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

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UNDERSTANDING THE IMPACT OF DECENTRALIZING HOMELESS SERVICES ON TRANSPORTATION AND MOBILITY IN SALT LAKE COUNTY

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by

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16. Abstract In 2019, the delivery of homeless sheltering services in Salt Lake County transitioned from a centralized emergency shelter—The Road Home Salt Lake Community Shelter and Resource Center (TRHSLC)—operated by The Road Home to a decentralized, scattered site model with multiple “Homeless Resource Center” (HRC) locations operated by multiple service providers. To understand to what degree and to which “proximity” to public transportation and other needed services was achieved, this study examined: 1) how the decentralization of homeless services influenced transportation demand and mobility patterns for persons experiencing homelessness (PEH); and 2) how transportation and mobility changes affected access to services for PEH. Using a mixed methods research design, this interdisciplinary study conducted historical public document analysis, GIS spatial analyses, client (PEH) surveys, and interviews with clients (PEH) and professional service providers. Findings reveal that while the region’s homelessness services system changed, the transportation network went unchanged, challenging the use of transportation, PEH mobility, and access to services. Recommendations to mitigate transportation issues when homeless services are decentralized include significant consideration of how the transportation network system will evolve alongside the restructured service system. This could include development of no- or low-cost transportation on demand options, expanding bus routes, state-level funding for a shuttle system, and education to PEH on how to use public transit.			
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EXECUTIVE SUMMARY

In 2019, the delivery of homeless sheltering services in Salt Lake County transitioned from a centralized emergency shelter—The Road Home Salt Lake Community Shelter and Resource Center (TRHSLC)—operated by The Road Home to a decentralized, scattered site model with multiple “Homeless Resource Center” (HRC) locations operated by multiple service providers. A stated consideration in the Planning Commission’s HRC Zoning Amendment was “proximity” to public transportation and other needed services. To understand to what degree this consideration was achieved, this study examined:

- 1) how the decentralization of homeless services influenced transportation demand and mobility patterns for persons experiencing homelessness (PEH); and
- 2) how transportation and mobility changes affected access to services for PEH.

This decentralization provided a natural case study of how transportation demand and mobility patterns for PEH are impacted by shelter decentralization, and how policymakers might anticipate and respond to possible disruptions or alterations in this population’s transportation demands and mobility needs.

Findings from the GIS spatial analysis, presented in Chapter 2, suggest that there are a fewer number of basic and transportation service locations within one mile of each HRC compared to TRHSLC, with some exceptions. Both the count and intensity of access to transportation services within one mile declined post-decentralization. In addition, all HRCs are closer to the nearest bus stop than the nearest TRAX station, whereas TRHSLC was closer to the nearest TRAX station, which was in the Free Fare Zone. Substantial differences were observed in post-decentralization distances to nearest facilities, though not necessarily increased distances. For instance, the average distance from HRCs to childcare facilities, healthcare centers, emergency centers, neighborhood parks, and K-12 schools is smaller than the average distance from TRHSLC. The analysis also shed light on the Men’s Resource Center (MRC), which was found to be the least accessible HRC because of the substantial distance from downtown Salt Lake City’s various homeless social and medical services.

In Chapter 3, differences in transportation and service use were assessed for survey respondents who used sheltering services at TRHSLC pre-decentralization and post-decentralization at one of the three HRCs. Respondents’ primary transportation mode, services used, and frequency of service use were examined. The most common transportation methods both pre- and post-decentralization were TRAX, the bus, or walking. A substantial decline was found in the services used by respondents from each HRC post-decentralization. Nine out of the 14 services examined had at least a 40% decline in visits from pre- to post-decentralization. The proportion of respondents indicating that they had started a service did not exceed the proportion who stopped

using the service for any of the service categories. This suggests that respondents did not have an overall increase in the exposure to services post-decentralization compared to pre-decentralization.

Despite the pre-decentralization challenges some client participants reported, as described in Chapter 4, the location of the TRHSLC within the Free Fare Zone and the relative ease of access to transit were reasons many participants noted that being located downtown was more convenient than at the three HRCs examined post-decentralization. Recommendations to improve transportation services for PEH offered by client participants included 1) lowering cost barriers by offering more free transit in the region, providing HRC clients unlimited transit linked to their services card, expanding the HRCs' capacity to offer transit passes, and to base the cost of transit on a person's income and 2) increasing access to transportation from the HRCs, including expanding UTA bus service, the Advantage Shuttle service, and the Free Fare Zone.

Complementing the client interviews, professional and provider interviews, presented in Chapter 5, indicate significant transportation challenges. Moreover, professionals and providers reported that while the sheltering system changed the transit system did not, which resulted in PEH needing transit when they didn't need it pre-decentralization. PEH were also reported to need to plan for travel in advance, taking more time to get places, being at increased risk for accidents, and having reduced access to offsite services. These challenges were identified as contributing to a reluctance among PEH to travel to the MRC, leave HRCs once they are situated, and result in more PEH camping unsheltered in Salt Lake City. Professionals and providers identified the need for transportation on demand, envisioned as free or deeply subsidized ride share and bike share programs and increased shuttle and transit availability, accessibility, and frequency. Other recommendations included providing education to PEH on transportation options, increasing state funding for the operation of the HRCs to provide onsite services and for transportation resources, and ongoing reflection and dialogue among stakeholders and decision-makers as well as with PEH about their experiences of using the HRCs and transportation needs.

Recommendations to mitigate transportation issues when homeless services are decentralized include significant consideration of how the transportation network system will evolve alongside the restructured service system. This could include development of no- or low-cost transportation on demand options, expanding bus routes, state-level funding for a shuttle system, and education to PEH on how to use public transit.

1.0 INTRODUCTION AND BACKGROUND

In 2019, government and civic leaders in Utah transitioned the delivery of homeless sheltering services in Salt Lake County from a primary centralized emergency shelter and operator—The Road Home Salt Lake Community Shelter and Resource Center (TRHSLC) operated by The Road Home—to a decentralized, scattered site model with multiple shelter locations providing coordinated service delivery. Replacing one downtown Salt Lake City shelter, four Homeless Resource Centers (HRCs), operated by various service providers, including The Road Home, Volunteers of America (VOA), Utah, and Catholic Community Services (CCS), were designed, built, and opened outside of downtown Salt Lake City.

The transition to a decentralized model required finding sites for these new HRCs. A stated consideration in the Salt Lake City Planning Commission’s (2017) HRC Zoning Amendment was “proximity” to public transportation and other needed services. To understand to what degree this transportation proximity consideration was achieved, this study examined: 1) how the decentralization of homeless services influenced transportation demand and mobility patterns for persons experiencing homelessness (PEH); and 2) how transportation and mobility changes affected access to services for PEH. This study examined if, and how, the decentralization of homeless services affected overall community accessibility for PEH.

1.1 RESEARCH CONTEXT

1.1.1 History of Homelessness Services in Salt Lake Valley

The Salt Lake Valley has a long history of providing sheltering and other social services for PEH. The Travelers Aid Society (TAS), established in 1923, was the first organization dedicated to providing services for PEH in Utah (Thalman, 2001). The TAS operated emergency shelters in various ad hoc spaces in Salt Lake City as resources and circumstances allowed (The Road Home, n.d.).

The establishment of a dedicated shelter space in Salt Lake City tracked national trends, as The Stewart B. McKinney Homeless Assistance Act was ratified in 1987. This was the first federal act to directly provide resources and assistance for PEH and create interagency coordination of services and funding mechanisms through the creation of the Interagency Council on the Homeless (U.S. Interagency Council on Homelessness, 2020). In 1988, Shelter the Homeless, a Utah nonprofit organization, was established to operate as a clearinghouse entrusted with public funds to acquire land and develop facilities exclusively for PEH. Also in 1988, under the guidance and supervision of Shelter the Homeless, TRHSLC opened (The Road Home, n.d.). A year later, in 1989, the Salt Lake County Homeless Coordinating Committee was established, and was later incorporated as a nonprofit in 2006 to oversee the annual Continuum of Care

applications for U.S. Department of Housing and Urban Development federal funding, as the designated entity allowed to make decisions representing communities' plans to meet the needs of PEH (Hartvigsen et al., 2016; Salt Lake Valley Coalition to End Homelessness, 2019).

In 1997, the Salt Lake County Council of Governments created a working committee, the Long Range Planning Committee, to examine and provide potential solutions to “the growing problem of homelessness in Salt Lake County” (Salt Lake Valley Coalition to End Homelessness, 2019). In 2001, the original Travelers Aid Society was renamed “The Road Home” to explicate the organization’s mission more (Shelter the Homeless, n.d.; The Road Home, n.d.).

In 2004, the state’s Homeless Coordinating Committee published a 10-year strategic plan to end chronic homelessness (Homeless Services Site Evaluation Commission, 2015; Office of the Legislative Audit General, 2018). Further, the Long Range Planning Committee developed and published its own 10-year strategic plan to end chronic homelessness in 2005 (Salt Lake Valley Coalition to End Homelessness, 2019).

Previously located at 210 Rio Grande Street, TRHSLC provided emergency sheltering services for up to 1,100 people daily. TRHSLC was located in Salt Lake City’s downtown core, which included being in a free public transportation zone, and near a variety of services and resources for PEH.

1.1.2 History of Decentralizing TRHSLC

In 2013, Salt Lake City’s division of Community and Economic Development commissioned a situational analysis of the state of homelessness where the TRHSLC was located (Straube & Steiert, 2014). This evaluation, conducted with housed residents, PEH, social and sheltering services providers, and law enforcement, concluded that the livability and quality of life in downtown Salt Lake City were being negatively affected by the concentrated homeless population (centered around TRHSLC), combined with the lack of resources and dearth of coordination and collaboration in service outreach and delivery for PEH. This assessment reported that there were large numbers of people outside of TRHSLC and surrounding areas that often resulted in the Rio Grande Street being impassable to pedestrians, and that cleanliness, crime, and drug use were concerns among PEH, pedestrians, and residents in the Rio Grande neighborhood (Straube & Steiert, 2014). This report instigated further consideration of how to provide services more effectively for PEH in the state of Utah.

