there are 53 individuals within the French Quarter unhoused population who could possibly be eligible for social security benefits but are not receiving them.

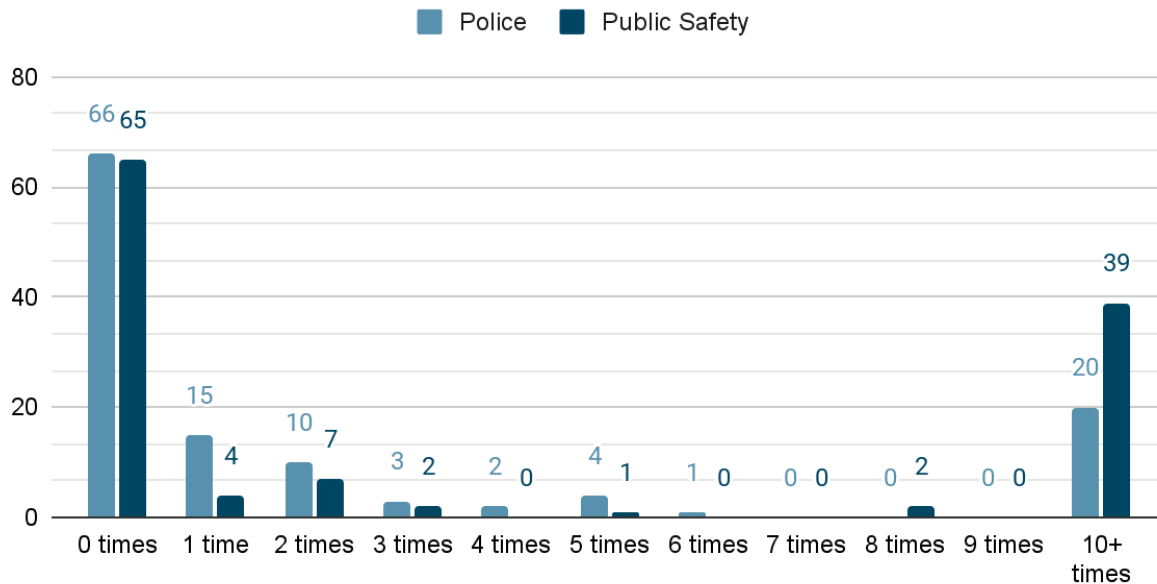
Kinds of Income and Benefits Received (N=115* respondents Providing 230 responses)



Interactions with Police and Public Safety

Rates of Interaction with Police and Public Safety

Frequency of Interactions with Police and Public Safety in Past Six Months (N = 125* police; N = 123* public safety)



→ The average number of reported interactions with police in the past six months was 1.58 times among all respondents and 3.3 times among those respondents who had interacted with the police at all during this time (N=125*).

→ The average number of reported interactions with public safety in the past six months was 3.53 across all respondents and 7.5 times among those respondents who had interacted with the police at all during this time (N=123*).

→ 52.80% of individuals reported not having interacted at all with police in the past six months and 52.84% of individuals reported not having interacted at all with public safety in the past six months (N=125* re:police; N=123* re:public safety). This was the most common experience of respondents - that they had had no interactions with either.

→ 16% of respondents reported having interacted with police 10 or more times in the past six months and 31.70% of respondents reported having interacted with public safety 10 or more times in the past six months (N=125* re:police; N=123* re:public safety).

Profiles of Respondents who Interact Most and Least with Police

High Police Interaction Group

20 individuals reported interacting with the police 10 or more times in the past six months. Of these 20 individuals:

- 16, or 80%, reported they have been diagnosed with mental/psychiatric conditions.
- 15, or 75%, reported they had used drugs or alcohol every day out of the past 30 days.
- 18, or **90% stated they would accept housing if it were available to them but only 5, or 25%, have housing case managers assisting them in obtaining housing.**
- 15, or 75%, have been homeless over two years in this episode and 95% have been diagnosed with at least one serious disabling condition (and the 1 who had not had still been to the emergency room at least once in the last six months).
- Based on the HUD definition of chronic homelessness, 15, or **75% would likely be eligible for long-term interventions like permanent supportive housing.**
- The 20 respondents had an average of 5 hospital visits and of 3.8 ambulance rides in the past six months.

No Police Interaction Group

66 individuals reported interacting with the police 0 times in the past six months.

Of these 66 individuals:

- 23, or 34.84% have diagnoses of mental health or psychiatric conditions.
- 40, or 60.60% reported having used drugs or alcohol every day for the past 30 days.
- 64, or **96.96%, would accept housing if it were available to them but only 9, or 13.63%, have housing case managers assisting them in obtaining housing.**
- 38, or 57.57%, have been homeless for more than two years in this episode and 41, or 62.12%, reported having been diagnosed with at least one serious disabling condition.
- Based on the HUD definition of chronic homelessness, 38, or **57.57%, would likely be eligible for long-term interventions like permanent supportive housing.**
- The 66 respondents had an average of 2.27 hospital visits and 1.98 ambulance rides in the past six months.

→ Between these groups, **there is a significantly higher representation of individuals diagnosed with severe mental illnesses in the high police interaction group (80%) than in the no police interaction group (34.84%).**

→ Both groups reported significant lifelong homelessness, with 71.21% of the low interaction group and 85% of the high interaction group reported lifelong homelessness of more than two years.

→ Those in the high police interaction group had a higher rate of appearing to be eligible for long-term interventions like permanent supportive housing (75%) than the no police interaction group (57.57%).

→ Those in the high police interaction group had a higher rate of average hospital usage (5 hospital visits in the past six months) and ambulance usage (3.8 rides in the past six months) than those in the no police interaction group (2.27 hospital visits and 1.98 ambulance ride in the past six months) by a factor of 2.20 for hospital visits and a factor of 1.91 for ambulance rides).