In addition to the safety concerns highlighted in the report, the design of TRHSLC, which was built in 1988 to meet the needs of single men who were experiencing homelessness, was called into question. The report questioned whether the needs of homeless families or persons with mental health and substance use disorders were adequately met through a large, centralized model of shelter and service delivery. This led to an in-depth process of evaluation and redesign of the homelessness services

system in the city, county, and state (Homeless Services Evaluation Commission, 2015b; Salt Lake City Government, 2014; Straube & Steiert, 2014). The report also took into consideration the interests of local and state business and community development interests, who often saw TRHSLC as an obstacle to overcome in transitioning downtown Salt Lake City to a more active and inviting economic and investment area (Rolly, 2016; Tanner, 2016).

In April 2014, a two-day “solutions retreat” (attended by service funders and providers, including representation from The Road Home, Fourth Street Clinic, Volunteers of America Utah, Catholic Community Services, Crossroads Urban Center, and others) was held to discuss service needs for specific subpopulations of PEH and to determine community goals (Homeless Services Evaluation Commission, 2015a). Following this retreat, a Homeless Services Strategy was developed, which included as one of its goals the need to: “Determine the best locations for homeless services from multiple perspectives—health and safety, business, livability, transportation, service provision, and how each is impacted by a select location” (Salt Lake City Government, 2014). One strategy outlined to meet this goal was to “conduct a site analysis for shelter and other homeless services [and] examine environmental limitations including physical location and availability of required acreage, zoning, transportation network, service capacity, possible impacts on surrounding community” (Salt Lake City Government, 2014).

In 2014, the mayors of Salt Lake City and Salt Lake County formed a Homeless Services Site Evaluation Commission (HSSEC), which was tasked with making recommendations and informing decision-making on configuring and siting emergency homeless services (Hartvigsen et al., 2016; Salt Lake City Government, 2014; Salt Lake City Homeless Resource Center Site Selection, 2016). From January to November 2015, the HSSEC met to discuss new homeless service locations.

Together, with the Salt Lake County Collective Impact Steering Committee, the HSSEC concluded that the current shelter model required a substantial redesign (Salt Lake City Government, n.d.; Salt Lake Valley Coalition to End Homelessness, 2019). The HSSEC recommended “a scattered site model,” with two separate sites—one for single adult females and one for single adult males (Hartvigsen et al., 2016). The decision for moving away from a centralized location was based, in part, on the assessment that that majority of PEH were located within Salt Lake County, and that decentralizing would allow PEH to have access to several shelters based on where they preferred or were currently located (Office of the Legislative Audit General, 2018).

On November 23, 2015, a Future Facilities Scenario Resolution was concluded by the HSSEC. It stated: “The concentrated service facility model in the Rio Grande area no longer meets collective needs or shared outcomes and should be changed.” Moreover, it was recommended that new facilities use a scattered site model to reduce “stress on the emergency services system as a whole, on families and individuals who are homeless, and on neighborhoods that host homeless services” (Homeless Services Site Evaluation Commission, 2015a).

Following the 2016 legislative session, which provided \$9.25 million to implement the new service and homeless model, the HSSEC was reconvened to advise and provide recommendations for future HRC sites (Salt Lake City Government, n.d.)

1.1.3 Transitioning to the Homeless Resource Centers

The process of designing, siting, and building four newly titled Homeless Resource Centers (HRCs), operated by various service providers and located throughout Salt Lake County, entailed a process that extended over several years. To include community input, Salt Lake City's Housing and Neighborhood Development Division hosted multiple Neighborhood Engagement Workshops (Homeless Services Site Evaluation Commission, n.d.) In June 2016, five neighborhood engagement workshops were held with community members, including PEH, to prioritize criteria to consider during the HRC site selection.

Participants rated the top four aspects of a new HRC to: 1) not be conducive for regional drug trade; 2) provide easy access to services, including medical, behavioral health, detox, and community partners; 3) be designed for safety using Crime Prevention Through Environmental Design (CPTED) standards; and 4) be close to public transportation as needed to access services (Cleveland, 2016). Following these workshops, the HSSEC created a development process and site selection timeline.

Salt Lake City began the site selection process in September 2016, with the goal to select four sites. To initiate this process, 11 sites were presented to the HSSEC to review and evaluate for their location based on the criteria mentioned above (Is the site conducive to the drug trade? Is the site located near public transportation? Does the site have easy access to services? Is the site part of a larger neighborhood?) (City Council of Salt Lake, n.d.). In addition to these stated criteria, it is widely assumed that other factors contributed to the siting of the new HRCs. For instance, the planning committee had to consider property availability and price, while avoiding neighborhood complaints. In sum, the siting of the new HRCs was a complex, deliberative, and highly contested process, as it is in many municipalities (Lyon-Callo, 2001).

The newly planned HRCs were separated into subpopulations of PEH: these divisions include the Men's Resource Center (MRC) for self-identifying adult males, the Geraldine E. King Resource Center (GKRC) for self-identifying adult females, and the Gail Miller Resource Center (GMRC) for self-identifying adult males and females. The Midvale Family Resource Center (MFRC) for family units with minor children had been in development prior to the site selection of the three additional sites, and later transitioned into an HRC. The MFRC opened its doors with 300 beds on November 25, 2017 (Cortez, 2015). In December 2016, four sites, all within 0.3 miles of a bus stop and 0.5 miles from a UTA TRAX station, were announced (Salt Lake City Homeless Resource Center Site Selection, 2016):

- 653 East Simpson Avenue (contested site where construction never took place)
- 648 West 100 South (contested site where construction never took place)
- 275 West High Avenue (Gail Miller Resource Center)

- 131 East 700 South (Geraldine E. King Women’s Resource Center)

From January to March 2017, Salt Lake City held public meetings and hosted online discussions to gather public input about the four announced sites. Public concerns centered on issues of accessibility, safety, and transportation, among others (Piper, 2017). For instance, residents of Salt Lake City’s Sugarhouse neighborhood expressed strong opposition to the Simpson Avenue site and created a coalition to oppose the development of the HRC at this location (A Fair Shake for Simpson, 2017). The primary concerns of siting an HRC at 653 East Simpson Avenue, according to the coalition, were safety, devaluation of property values, crime increases, and claims that the proposed \$7 million could be used for better purposes (McKellar, 2017; Piper, 2017).

In early 2017, Salt Lake City Mayor Jackie Biskupski announced plans to end the purchase of sites at 653 East Simpson Avenue and 648 West 100 South; only the 131 East 700 South and 275 West High Avenue sites would be pursued for purchase to develop HRCs. Rather than suggest that the decision to cancel development plans at two sites was the result of community business and resident opposition, government leaders, including Salt Lake County Mayor Ben McAdams and Salt Lake City Mayor Jackie Biskupski, suggested that the costs of the sites were prohibitively high for the project to be feasible (Piper, 2017). With the need for more sites, an alternate site was chosen in South Salt Lake (a different municipality), at 3380 South 1000 West (Weber & Neugebauer, 2017). After these three new HRC sites were finalized, it was also suggested that the three new sites shelter 200 people each, rather than the original plan of four sites that would shelter 150 people each (Piper, 2017).

Six years after the decentralization process was officially initiated, HRCs were opened in three locations on separate dates, operated by various agencies:

- On August 13, 2019, the 200-bed Geraldine E. King Women’s Resource Center, operated by Volunteers of America, Utah, opened at 131 East 700 South (Martin, 2021).
- On September 13, 2019, the 200-bed mixed gender Gail Miller Resource Center (originally operated by CCS, though currently by the Road Home) opened at 275 West High Avenue (Dudley, 2019; Stevens, 2020b).
- On November 18, 2019, the 300-bed South Salt Lake Men’s Resource Center, operated by The Road Home, opened at 3380 South 1000 West (Rodgers & Stevens, 2019).

Lastly, on November 21, 2019, three days after the Men’s Resource Center opened its doors, the TRHSLC officially closed. The facility was demolished in January 2020. Since that time, the numerous plans for development of the TRHSLC site have included various housing and real estate projects (Rodgers, 2021).

1.1.4 Homeless Resource Centers and Transportation Network

This research focuses on the new HRC locations and the large-scale changes in infrastructure (post-decentralization) compared to TRHSLC (pre-decentralization). The

TRHSLC was located in the Rio Grande neighborhood near a central Utah Transit Authority (UTA) transportation system hub, which provided PEH a short walking distance to the UTA bus system and UTA light rail services (colloquially known as TRAX). TRHSLC was also within the Free Fare Zone (Figure 1.1)—a cluster of transit stops where riders can use TRAX and regular bus services for free. Riders must board and exit the TRAX or bus within the geographical area shown in Figure 1.1. There are 87 bus stops and eight TRAX stations within the zone. No HRC is currently located within the Free Fare Zone, though the GKRC is just outside the Free Fare Zone (seen in the southeastern portion of the map). TRHSLC and Rescue Mission Salt Lake are the only sheltering services that were/are within the Free Fare Zone, which challenges PEH to access reliable, frequent, and inexpensive forms of transportation.