Respondent Experiences of Interactions with Police and Public Safety

54 respondents opted to provide detail as to what they understood to be the main reasons for police and public safety interacting with them:

26 reported reasons regarding issues inherent to homelessness:

- *“Waking me up in the morning”*
- *“Tickets for being on the sidewalk”*
- *“I stick up for folks... NOPD tells me to move.”*
- *“For sleeping by the Joan of Arc statue”*
- *“I get told to get up and move from my sleeping area.”*
- *“I get asked to move when I’m just hanging out.”*
- *“They wake me up when I fall asleep on the sidewalk.”*
- *“For obstructing the sidewalk”*
- *“Camping”*
- *“I get woken up to move.”*
- *“Blocking walkways”*
- *“Just general homelessness... you can’t sit down anywhere for too long.”*
- *“Move from park after closing”*
- *“Obstructing the sidewalk”*
- *“Squatting in abandoned house”*
- *“Security tells [me] to move.”*
- *“Loitering”*
- *“Just the way I look.”*
- *“Jumping in the fountain. Wake me up. Eating out of the garbage.”*
- *“Sleeping on the sidewalk too late.”*
- *“Because they pass by me”*
- *“Trespassing”*
- *“If you have a bottle in your hand.”*
- *“Obstructing the sidewalk and public drunkenness.”*
- *“They tell me to move.”*
- *“Folks aren’t supposed to be in the park.”*

3 reported desire to avoid reasons for police encounters:

- *“No good reason... First thing out of my mouth is, [expletive] all cops.”*
- *“I stay away if possible.”*
- *“I try not to mess with them.”*

15 reported reasons related to service provision or police providing check-ins:

- *“They check on me to make sure I’m alright because of my breathing problem.”*
- *“At the meeting in Latrobe yesterday”* (police held a meet and greet)
- *“They ask me about housing.”*
- *“Just asking how I’m doing.”*
- *“Just being friendly.”*
- *“Just chatting.”*
- *“Just chit chat.”*
- *“Just conversation.”*
- *“Just saying hi.”*
- *“Just to say hello.”*
- *“They asked me about helping me.”*
- *“If I feel harassed, I ask them for help.”*
- *“If I need something, they’re there.”*
- *“Conversation”* (2)

10 reported reasons related to other charges or activity:

- *“Disorderly conduct”*
- *“License plate issues with mom’s car”*
- *“Driving without a license and paraphernalia charges”*
- *“Had an altercation with someone else.”*
- *“Summons for theft”*
- *“Put your dog on a leash.”*
- *“I asked a cop for money, and the cop threatened to arrest me.”*
- *“I called NOPD due to an assault with my former roommate, who broke a friend’s window... Simple battery.”*
- *“Called them to report someone who hit me.”*
- *“I fight a lot.”*

→ When asked to describe the quality of these interactions, 82 respondents' reflections ranged from experiencing these interactions strongly positively to strongly negatively, with positive and negative experiences being reported in equal measure.

→ A total of 33 respondents indicated **positive** experiences of interacting with police and public safety: 31 individuals used words like *“positive”* or *“good”* or *“decent”* to describe their interactions and 2 relayed very positive experiences, such as: *“Good. 10 stars,”* or, *“Very positive. Understanding and level-headed.”*

→ 21 respondents indicated **neutral** or **balanced** experiences when interacting with the police, using words like *“okay”* or *“neutral”* or *“neutral...need more communication,”* or *“Both positive and negative. They're afraid of us.”*

→ 28 respondents indicated **negative** experiences when interacting with police or public safety: 16 respondents used terms including *“negative”* or *“negative but respectful”* and 12 respondents indicated strongly negative experiences - this group provided the most detail in their answers. Those 12 individuals providing the following reflections:

- *“Cops are [expletives]”*
- *“Negative... the hostility triggers me and I find them aggressive.”*
- *“Negative because they don't do their job.”*
- *“[The interactions are] never appropriate.”*
- *“Negative... the police stole 6 years of my life.”*
- *“Negative... they didn't return my money that was on my person.”*
- *“They're [expletives].”*
- *“I have problems with male officers.”*
- *“Negative, they unnecessarily hand-cuffed me.”*
- *“They beat the [expletive] out of me and catheterized me without my consent.”*
- *“[Expletive] the police.”*
- *“If it's NOPD, NOPD sucks.”*

Awareness of Laws Related to Homelessness

87 individuals answered an open-ended question about whether they were aware of any specific laws or policies relevant to individuals experiencing homelessness, such as regulations about camping, use of public space, use of public facilities, or others.

56, or 64.36% of respondents reported they were not aware of any specific laws or regulations affecting them, while 31, or 35.63%, reported some information about

what they understood to be regulations that applied to them. Those 31 individuals who reported being aware of some regulations provided the following responses:

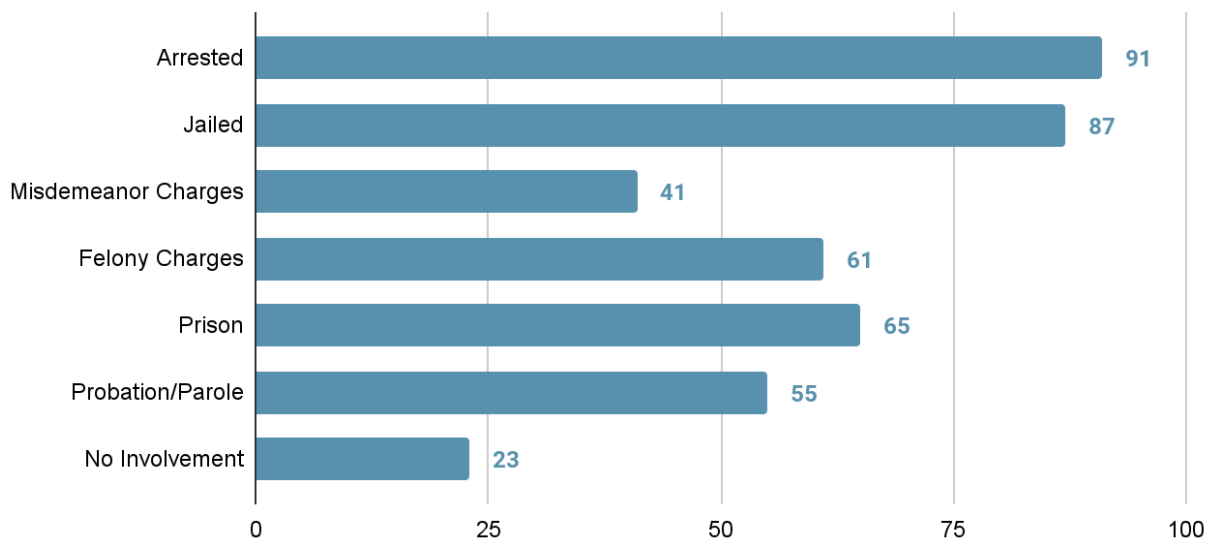
- *“No aggressive panhandling, but I believe I have a Constitutional right to dwell on public property.”*
- *“No obstructing the sidewalk”*
- *“No public urination”*
- *“No sit, no lie rule around here”*
- *“Not allowed to sit on sidewalk around here”*
- *“Can’t sleep during the daytime”*
- *“Not supposed to sleep out here.”*
- *“Asked with respect by police to move.”*
- *“Can’t aggressively panhandle and can’t put a tent on the sidewalk.”*
- *“Don’t sell food with no permit”*
- *“Generally told I can’t be here. No good reason from police.”*
- *“[I] know codes exist, but nothing in particular.”*
- *“Trespassing results in a ticket”*
- *“Can’t panhandle after 8pm”*
- *“It’s against the law for me to sleep out here”*
- *“Can’t camp. Can’t panhandle in certain spots.”*
- *“Can’t fly a sign.”*
- *“Can’t loiter.”*
- *“Can’t sit for too long in the same spot.”*
- *“Cops used to be more strict with homeless in the past.”*
- *“Don’t know of any in particular... It’s the lack of an alternate solution.”*
- *“Get up when they clean the streets.”*
- *“If police catch you using the restroom in public, they’ll arrest you.”*
- *“Law enforcement harasses people they don’t like about obstructing sidewalk.”*
- *“No fighting.”*
- *“No panhandling”*
- *“No peeing in public, obstructing the sidewalk”*
- *“Obstructing sidewalk, public intoxication”*
- *“No peeing in public or obstructing sidewalk.”*
- *“No obstructing the sidewalk, no public drunkenness.”*
- *“[I think there are] Squatters’ rights.”*

Justice System Involvement

→ 81.48% of respondents had some involvement in the justice system, ranging from having been charged with a misdemeanor (33.06% of respondents) to having been charged with a felony (49.19% of respondents) or having spent time incarcerated in prison (52.41% of respondents) (N = 124* respondents providing 423 responses - chart follows on next page). Because justice system involvement occurs at diverse levels (arrest,

jailing, imprisonment, probation, etc.) and in diverse arenas (local, state, and federal) across many systems (courts, correctional facilities, policing encounters, it is difficult to say to what extent this rate of general justice system involvement found in the French Quarter population is more than the national population. However, more specifically, comparisons can be made, such as that 52.41% of the French Quarter unhoused population reported ever having been in a prison, while it is estimated that 2.7% of United States adults have ever been in prison, meaning individuals within the French Quarter unhoused population report having been to prison at 19 times the rate of the general U.S. adult population.¹⁶

Justice System Involvement Among Respondents (N =124* respondents providing 423 responses)



¹⁶ <https://bjs.ojp.gov/content/pub/pdf/piusp01.pdf>

Stated Desires about Services and Programs

Preferred Housing Types

109 respondents provided their answers to the open-ended question of “what is your most ideal living arrangement?” Their answers are as follows:

→ 40 respondents (36.69%) reported they would most like to live alone in an apartment. Those who provided additional descriptors have their remarks below:

- “Apartment with stove, fridge, washer, and dryer”
- “A regular apartment”
- “A typical apartment”
- “An apartment with no slum lords”
- “An apartment that’s something comfortable”
- “An apartment in a quiet, safe neighborhood”
- “In an apartment complex in a safe area, something renovated”
- “An apartment, just my own place.”
- “Apartment in the Quarter”

→ 18 respondents (16.51%) reported they would most like to rent or own a home.

→ 4 respondents (3.66%) reported they would most like to buy land to live on or live primarily in nature.