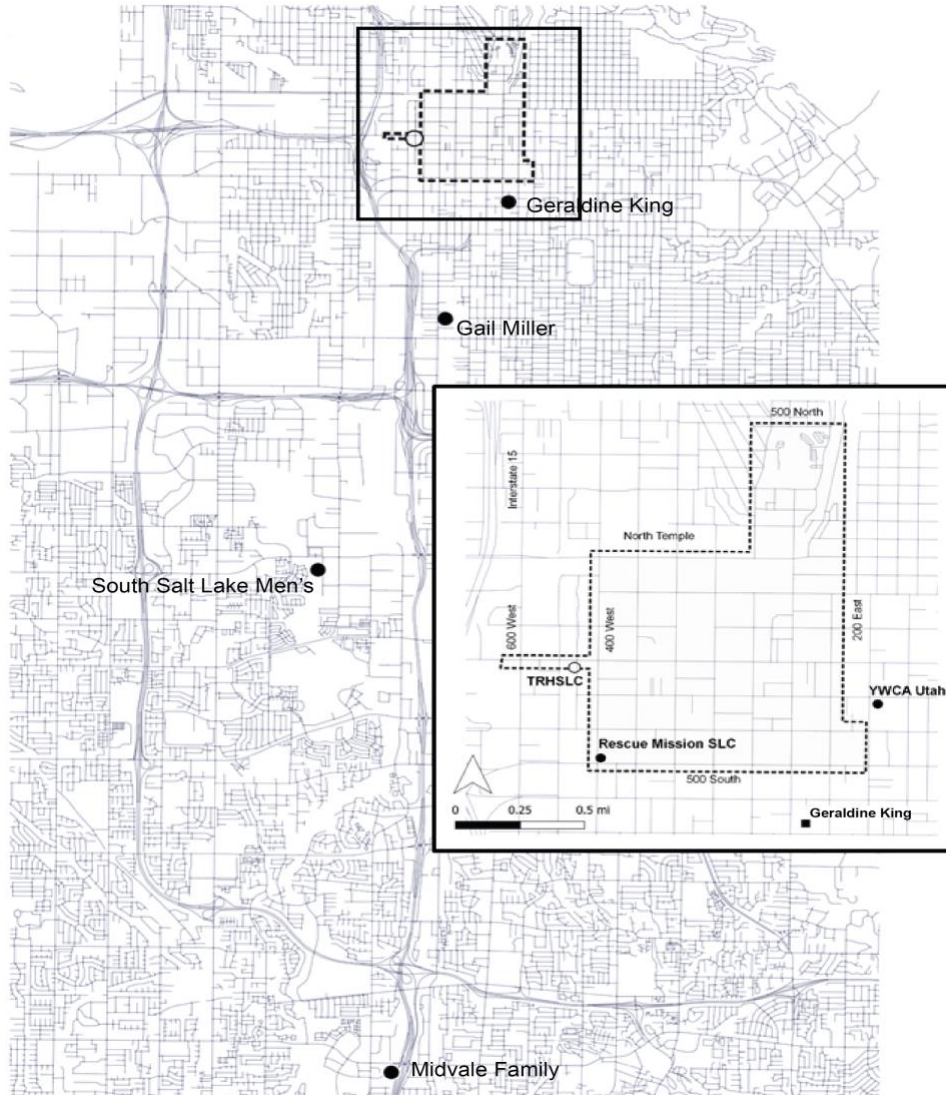


Figure 1.1: UTA Free Fare Zone and relative location to HRCs in Salt Lake County

Distinctly located throughout Salt Lake Valley, some HRCs are closer to downtown Salt Lake City and the former TRHSLC location, where several health and social services that target support to PEH are located. The GKRC is one mile from the former TRHSLC site, the GMRC is 2.4 miles away, and the MRC is 6.4 miles away. The siting of the HRCs outside of the downtown area and Salt Lake City's Free Fare Zone led to challenges in transportation, mobility, and accessing essential services, such as medical care from the Fourth Street Clinic, the primary healthcare provider for Salt Lake's homeless community.

Built outside of the downtown core, the three new HRCs have a combined maximum capacity of 700 beds, which reduced the number of available shelter beds in Salt Lake County from the previous 1,100 capacity available at TRHSLC. Designed and built to be multiservice resource centers, HRCs provide a range of services, including employment assistance, case management, and healthcare. The HRCs each provide new additional services, such as in-shelter food service three times a day and onsite mobile medical care units.

1.1.5 Current Study

The decentralization provided a natural case study of how transportation demand and mobility patterns for PEH are impacted by shelter decentralization, and how policymakers might anticipate and respond to possible disruptions or alterations in this population's transportation demands and mobility needs. For instance, historic records from PEH suggest that those who had regularly stayed at the TRHSLC struggled to reestablish new routines related to accessing transit and social services to which they were previously accustomed (García & Kim, 2020). Moreover, three fatal vehicular-pedestrian accidents occurred near the MRC within a few months of its opening (Stevens, 2020a).

Considering these preliminary reports, additional research into transportation amongst PEH in Salt Lake County was warranted. Thus, the following areas of inquiry were proposed for this study: 1) How the decentralization of homeless services influenced transportation demand and mobility patterns for PEH; and 2) How transportation and mobility changes affect access to basic services for PEH.

At project initiation, we convened a technical advisory committee (TAC) based on our interdisciplinary team's prior community-engaged work in Salt Lake Valley (García & Kim, 2020; Rose, 2019; E. Smith et al., 2021). This TAC consisted of representatives from the local municipal government and homelessness serving agencies. Guided by partnership principles inherent in community-based participatory research (Israel et al., 2005), the TAC was consulted during bimonthly meetings to inform participant recruitment, data collection, and interpretation. The study protocol was approved by the University of Utah Institutional Review Board before the initiation of data collection, and all participant names have been removed to protect identities.

Utilizing mixed-methods research design, we conducted the following assessments:

- 1) a document analysis of publicly available planning and staff reports and documents (Chapter 1);
- 2) a spatial and statistical analyses of proximity to basic and essential services for clients of the four new HRCs, as compared to TRHSLC (Chapter 2);
- 3) a survey of clients' travel behaviors, mobility patterns, and access to necessary services (Chapter 3);
- 4) qualitative interviews with HRC clients who had also stayed at TRHSLC (Chapter 4); and
- 5) qualitative interviews with service providers and decision-makers (Chapter 5).

Finally, we conclude our study with policy and practice recommendations (Chapter 6) to mitigate transportation issues when homeless services are restructured and/or decentralized.

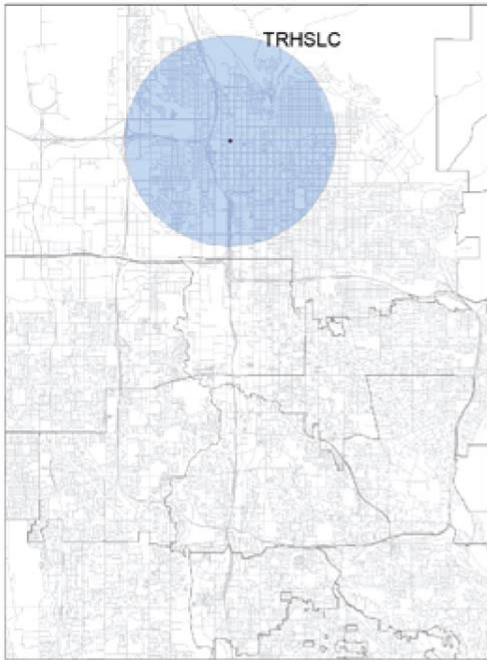
2.0 SPATIAL ANALYSIS

This chapter reports findings from proximity analyses that explore if and how the decentralization of homeless services from TRHSLC to the HRCs affected accessibility for PEH. In these analyses, “accessibility” is a measure of the distance between homeless shelter services and common transportation, goods, and services locations. However, additional variables (individual mobility, system connectivity, land use patterns, etc.) affect the accessibility of these services. These analyses are used to show the proximity and intensity of services in Salt Lake County relative to the homeless shelter service system. The analyses also indicate transportation needs that have changed post-decentralization.

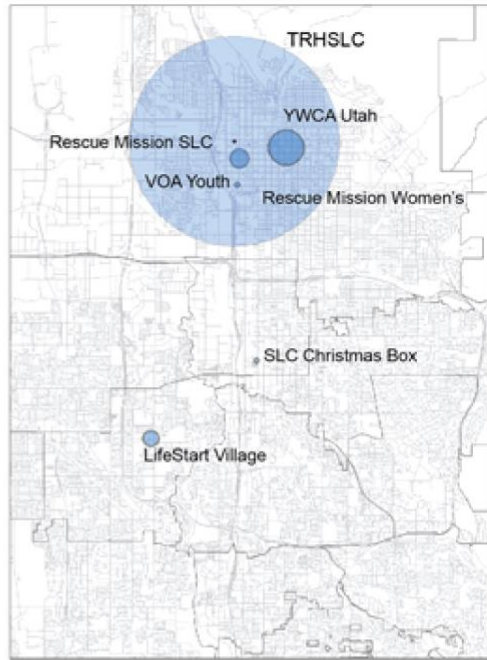
This chapter focuses on the locations that had large-scale changes in infrastructure: TRHSLC and the new HRCs. Other shelters and services for PEH that were in operation pre-decentralization and continued to operate in the new system are referred to as continuing sheltering services (CSSs), as they did not change their location, official bed capacity, or programmatic offerings during the multiyear decentralization process. For our analyses, the capacity of the CSSs, HRCs, and TRHSLC are defined by the official number of beds available at each location. In this chapter, the combination of TRHSLC and CSSs (pre-decentralization) or HRCs and CSSs (post-decentralization) are referred to as the homeless shelter service system that has changed over time.

Figure 2.1 displays the homeless shelter service system pre-decentralization (Map B) and post-decentralization (Map D), and shows the changes in shelter capacity and location following decentralization. The size of each shelter’s symbol is proportional to the number of beds at each location. TRHSLC had a maximum of 1,100 beds, and the new HRCs have either 200 (GMRC and GKRC) or 300 beds (MRC and MFRC). To provide a baseline understanding of the homeless sheltering system, Figure 2.1 illustrates the differences in shelter capacity and location pre- (blue) and post- (yellow) decentralization. Map A shows TRHSLC only, while Map C shows the new HRCs. TRHSLC, located in the downtown urban core of Salt Lake City, had by far the largest capacity, while the MRC, GMRC, MFRC,¹ and GKRC are smaller and located outside downtown. Map B and D show the pre- and post-decentralization facilities within the context of some of the more commonly utilized CSSs, such as YWCA Utah, Volunteers of America Youth Resource Center, Rescue Mission Salt Lake, Rescue Mission Women’s Center, LifeStart Village, and Salt Lake Christmas Box House, though not a comprehensive collection (as this was not the focus of our analyses).