→ 15 respondents (13.76%) reported they would most like to live in some type of housing shared with others. Specific remarks below:

- “A house with my wife”
- “Apartment with my fiancé”
- “Apartment with my husband”
- “Around a community of people in a house”
- “Something communal”
- “With a wife and family, buy a trailer or land”
- “Living with roommates”
- “Apartment with my girlfriend”
- “Artist community”
- “A two bedroom with grandpa”
- “With my boyfriend”
- “Rent a room in a place but have my own bathroom”
- “Living with family”
- “Three bedroom with my kids”
- “Just rent one room”

→ 2 respondents (1.83%) reported they would like a living arrangement that allowed or emphasized a level of independence. Specific remarks below:

- “Free”
- “Free in a house”

→ 8 respondents (7.33%) reported they would like a living arrangement with some level of support (financial or logistic). Specific remarks below:

- “Rent apartment by myself with case management”
- “Group home or SRO”
- “Rent with a housing voucher”
- “A PSH apartment”
- “A place with no rent and no utilities as I have no income.”
- “A stable place or somewhere who helps folks with HIV.”
- “Section 8 or Senior Housing”
- “Somewhere with a balcony in senior housing”

→ 13 respondents (11.92%) reported they would like some form of less conventional property or living arrangements. Specific remarks below:

- “Boat on the ocean”
- “Camper”
- “Farm”
- “House boat” (2)
- “RV”
- “Move overseas”
- “On an island”
- “Rich woman to take care of me”
- “Cottage in Ireland”
- “Trailer”
- “In a camper”
- “Hotels”

→ 3 respondents (2.75%) gave responses that indicated they would prefer to remain without formal housing. Specific remarks below:

- “Living on Decatur”
- “Streets”
- “None”

→ 6 respondents (5.50%) gave responses that indicated they were not particular about the kind of living arrangement that would be most ideal to them as long as they got off of the streets. Specific remarks below:

- “Just inside”
- “Just want a normal life”
- “Nothing specific”
- “I don’t know, just something”
- “Anything”
- “I’d take anything”

Willingness to Accept Housing

→ Only 5, or 3.87% of respondents stated they would not accept safe, affordable housing if it were offered to them while 96.12% of all respondents stated they would accept (95.34%) or consider (0.77%) housing if it were offered to them (N = 129*).

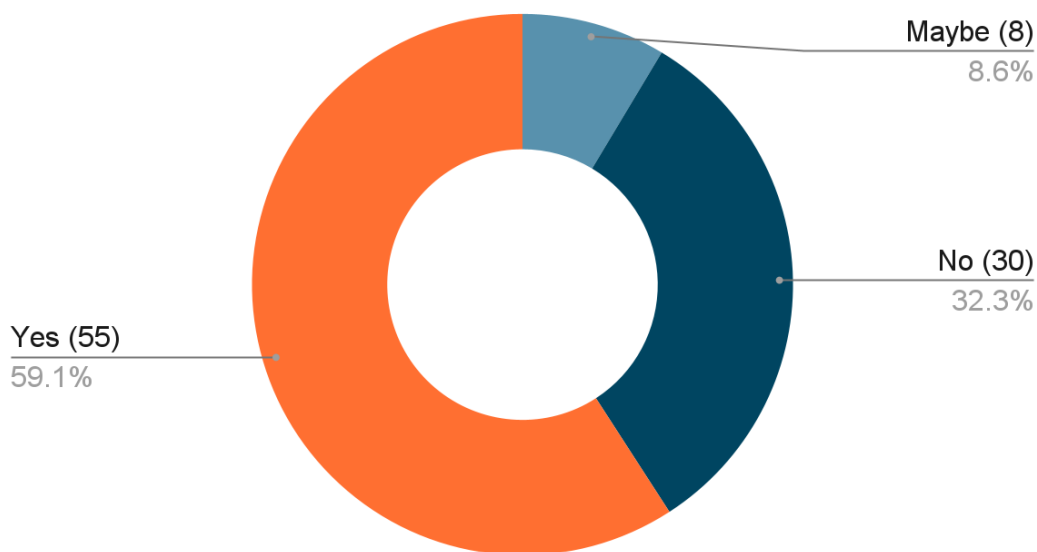
Willingness to Accept Low-Barrier Shelter Setting

93 individuals responded to an open-ended question about their willingness to accept low-barrier shelter, prompted by the following:

“The city is currently expanding the City’s Shelter and Engagement Center, also known as the Low-Barrier shelter, which is a shelter where couples can stay together, you can bring your pet, three meals are provided, the facilities are wheelchair accessible, and you are free to come and go as you please 24/7 without any curfew at any time and your bed will be yours until you have another housing option to live in, whether that takes a few weeks or a few months, as long as you agree to work on some housing plan. It is located at 1530 Gravier Street in the VA-CRRC building close to City Hall and the Main branch of the New Orleans Public Library. When these additional beds become available in the coming months, would this shelter setting be one you would be interested in? Why or why not?”

→ Of those who responded to this question, **59.13% stated they would be interested in staying in such a setting, 32.25% stated they would not be interested, and 8.60% stated they were uncertain** (N = 93*).

Willingness to Accept Low-Barrier Shelter Setting (N=93*)



→ Notably, **of the 30 respondents who stated they would not be interested in such a setting, 26 or 86.66% did report that they would accept safe, affordable housing if it were available to them** (1 other respondent did not consider themselves homeless but

reported sleeping on the streets the night before, and 3 individuals stated they would not accept housing, despite 2 of them identifying elsewhere living arrangements they could enjoy, such as living in an RV).

The 30 respondents who stated they were not interested in such a setting stated:

- *“No” (4)*
- *“No, I don’t like to sleep inside.”*
- *“No, I’m not good with shelters.”*
- *“No, I like to do my own thing.”*
- *“No, I like the spots I hang at.”*
- *“No... maybe if there’s a hurricane.”*
- *“No, I want privacy.”*
- *“No, I want to have my own home.”*
- *“No, I won’t stay in shelters.”*
- *“No, I would rather be outside.”*
- *“No, I’m not really a shelter person.”*
- *“No, I don’t like institutions.”*
- *“No, I like to have my own space.”*
- *“No, I don’t fool with everybody”*
- *“No, I stayed there before. I didn’t like the attitude of the people who work there.”*
- *“No, I don’t like the other residents.”*
- *“No, I tried staying there and didn’t like it due to other guests.”*
- *“No, I want to be with my family on the streets.”*
- *“No, it’s too far.”*
- *“No, too institutional.”*
- *“No - there’s too much stealing going on.”*
- *“No, I’m trying to go back to [redacted TN city].”*
- *“No, I want to be in the Quarter.”*
- *“No, I don’t like crowds.”*
- *“No, I have my family and friends to stay with.”*
- *“No, I stayed before and it was a bad experience.”*
- *“No, I stayed there before and didn’t like it.”*

The 8 respondents who were uncertain about being interested in such a setting stated:

- *“I might be interested. I like not having as many rules.”*
- *“Maybe... I need to check with my girlfriend.”*
- *“Maybe, but it depends on how far away it is.”*
- *“Possibly”*
- *“Maybe, but I would have to see it. I don’t like being around a lot of people.”*
- *“Uncertain, I’d have to see it first.” (+2 similar)*

The 55 respondents who stated they would be interested in such a setting stated:

- *“Yes” (3)*
- *“Yes, because they let you stay a while.”*

- *"Yes, but I'm moving into housing next Friday."*
- *"Yes, then I could get a job that way."*
- *"[I like that it is] come and go as you please, no drugs or alcohol [because I'm working on] sobriety, and pets allowed."*
- *"Yes, doesn't sound too demanding."*
- *"Yes, there are fewer rules and no check out."*
- *"Like the freedom of going in and out"*
- *"I am willing."*
- *"Yes, it's right by Rebuild."*
- *"I just need a bed [there]."*
- *"I like that there are fewer rules and a lack of curfew."*
- *"I like that there's no curfew and I could stay with my partner."*
- *"I like that you can use and drink."*
- *"I like the no-curfew and fact that you can use and it's a good location."*
- *"Sure, something to do."*
- *"I like that it's not strict and willing to work with you."*
- *"Yes, sounds good and helpful."*
- *"Yes, I like not being judged. We live in the dumbest city in the U.S., when people want to get drunk they come to New Orleans."*
- *"Yes - I need a shelter."*
- *"Yes, it's an opportunity for help getting off the street."*
- *"Yes, can be under the influence and can be with partner there."*
- *"Yes, like that I can bring my dog and work."*
- *"Yes - Can drink. Can stay longer."*
- *"Because I can stay with my partner"*
- *"Yes, to get off the street"*
- *"Yes, I want to get out of the heat"*
- *"I want somewhere to sleep."*
- *"Yes, I know the area and the Rebuild."*
- *"I would stay there."*
- *"I'd try anything once."*
- *"I'd try it."*
- *"Yes, sounds more respectful."*
- *"Yes, because it's safe."*
- *"Yes - Safety, a mattress."*
- *"Yes, I stayed there before and liked it."*
- *"Yes - The Freedom."*
- *"Anything sounds good."*
- *"Yes, but I don't know why."*
- *"Yes, good for couples"*
- *"Yes, I need an option like that."*
- *"Yes, I heard it's really good."*
- *"Yes, I just need a place to stay."*
- *"Yes, I know people there."*
- *"I'll try it."*
- *"Yes, just to have somewhere to lay down."*
- *"Yes, I just want to get off the streets."*
- *"Yes, like that we'd get our own spot."*
- *"Yes, I like that you can come and go as you please."*
- *"Yes, I need a bed."*
- *"Yes, if I can stay with my partner and it's co-ed."*
- *"Yes, a stable co-ed environment sounds good."*
- *"Yes, I stayed there before. It's the best shelter in the city due to the amount of freedom."*

Services Respondents Wish They Could Access

38 respondents stated there were any/some specific, existing site-based services they wished they could access but could not due to distance, eligibility criteria, or any other barriers, while 57 respondents stated they could not think of any specific such services they knew of and wished were easier to access (N = 95*). Those 38 responses are:

- *“Bus passes”*
- *“The eye doctor”*
- *“Everywhere... Many places are too far.”*
- *“I need intensive case management and time to prepare for housing.”*
- *“Oz and Covenant House shelters, Rebuild”*
- *“Prenatal care”*
- *“Rebuild too far, Creed too far”*
- *“Rebuild, Travelers Aid”*
- *“Restrooms”*
- *“Salvation Army is too far” (2)*
- *“Showers”*
- *“Help applying to Social Security Disability benefits”*
- *“Temp services, ID services”*
- *“Unity, food stamp office”*
- *“Shelters, job services”*
- *“Unity”*
- *“All places close too early”*
- *“Bathrooms”*
- *“Different places”*
- *“I don’t know what the options are”*
- *“Everything is too far away. I stay mostly in the French Quarter.”*
- *“Food handouts on OC Haley”*
- *“Food stamp office”*
- *“Food stamps”*
- *“Gateway”*
- *“Grace House”*
- *“Housing programs”*
- *“Housing services, food stamps”*
- *“I don’t know but I need things”*
- *“License Bureau”*
- *“Ozanam Inn” (2)*
- *“Salvation Army” (2)*
- *“Rebuild” (2)*
- *“River Oaks” (detox facility)*

Services or Facilities Respondents Avoid for Any Reason

34 respondents identified specific services or facilities (or types of services and facilities) that they avoid for any reason. Their responses are as follows

- *“The Rebuild, I’m banned for life.”*
- *“The Low Barrier Shelter”*
- *“Ambulances and Firemen”*
- *“Cops”*
- *“Bourbon Street”*
- *“St. Louis Street”*
- *“Shelters, The Rebuild”*
- *“Saint Jude”*
- *“The Mission and other shelters”*