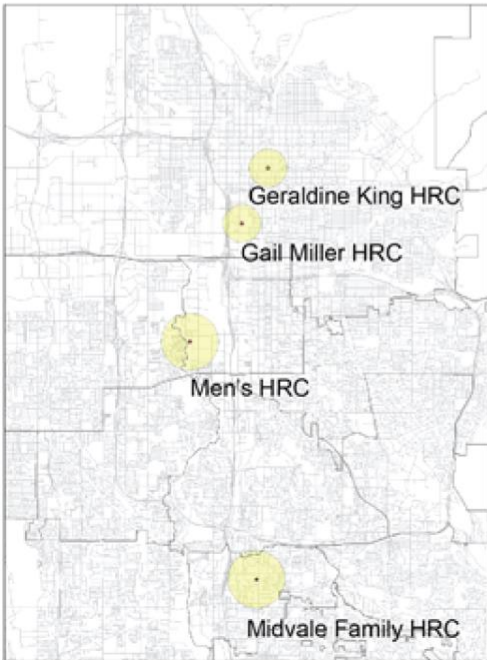
¹ Note: In this chapter we consider the MFRC in some of our geographic analyses. The development of this HRC was part of the decentralization process. However, the MFRC is a geographic and programmatic outlier in many respects, as it is spatially distant from the other HRCs, and its clientele largely pulls from a different population (families with children).



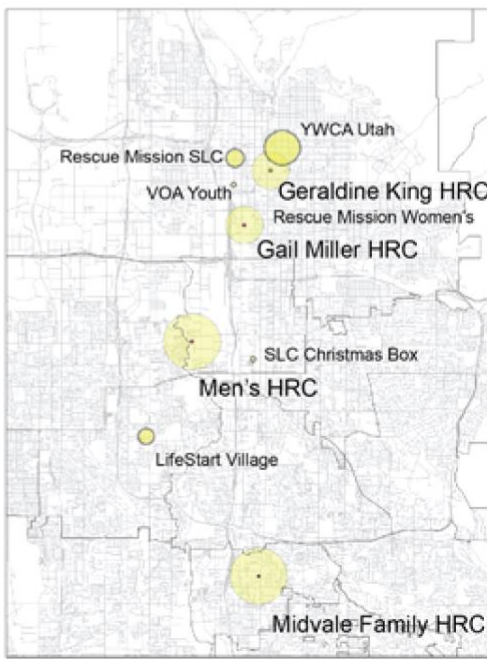
A. Pre- decentralization (TRHSLC)



B. Pre- decentralization including CSSs



C. Post- decentralization (HRCs)



D. Post- decentralization including CSSs



Figure 2.1: Salt Lake County's homeless shelter services system

The purpose of our spatial analysis was to determine: 1) how the decentralization process changed transportation access and patterns; and 2) how decentralization changed overall behaviors for PEH using the new, less centralized HRCs, as opposed to TRHSLC. Additionally, decentralization may have influenced access to nearby basic services. While other sections of this report address subjective perspectives of these changes, this chapter approaches decentralization from a spatial perspective. The following research questions were posed for this geospatial analysis:

1. In the process of decentralization from TRHSLC to the four HRCs, how did accessibility to social services and basic goods change in Salt Lake County?
2. In the process of decentralization from TRHSLC to the four HRCs, how did accessibility to transportation services change in Salt Lake County?

Basic service proximity and intensity was analyzed for each of the individual HRCs, as well as an average of all four new HRCs post-decentralization. Proximity and intensity scores from the individual HRCs and the average of the four HRCs (the post-decentralization system) were then compared to TRHSLC (the pre-decentralization system). The average proximity and intensity results provide information about the entire homeless shelter system in Salt Lake County while individual HRC analyses offer information to inform sheltering service providers, transportation planners, and state, county, and municipal government agencies' decision-making around transportation operations or service provision to meet the need of PEH that have resulted from decreased accessibility. Such results may be most relevant at the HRC site-specific level.

2.1 METHODS AND RESULTS

To answer the research questions, we defined basic service facilities as urban infrastructure, places, or buildings that support the basic needs of humans. These services include TRAX and bus stops and stations, childcare facilities, libraries, community resource centers, healthcare and emergency services, grocery and retail stores, and kindergarten through 12th grade (K-12) schools. Additionally, we filtered through 112 homeless-specific resources, including food, shelter, work, and substance abuse services. Six shelters were identified from the 112 services that had sheltering services. These six CSSs were included as additional resources to which PEH who stayed at either TRHSLC or an HRC would be likely to travel.

2.1.1 Count and Intensity of Basic Services

After filtering basic service facilities and homeless shelter services, we established catchment areas for each homeless shelter service location. These catchment areas represent what the literature defines as a reasonable walking distance (0.25 miles) from homeless shelter service locations outward into the surrounding community. Studies that deal with basic goods and service proximity topics commonly use 0.25 miles as the maximum reasonable walking distance (Guerrera et al., 2011; Yang & Diez-Roux, 2012). Of note, however, PEH have an increased likelihood of factors (e.g., disabilities, impairments, etc.) that confound these broadly accepted accessibility distances and so

smaller distances may be more realistic. Because limited access to diverse transportation modes has been found to contribute to PEH walking longer distances for their trip purpose (Chan et al., 2014; Thomas & So, 2016), we examined up to a one-mile, or about 20-minute, walking distance for PEH to fulfill their trip purpose (Tables 2.1-2.2).

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

	GMRC	MRC	MFRC	GKRC	TRHSLC
Childcare Centers	1	3	0	12	2
Community Services	1	3	1	22	5
Libraries	0	0	0	3	0
Emergency	1	2	1	0	0
Healthcare Centers	0	5	1	10	10
Retail Stores	4	0	1	7	11
Grocery Stores	12	2	6	21	22
Parks	5	5	1	20	8
Rec Centers	2	0	0	9	6
Schools (K-12)	2	3	0	6	3

Table 2.2: Count of transportation services within one mile of each HRC and TRHSLC

	GMRC	MRC	MFRC	GKRC	TRHSLC
Bus Stops	31	25	23	76	98
TRAX Stations	2	0	2	4	9

Geospatial data points for basic service facilities were collected from the Utah Automated Geographic Reference Center (AGRC). Geospatial data for each HRC was collected from the Homeless Service Resource directory managed by the Salt Lake County Division of Homeless Services (Salt Lake County, n.d.). Data on the number of beds available in each HRC were obtained from the Salt Lake Continuum of Care Housing Inventory Count report by the U.S. Department of Housing and Urban Development. In cases where there were discrepancies between these objective data and the number of beds reported at certain shelter service locations by members of the project TAC and other interviewees, specific shelter service locations were contacted and staff members confirmed the numbers used in our analyses.

To address the research questions, data points for the homeless shelter service locations and the basic goods and services locations were used in a proximity analysis. First, a network analysis was performed using the one-mile catchment area. This was done using the ArcGIS Network Analysis tool “generate service area” that includes traffic problem-solving provided by Esri. This network analysis provided shapefiles (hereafter, catchment areas) that show the approximate distance PEH can travel from the shelter on foot. After the network analysis, the function “select by location” was used to isolate all basic service facilities within a one-mile (20-minute) catchment area. The result shows the intensity of services within walking distance from each HRC location. In addition, each individual HRC was averaged to show the difference compared to TRHSLC at a system-wide level. However, there are basic differences between spatial distance and accessibility. Our measures of accessibility account for how easy it is for a

person to traverse a given space, though these metrics do not account for issues associated with homelessness, as mentioned above. To give more detail about the ease of access, the intensity of basic service and transportation locations was broken down by distance bands of .125-, .25-, .5-, and .75-mile distances from each HRC and TRHSLC.

Table 2.3: Intensity of basic services in each distance band within the one-mile catchment areas of each HRC and TRHSLC

	Distance Band (miles)	GMRC	MRC	MFRC	GKRC	TRHSLC	Average of HRCs
Childcare Centers	0-0.125	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.25	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.5	0.0	7.5	0.0	6.5	0.0	3.5
	0-0.75	0.0	2.1	0.0	3.4	0.0	1.4
	0-1	0.9	0.9	0.0	4.0	1.0	1.5
Community Service Centers	0-0.125	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.25	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.5	0.0	0.0	5.2	13.0	2.1	4.6
	0-0.75	0.0	2.1	1.9	8.9	1.0	3.2
	0-1	0.9	1.9	0.9	5.8	1.5	2.4
Emergency Centers	0-0.125	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.25	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.5	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.75	0.0	2.1	1.9	0.0	0.0	1.0
	0-1	0.9	0.9	0.9	0.0	0.0	0.7
Grocery Stores	0-0.125	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.25	0.0	0.0	20.1	0.0	13.1	5.0
	0-0.5	6.3	0.0	10.4	3.3	6.4	5.0
	0-0.75	7.6	2.1	11.2	5.6	5.8	6.6
	0-1	7.5	0.9	5.5	8.7	5.8	5.7
Healthcare Centers	0-0.125	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.25	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.5	0.0	0.0	0.0	3.3	6.4	0.8
	0-0.75	0.0	4.3	0.0	3.4	2.9	1.9
	0-1	0.0	2.8	0.9	3.5	1.9	1.8
Public Libraries	0-0.125	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.25	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.5	0.0	0.0	0.0	3.3	0.0	0.8
	0-0.75	0.0	0.0	0.0	1.1	0.0	0.3
	0-1	0.0	0.0	0.0	0.6	0.0	0.2
Neighborhood Parks	0-0.125	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.25	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.5	0.0	0.0	5.2	16.3	4.3	5.4