- *“Rebuild, The Mission, The Oz”*
(The Oz is The Ozanam Inn)
- *“Shelters”* (5)
- *“Everything”*
- *“Shelters and jail”*
- *“Ozanam Inn and the psych ward”*
- *“Social Security office”*
- *“All of them”* (4)
- *“Covenant House”*
- *“I don’t use services”*
- *“I don’t wanna be in a shelter.”*
- *“The Mission”* (a shelter - 6 solo mentions)
- *“Ozanam Inn”* (a shelter - 2 solo mentions)

Notably, even though several respondents among these 34 stated they avoid all services, all but three (91.17%) did say they would accept safe, affordable housing if it was offered to them. Those three individuals who stated they would not accept housing did however elsewhere in the survey identify ideal living situations for themselves that were not simply remaining on the streets. This indicates that *even among those respondents who avoid all site-based services such as drop-in centers and shelters there is still a high willingness to accept housing.*

General Reflections about Experiences and Needs

At the conclusion of the survey, respondents were asked if they had any other reflections about needed services or if they had anything they would like those who might read this report - policy makers, French Quarter stakeholders, service providers - to know.

69 respondents chose to utilize the space to express some additional reflections.

30 respondents emphasized the need for additional services of some kind, different services, or their difficulty in accessing services:

- *“I want someone out here to help with housing.”*
- *“Try helping give everyone a good place to live.”*
- *“I need help finding housing and a phone.”*
- *“People need help with jobs and housing.”*
- *“There needs to be someone around to help people set and meet goals for folks out here.”*
- *“I have been trying to do my best. I need more outreach.”*
- *“I need help with getting off the streets and with using alcohol.”*
- *“Help people like us. Don’t just run us off during the day.”*
- *“Expand abandoned buildings for housing.”*
- *“Provide more housing options around the Quarter.”*
- *“It’s such a long wait for housing, despite being out here for 12 years.”*

- *"I want to get the [expletive] off the streets."*
- *"I want to see homeless people stop being homeless."*
- *"I'd like to get off the streets"*
- *"Help us get off the streets."*
- *"We need help with health issues."*
- *"I don't want anyone to be like this."*
- *"I just want an apartment to be by myself."*
- *"I'd like for women's rehabs and shelters to accept more than cisgendered women. Rehabs shouldn't drug test."*
- *"Somewhere for people to lay down for a few hours a night."*
- *"Free dinners and lunches"*
- *"More services like Rebuild, but closer to the Quarter"*
- *"Women need more help out here. Clothing for women."*
- *"More outreach workers"*
- *"People should feed us with food they throw out. More bathrooms after dark. More storage, so less theft."*
- *"Put more people in shelters and give us more job and school assistance."*
- *"You shouldn't need to have ID to receive certain services"*
- *"St. Jude is too strict."*
- *"I wish outreach would come out here more and talk to me."*
- *"If you really want to help homeless people, front the rent for a room for a week and they'll be able to figure it out."*

7 respondents made requests related to security, cleanliness, or other environmental factors or in the French Quarter:

- *"I wish people would quit stealing."*
- *"There's lots of robbery that people get away with."*
- *"We need more security. People sleeping outside are getting shot."*
- *"Put safety first in everything you do."*
- *"NOPD should patrol Jackson Square and darker streets at night. Not safe to be out here alone for women."*
- *"Spray clean the sidewalk where our spot is"*
- *"It's too noisy on Canal Street."*

8 respondents made requests related to increased provision of restroom facilities:

- *"Put in more port-a-potties."*
- *"More hygiene facilities and bathrooms"*
- *"Need more around the clock bathrooms!!"*
- *"More available water and restrooms"*

- *“Bathrooms at night. It's so degrading to go outside. We need more respect for homeless folks.”*
- *“More places to use the restroom”*
- *“Need more shower and shaving services down here. More pot-a-potties too.”*
- *“Showers nearby and showers where I can bring my dog. More urinals. Restrooms past dark.”*

12 respondents made emotional, political, or social requests or statements:

- *“I wish there was more understanding with homeless people's pain.”*
- *“We need more education for the public about homeless people.”*
- *“Do better. Be nicer and treat people the same.”*
- *“People should know that homelessness brings people together.”*
- *“I wish people wouldn't judge homeless people so much.”*
- *“Society needs to make better decisions. No incarceration.”*
- *“We share something with God with all the love here. Homeless people are part of the New Orleans experience.”*
- *“I wish people wouldn't judge us for being homeless or addicts.”*
- *“Homelessness is a hard job.”*
- *“It's [expletive]ed. This sucks!”*
- *“The amount of money, and man-power, and time used to identify the problem should be spent on awareness and understanding. More money (not even that much) used to connect existing problems with existing solutions. Take money from the NOPD budget, 1/16th of budget... Let it be run by folks out here.”*
- *“Local cops and government are crooked”*

12 respondents provided statement of other, unique reflections of no particular category:

- | | |
|---|---|
| ● <i>“Free ice cream”</i> | ● <i>“Watch your mouth. Avoid the tweakers.”</i> |
| ● <i>“Beautiful people and tourists help people around here.”</i> | ● <i>“They're doing a good job.”</i> |
| ● <i>“I'm content.”</i> | ● <i>“New Orleans is more tolerant of homeless people than other places I've been.”</i> |
| ● <i>“Cops are nicer than they used to be.”</i> | ● <i>“I'm ready to get off the street and work.”</i> |
| ● <i>“Mean people suck.”</i> | ● <i>“I'm in pain because of my leg.”</i> |
| ● <i>“Needle exchange is great.”</i> | |
| ● <i>“Thanks to the French Market for putting up with the riff raff.”</i> | |

III. METHODOLOGY

Survey Creation

This survey was created after meetings with members of FQMD staff, residents of the FQMD area, business owners within the FQMD, the New Orleans Police Department Homeless Assistance Unit, and a representative of patient advocacy at New Orleans Emergency Medical Services. Survey creation took into account reported experiences of these individuals and attempted to ask questions that could shed light on commonly observed experiences, concerns, and questions.

Additionally, survey creation leaned on other such assessment tools - both those used locally to determine housing eligibility (such as the Vulnerability Index and Service Prioritization Decision Assistance Tool) and those used nationally to gauge metrics of populations of individuals experiencing homelessness (such as those used in annual Point-in-Time surveys). Survey creators also utilized data and available guidance from the U.S. Census Bureau in formulating questions around race, ethnicity, gender identity, sexual orientation, and language so as to create questions that would have space to include widely diverse responses.

Finally, this survey was tested by the survey team, which consisted of members both with significant case management experience and with significant lived experiences of homelessness in New Orleans. Questions were adjusted for their ability to be understood and were phrased as open-endedly as possible to allow for accurate responses.

Survey Implementation

This survey was administered by a team of trained surveyors, among whom were individuals with significant case management experience and significant lived experiences of homelessness in New Orleans. This was believed to allow respondents to feel more comfortable sharing with surveyors and for surveyors to have language and context to understand the responses of those surveyed (for instance, a surveyor familiar with this population in New Orleans can accurately translate someone stating both “The Rebuild Center” and “the outdoor place on Gravier behind the church” as the same location). Surveyors were trained on the survey itself, on administration protocol, as well as on protecting the confidentiality of respondents and their responses.

Surveys were administered on paper and surveyors traveled the FQMD area (defined as the area from Rampart to the River between Esplanade and Canal Street, accounting for both sides of the street in these areas) for over 100 hours on foot to administer surveys and perform headcounts. All individuals who were encountered while positioned in any type of outdoor residence (cardboard, tent, blanket, etc.) were approached and offered the opportunity to participate, as were those in public spaces (parks, on benches, on sidewalks).

Potential participants were informed that surveyors were attempting to speak with individuals who lived or spent the majority of their time outside in the French Quarter, and participants could then answer if that group included them. Potential participants were offered an incentive to participate and those who agreed to participate were offered to identify where they would like to sit or stand to complete the survey, even if doing so meant moving away from where they had been encountered. Those who declined were thanked for their time and surveyors then separately filled out a brief observation form about the encounter. 17 such instances of a potential participant declining to participate occurred.

The incentives used during survey implementation were \$10 Walgreens gift cards, selected both for multiple Walgreens' locations in the FQMD area and the choice offered at Walgreens stores. Many survey respondents reported their satisfaction with this choice of store for gift cards.

Survey participants were informed they did not have to answer any questions that they would prefer not to answer and that any reasonable effort to complete the survey would be honored with the gift card incentive. While this limited the respondent size for some questions below the overall sample size, it is a policy that likely increased the overall rate of participation and feelings of trust and comfort between surveyors and individuals being surveyed.

Sample Size

Findings in this study are sourced in self-reported answers from 75 surveys administered by trained surveyors over 15 days traveling the FQMD on foot (not including FQMD areas also managed by the FMC) and from 58 surveys administered by the same surveyor team over 15 separate days in the FMC area, 56 of which were administered in areas of the FMC contained within the FQMD. From these surveys, 2 FQMD area surveys were removed for duplication (over 2 duplicated individuals) and 6 FMC area surveys were removed for duplication (over 4 duplicated and 1 triplicated individual(s)), leaving a sample size of 129 unique individuals who participated and were encountered within FQMD boundaries.

Given the repeated headcounts of individuals sleeping in the FQMD area yielded an average of just over 143 (143.5) individuals and the daytime headcount yielded a total of just over 170 individuals, the survey sample size of 129 individuals is representative of 89.89% of the average nighttime population of individuals sleeping within the FQMD area and 75.43% of the average daytime population of unhoused individuals spending time in the FQMD area.

At the end of the FQMD survey period, the surveyor team remarked that they were struggling to encounter new, willing participants. Some of those observed sleeping within the FQMD boundaries during the very early morning and late night headcounts were not familiar to surveyors as having been encountered during other survey times - some of these individuals were observed to pack up and leave their spots before sunrise or not to assume their nighttime sleeping locations until after 12 a.m., indicating some individuals may be sleeping within the FQMD but occupying their daytime elsewhere, and thus these individuals have lesser representation in the sample respondent population. Significant effort was made to survey all willing individuals as allowed by time and funding.

129 individuals is a moderately sized sample and caution should be taken before generalizing the results from this sample. However, this data does not seek or need to be extrapolated to be representative of a larger group. It intends to describe, specifically, those who are living outside in the French Quarter. It does not seek to describe all individuals who are experiencing homelessness in New Orleans, let alone all those who are experiencing homelessness. Rather, it seeks to describe exactly those living outside in the French Quarter so that action can be taken to more effectively and ethically interact with and serve these specific individuals.

Data Duplication, Reliability, and Accuracy

In acknowledgement of potential duplication of respondents, surveyors obtained respondents' initials and date of birth and kept a live list of this information while surveying. However, live surveying conducted by multiple surveyors simultaneously did not always allow for accurate verification against this list.

Prior to data calculations, duplicates were removed from the data set. This was done by comparing respondent initials, dates of birth, cities and states of birth, as well as general responses across the course of the 92 items within the survey. All 6 duplicates removed from the FMC respondent sample and all 2 duplicates removed from the FQMD respondent sample reported the exact same sets of initials, dates of birth, birthplace, gender identity, education level, length of homelessness, health conditions (and more) as another response within the data set, so there was high confidence in responses being from repeat respondents.