	0-0.75	2.5	4.3	1.9	6.7	2.9	3.9
	0-1	3.7	2.8	0.9	5.2	1.5	3.2
Recreation Centers	0-0.125	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.25	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.5	0.0	0.0	0.0	3.3	2.1	0.8
	0-0.75	2.5	0.0	0.0	3.4	1.9	1.5
	0-1	0.9	0.0	0.0	2.9	1.5	1.0
Retail Centers	0-0.125	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.25	0.0	0.0	0.0	0.0	13.1	0.0
	0-0.5	6.3	0.0	5.2	3.3	4.3	3.7
	0-0.75	2.5	0.0	1.9	2.2	3.8	1.7
	0-1	1.9	0.0	0.9	2.3	1.9	1.3
K-12 Schools	0-0.125	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.25	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.5	0.0	7.5	0.0	0.0	0.0	1.9
	0-0.75	0.0	2.1	0.0	2.2	1.0	1.1
	0-1	1.9	0.9	0.0	2.3	1.0	1.3

Table 2.4: Intensity of transportation services in each distance band within the one-mile catchment areas of each HRC and TRHSLC

	Distance Band (miles)	GMRC	MRC	MFRC	GKRC	TRHSLC	Average of HRCs
Bus Stops	0-0.125	116.9	0.0	0.0	0.0	127.0	29.2
	0-0.25	58.3	151.4	0.0	21.4	91.6	57.8
	0-0.5	56.5	74.9	10.4	39.1	59.7	45.2
	0-0.75	42.9	29.8	18.6	42.5	56.6	33.5
	0-1	29.0	23.2	21.0	43.9	47.2	29.3
TRAX Stations	0-0.125	0.0	0.0	0.0	0.0	0.0	0.0
	0-0.25	0.0	0.0	0.0	0.0	26.2	0.0
	0-0.5	0.0	0.0	0.0	3.3	6.4	0.8
	0-0.75	2.5	0.0	1.9	3.4	7.7	2.0
	0-1	1.9	0.0	1.8	2.3	4.3	1.5

These distance bands are shown in Figures 2.2-2.6 and represent distances that would be approximately 2.5-minute, 5-minute, 10-minute, and 15-minute walks, respectively. Figures 2.2-2.6 include our network analysis and the basic service facilities within one mile. The nearest transportation service is enclosed in a circle. All HRCs are closer to the nearest bus stop than the nearest TRAX station. The green shapes are parks, demonstrating the variation among the size and function of parks (i.e., pocket parks, regional, and city parks). Note that the centroids of the parks are also given and these are used in the proximity analysis; thus, if the centroid of the park is within a given distance band, the park is counted.

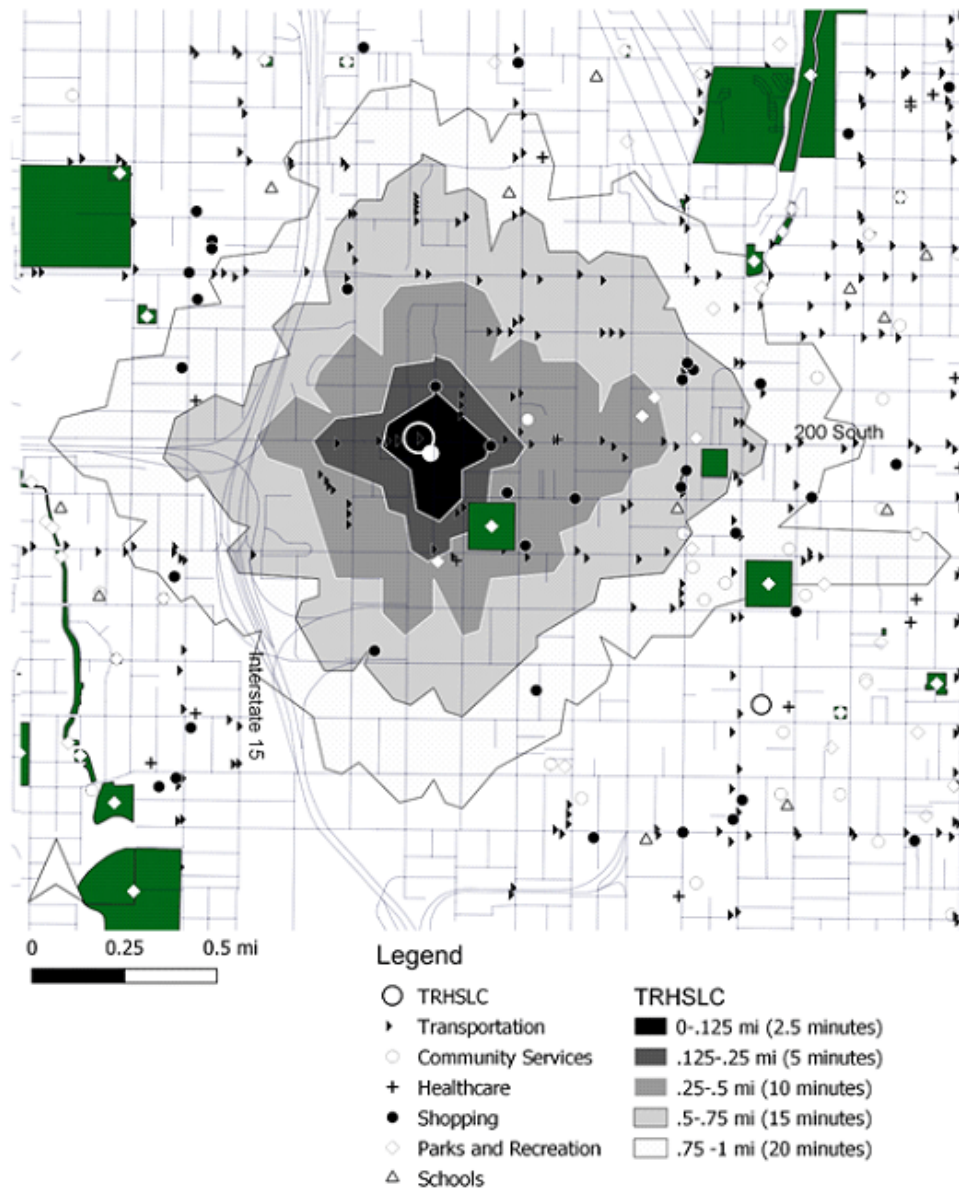


Figure 2.2: TRHSLC network analysis (distance bands) and basic services within one mile

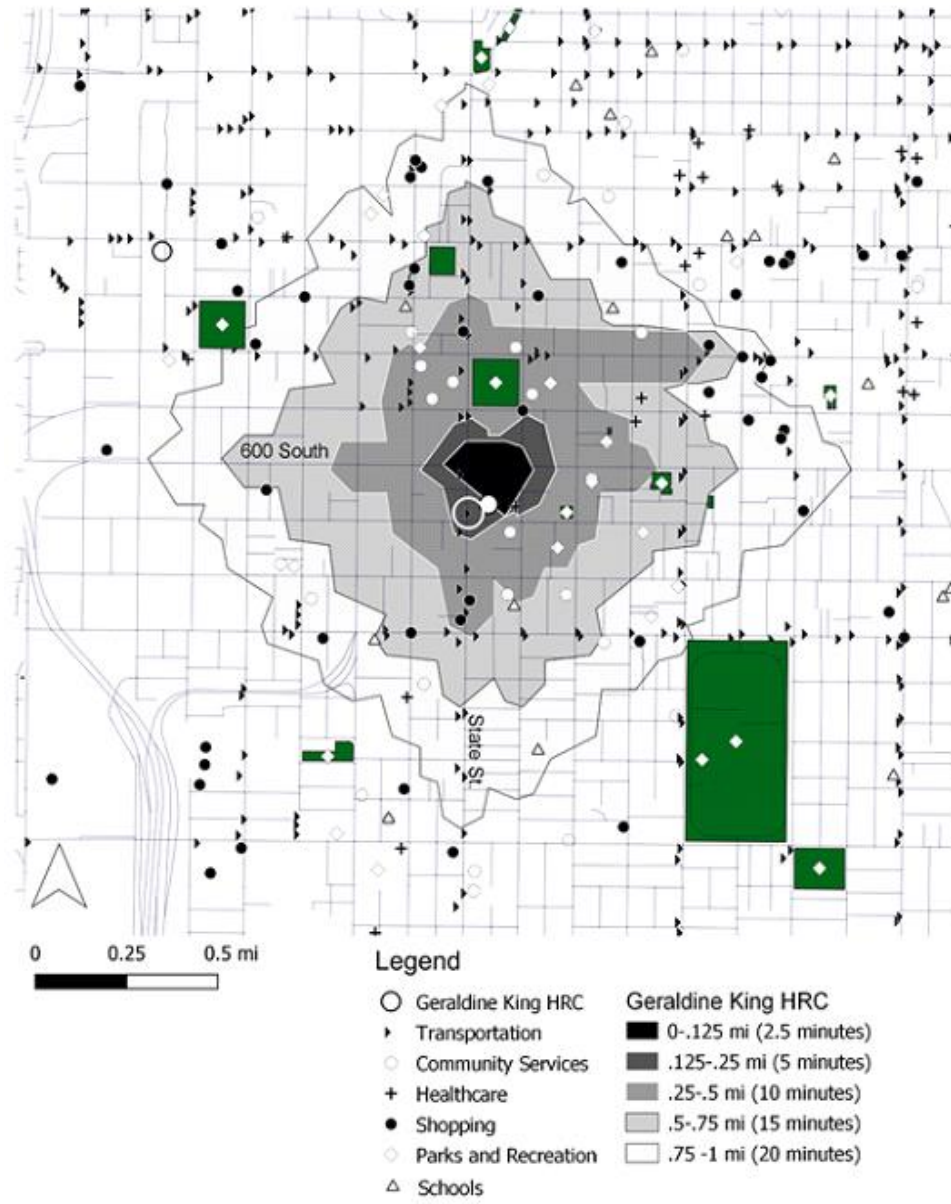


Figure 2.3: GKRC network analysis (distance bands) and basic services within one mile