The process of removing duplicate responses evidenced the test-retest reliability (the extent to which an assessment yields the same answers over time, which evidences clarity of questions being asked) of the assessment. The largest gap between responses by a duplicated respondent was two weeks, and there were no changes in that respondents' answers between surveys other than that (1) the respondent answered slightly more of the questions the first time they were surveyed and (2) the respondent provided more examples and details in some open ended questions, such as where they took care of basic needs (bathroom, food, clothing) and what drew them to the French Quarter the first time they were surveyed. The responses did not contradict each other between surveys among those who had duplicated responses. Duplicated responses were removed entirely from the data set before any calculations were performed.

Additionally, the reliability of the data is supported by the limited incentive for respondents to provide false answers. There is sometimes concern that individuals will lie about their situations of homelessness to leverage more services from programs whose eligibility criteria revolve around things like length of homelessness and severity of health conditions. However, respondents were informed at outset that their answers would not affect their ability to access services, and respondents freely shared content that commonly excludes individuals from certain services: that they slept inside a friend's home instead of on the streets, that they actively used illegal substances, that they had only been homeless a few days, that they preferred living outside, that they were criminally involved, and more.

Finally, insofar as this survey is an effort to accurately represent experiences of those who are living outside in the FQMD area and not to generally describe the experiences of all individuals who are experiencing homelessness in New Orleans or elsewhere, specific answers from respondents given during open-ended questions were maintained, even when grouping answers more widely would have eased data processing. For instance, individuals who described themselves as "human" when asked about their race or ethnicity were not grouped into any other groups based on surveyor observation, nor were individuals who did not consider themselves to be homeless counted in calculations of the population's average length of homelessness, even when those respondents also reported sleeping on the streets the night before being surveyed. This preservation of respondents' own words aims to allow respondents to speak for themselves and choose their own language when describing their experiences.

Respondent Privacy Protection

Respondents were informed they did not have to provide their names and names were not recorded within the data set even when respondents provided them.

Respondents were informed that their responses would not be shared in any uniquely identifying way, only in the aggregate, and that no quotations would be attributed to them. For this reason, quotations used throughout this report are attributed to respondents with limited other identifiers and, in these scenarios, no singularly-identified respondent to whom a quotation is attributed is written about across more than two data points (e.g., age and length of homelessness, or disability status and ability to access services).

Respondents were offered, after survey completion, the option to sign a consent/release of information form if they would like to provide their names and have their names and contact information used for potential connection to services by nonprofit outreach agencies within the local continuum of care, which was done by 23 respondents in the FMC area and 32 respondents in the FQMD area non-inclusive of FMC areas. These consent/release of information forms were securely stored separately from the survey data and both the survey data and consent forms have not been passed out of Travelers Aid Society of Greater New Orleans' hands and will be used only for service connections with those respondents. These consent/release of information forms will not be provided to the French Market Corporation, French Quarter Management District, or others with whom this report may be shared for non-service-related matters - the entirety of public and reproducible information gained from this survey is contained within this report document.

Original surveys were destroyed and the data set corresponding to this survey is stored in a multiply password-protected electronic setting to which only those responsible for producing this report have access. The total data set, which did not contain names but could be used to learn many variables about (and thus potentially identify) any specific respondent was not accessible to surveyors and is not accessible to Travelers Aid Society of Greater New Orleans as a whole nor to the French Market Corporation or the French Quarter Management District.

Survey Limitations

There are many difficulties in providing exact data on those who sleep and live outside, due to factors including: social and legal pressures to hide situations of homelessness and houselessness; movement by individuals over time due to both preference and in response to those social and legal pressures (e.g., being asked by residents, business owners, and police to relocate); lack of access to traditional surveying sampling methodology (e.g., knowing in advance how individuals are part of an institution or group, who they are, and how to contact them for surveying); hesitance around providing personal information to or interacting with social service providers; among other obstacles.

Survey implementation was designed to mitigate against these difficulties by placing surveyors in the areas where individuals in the target survey population spend time. However, these difficulties still affect this survey and are likely part of why 17 individuals who reasonably appeared to be living outside and were encountered in the surveyed area declined to participate in the survey - those who declined were several times noted in observational comments to appear to be affected by the symptoms of severe mental illness or substance abuse.

Additionally, while all surveyors had either significant case management or lived experience of homelessness in New Orleans, the gap in lived realities between those who are actively experiencing the difficulties of homelessness and those who are not is significant and thus there may be an unknown extent to which respondents felt a need to modify their answers by sharing them with other parties for public research purposes. Furthermore, several respondents noted difficulty remembering how much time had passed between events or knowing all the details about an event or agency to which they were referring, which may also limit the completeness of the data.

Finally, respondents were sometimes interrupted by other concerns relevant to their homelessness, whether it was the arrival of food, the need to use the bathroom, or the return of a friend. In these instances, respondents were given time and space to attend to their concerns and then welcomed to return to the survey. In one instance a respondent opted to not continue the survey part way through its completion due to such a concern arising, and that respondent was still compensated with a gift card. There are drawbacks to surveying respondents in the arenas and spaces where they are also regularly conducting the business of survival, however, it is believed that the benefits of bringing surveyors directly to potential participants outweighed these drawbacks by increasing respondent participation and comfort.

Stakeholder Interviews

Stakeholders interviews were conducted parallel to survey data collection with some (10 total) FQMD staff, quality of life and other police officers who work in the French Quarter, FQMD area residents, and FQMD area business owners to gauge general opinions, experiences, and concern, which were mostly relevant to creating the separate recommendations report. Because all of these interviews were either one on one or in very small groups, only general themes have been presented there as to also protect the privacy of those interviewed who were willing to share their personal opinions.