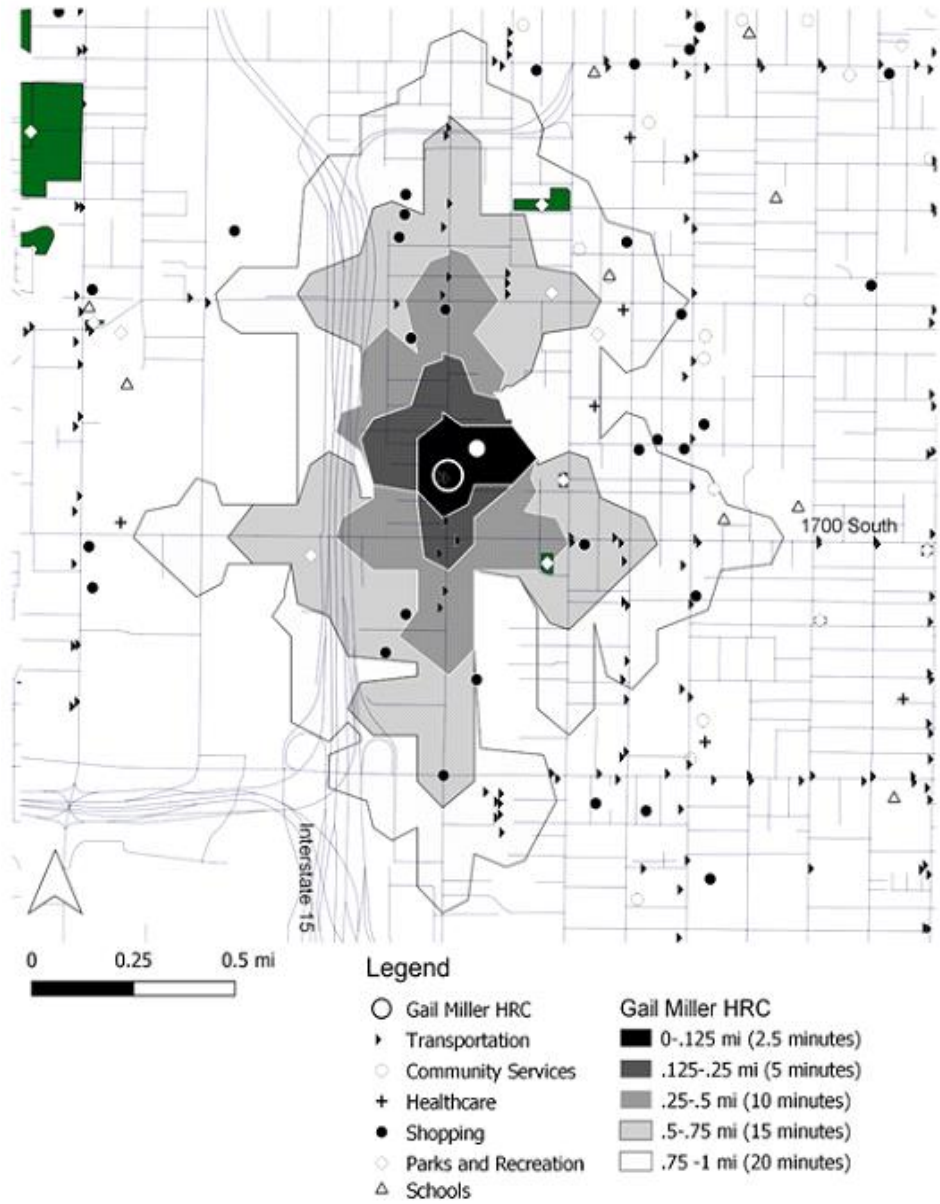


Figure 2.4: GMRC network analysis (distance bands) and basic services within one mile

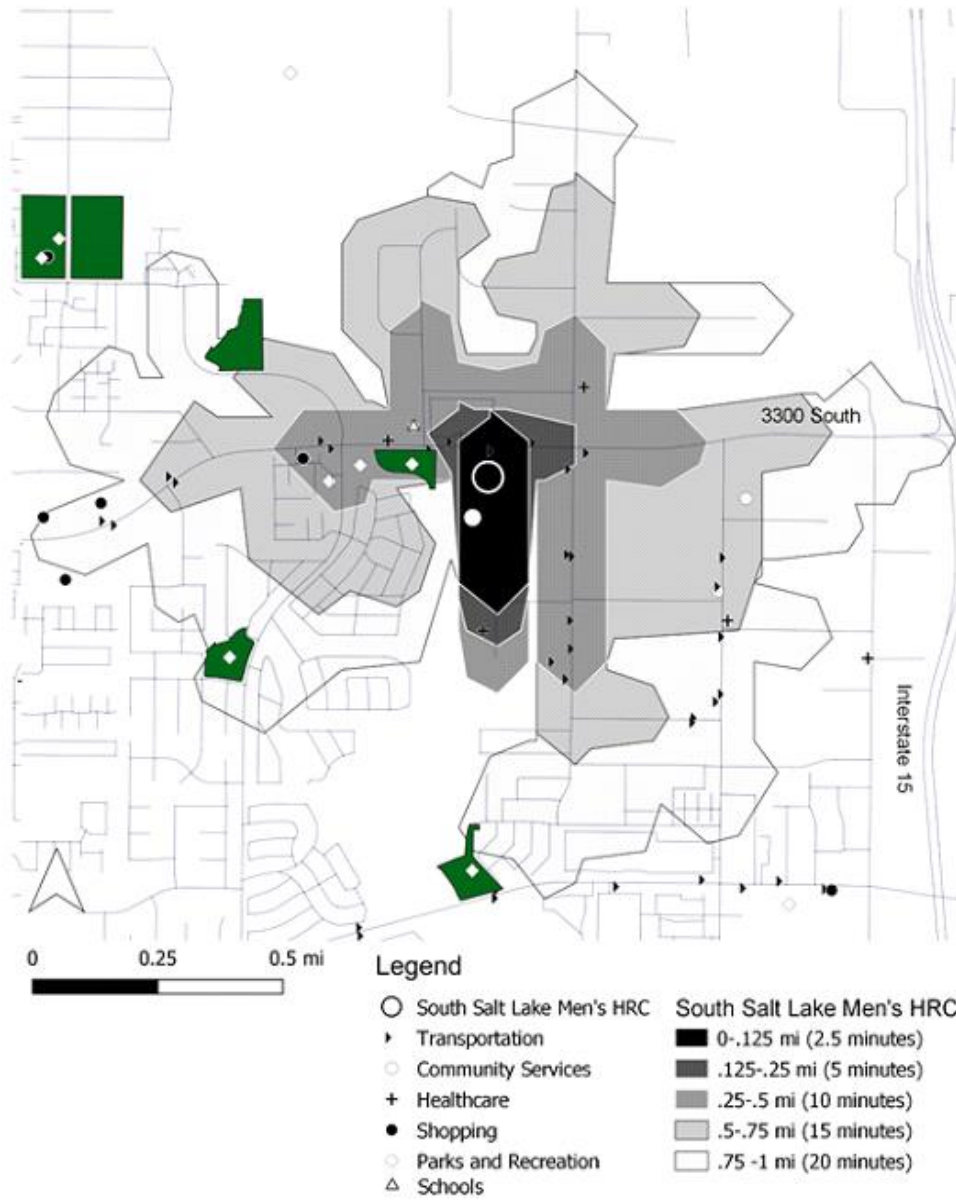


Figure 2.5: MRC network analysis (distance bands) and basic services within one mile

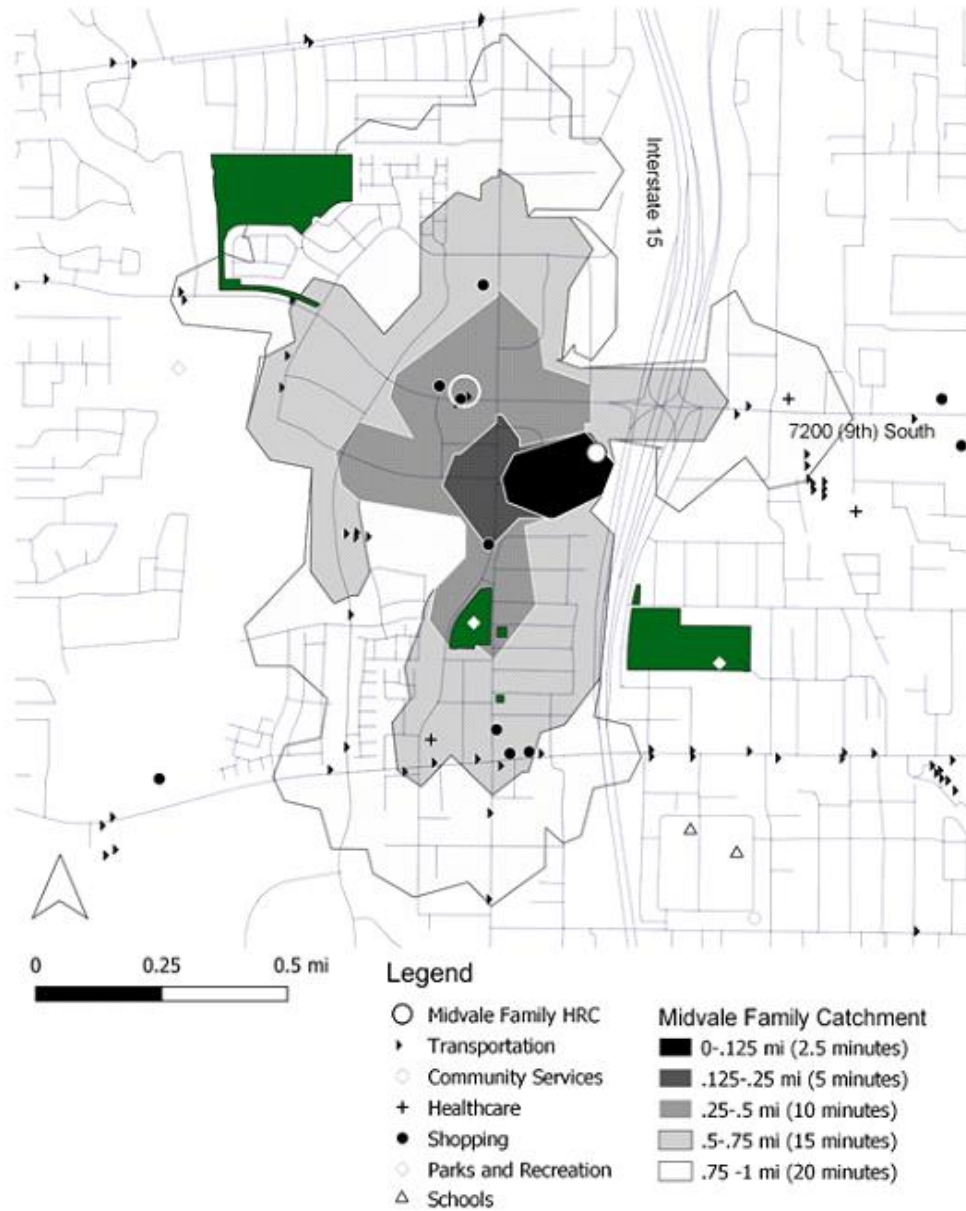


Figure 2.6: MFRC network analysis (distance bands) and basic services within one mile

2.1.2 Nearest Distance to Basic and Transportation Services

The nearest basic service (of each basic service facility type) was then found using the “generate near distance table” tool in ArcGIS. The distance to the nearest basic service and transportation from HRCs and TRHSLC is given in Tables 2.5-2.6 and Figures 2.7-2.11. Note that there are substantial differences in the distance to nearest facilities at certain HRC locations. Post-decentralization (shown here as the average of the new HRCs) did not necessarily increase the distance to the nearest basic service facilities across all service types. Note that the average distance from HRCs to childcare

facilities, healthcare centers, emergency centers, neighborhood parks, and K-12 schools is smaller than the average distance from TRHSLC. Individual HRCs are compared to TRHSLC in Figures 2.8-2.11 to provide more specific comparison in accessibility to different types of services. This is significant since certain HRCs may have different needs in relation to the basic service facilities. For example, families staying at the MFRC may prioritize childcare and K-12 schools more than PEH staying at the MRC.

Table 2.5: Distance (in miles) to nearest basic service facility from each HRC and TRHSLC

Basic Service Facility	GMRC	MRC	MFRC	GKRC	TRHSLC	Average of HRCs
Community Service Center	0.53	0.51	0.37	0.10	0.28	0.38
Public Library	1.50	1.57	1.23	0.38	0.84	1.17
Childcare Facility	0.52	0.21	0.81	0.29	0.77	0.46
Healthcare Center	0.31	0.22	0.40	0.07	0.30	0.25
Emergency Center	0.49	0.34	0.65	0.89	0.86	0.59
Grocery Store	0.31	0.36	0.28	0.26	0.16	0.30
Retail Center	0.34	0.95	0.29	0.27	0.18	0.46
Neighborhood Parks	0.23	0.16	0.41	0.22	0.26	0.25
Recreation Center	0.41	0.99	1.50	0.29	0.29	0.80
K-12 School	0.52	0.21	0.76	0.28	0.68	0.44

Table 2.6: Distance (in miles) to nearest transportation station from each HRC and TRHSLC

	GMRC	MRC	MFRC	GKRC	TRHSLC	Average of HRCs
Nearest Bus Stop	0.10	0.14	0.27	0.05	0.04	0.08
Free Bus Stop	1.54	4.45	9.62	0.24	0.04	3.96
Nearest TRAX Station	0.40	1.27	0.43	0.37	0.11	0.60
Free TRAX Station	1.60	4.54	9.67	0.37	0.11	4.05

Figure 2.7 displays a comparison of the pre-decentralization (TRHSLC) average distances to the nearest basic service facility (blue line) to the post-decentralization (average of HRCs) average distances to the nearest basic service facility (orange line). While the smaller polygon represents a smaller distance that PEH must travel to reach the nearest service, these spatial analyses based on the shortest distance do not account for the often-circumscribed decisions that PEH face. Because of this limitation, the nearest distance tables should be considered within context, especially as prices of retail, schooling, and grocery stores may impact the use of these facilities, as would park size and type, community services type, and other factors.

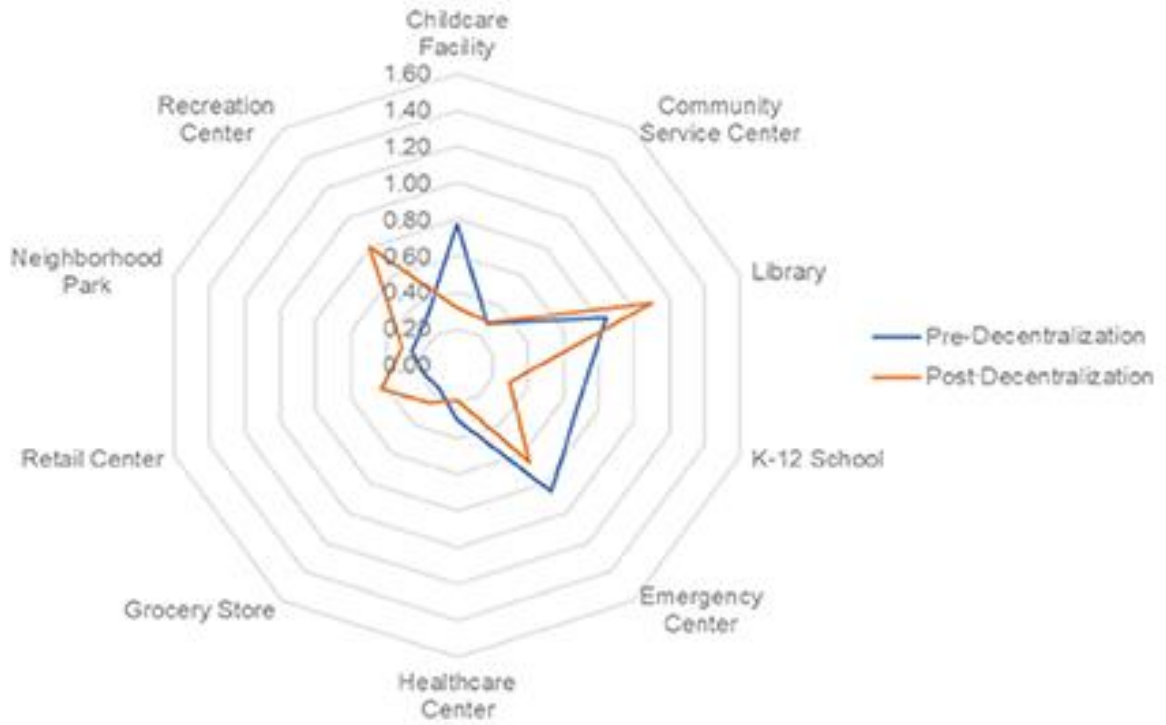


Figure 2.7: Distance to nearest basic service facilities, pre-decentralization vs. post-decentralization

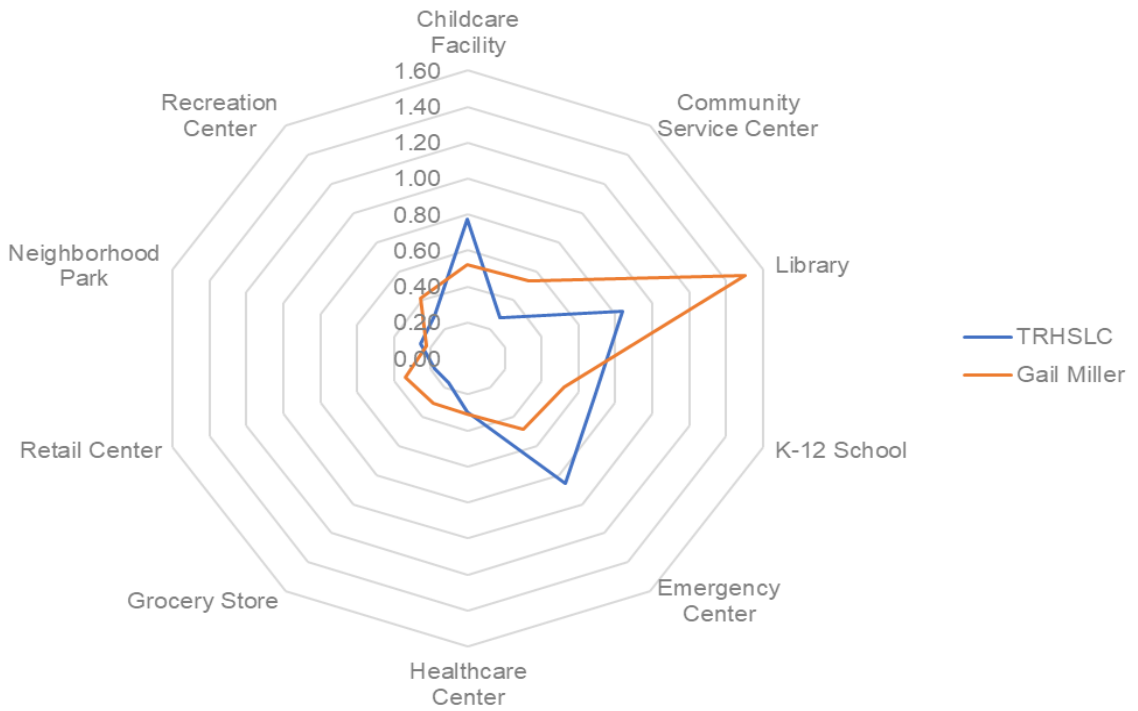


Figure 2.8: Distance to nearest basic services, GMRC vs. TRHSLC

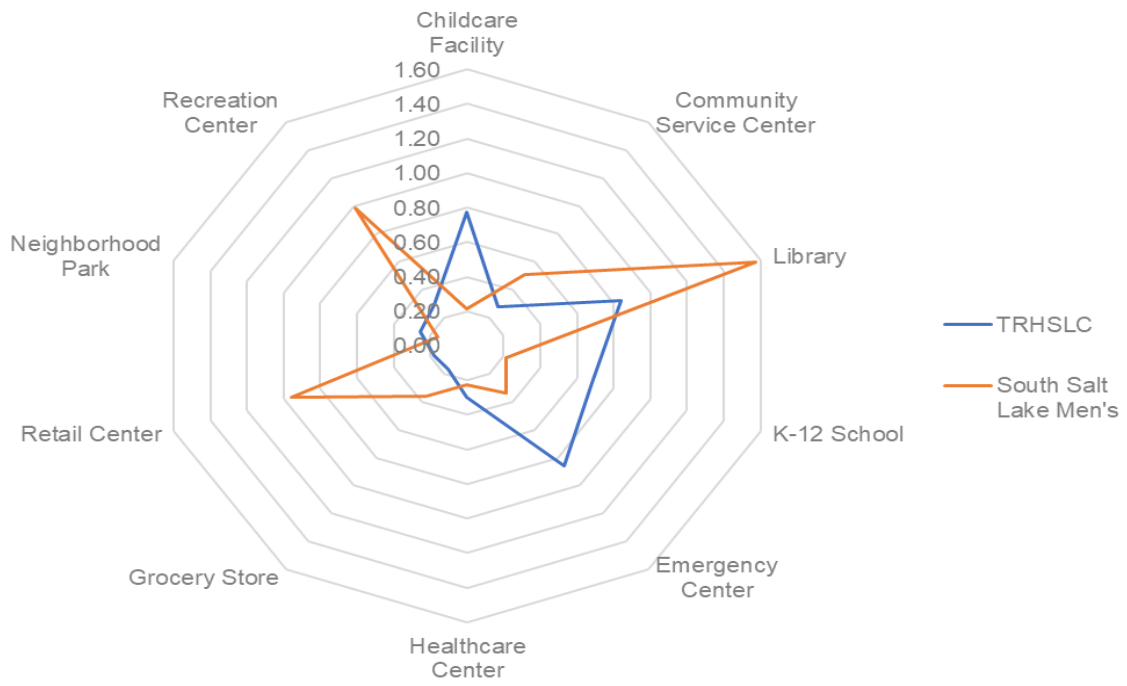


Figure 2.9: Distance to nearest basic services, MRC vs. TRHSLC

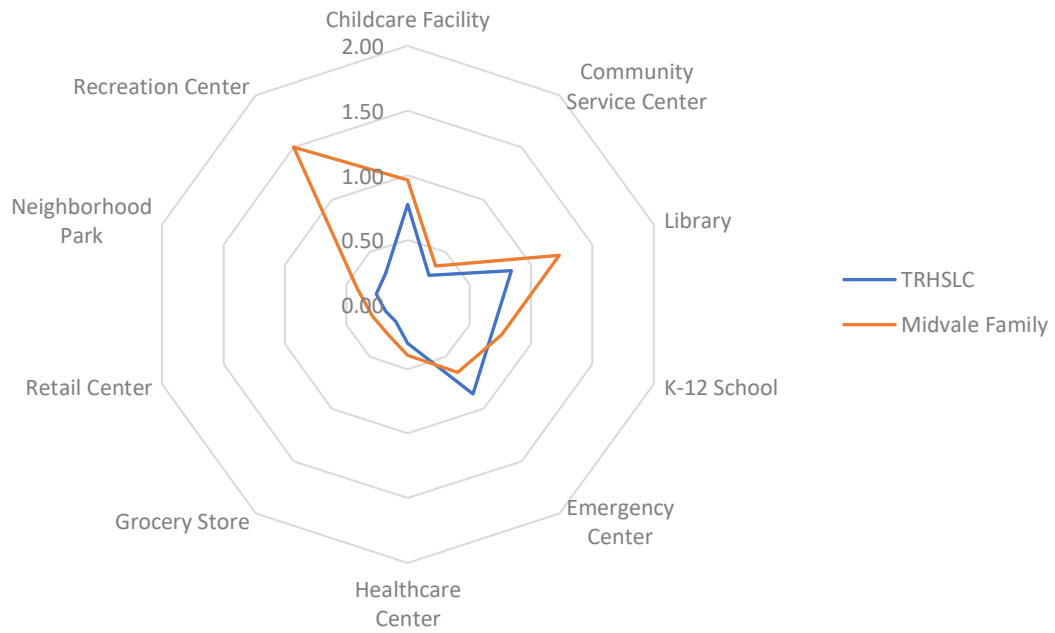


Figure 2.10: Distance to nearest basic services, MFRC vs. TRHSLC

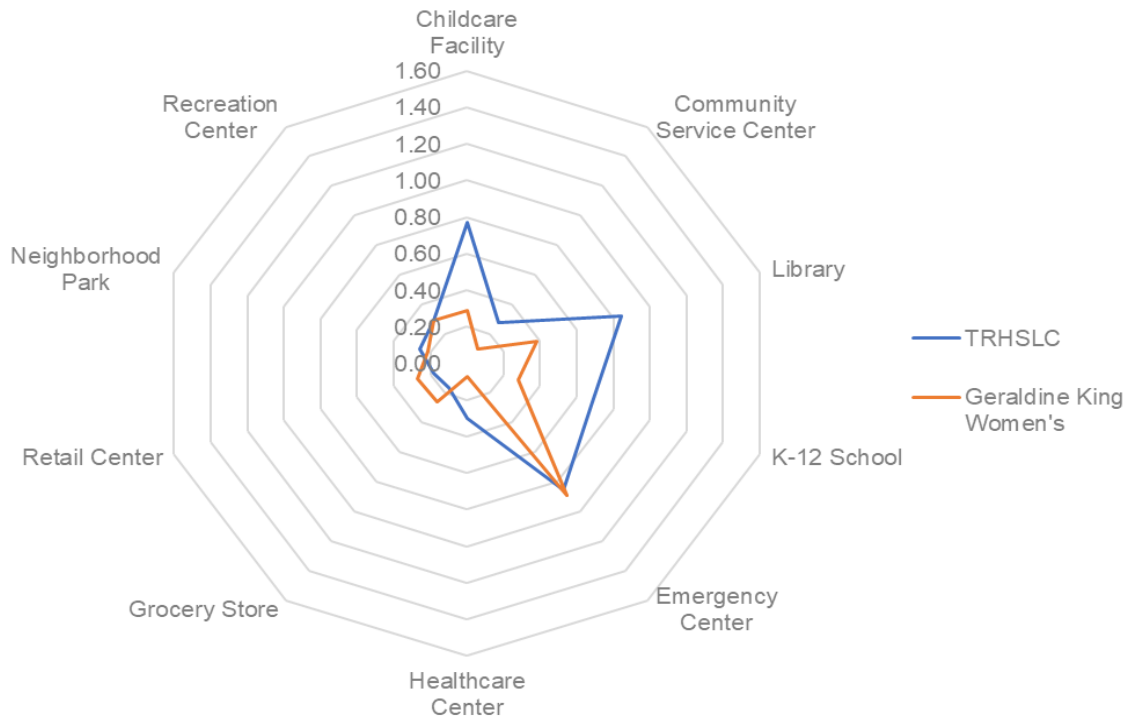


Figure 2.11: Distance to nearest basic services, GKRC vs. TRHSLC

2.1.3 Accessibility Analysis of the UTA Free Fare Zone

To address the second research question, we conducted an additional proximity analysis separating bus and TRAX stops within and outside of the Free Fare Zone. Because the Free Fare Zone reduces the cost barrier to using public transit, this service is an important component of transportation accessibility and access to services for PEH in Salt Lake City. With decentralization, the threshold for many PEH to access free transportation and the basic services within the Free Fare Zone has significantly changed.²

To address accessibility to the Free Fare Zone, the nearest distance table (Table 2.7) shows the difference in pre- and post-decentralization access to free transportation service, as well as the difference between proximity to transportation services and free transportation services at each HRC location. Note that the TRAX and bus stops nearest to TRHSLC were all within the Free Fare Zone. The nearest TRAX stop to the

² The nearest distance to transportation stations does not fully describe access to transportation services. Transit and taxi vouchers may also be available for people within certain income brackets or from staff of sheltering services or case workers from the state. UTA bus passes (which can also be used for TRAX rides) administered through the Utah Department of Health have 12 one-way trips pre-loaded at a time and are meant to be used exclusively for non-emergency medical trips. UTA vouchers administered through the HRCs and other shelter services also provide a pre-set number of trips or funds for trips.

GKRC is also within the Free Fare Zone, but all other HRCs have nearest transportation locations outside of the Free Fare Zone, which may encourage PEH to walk further or use other transportation methods. As described in other chapters, which have additional details related to the use of TRAX and buses within this zone, some PEH alter their transportation behaviors out of fear of citations or harassment from UTA personnel or police.

Not only is the Free Fare Zone advantageous for the purpose of free transportation, but there are also relatively more options for basic service facilities in this small area (about 1.2 square miles). This is especially important given that the Free Fare Zone is only free if riders enter and exit transportation in this zone. Table 2.7 shows the intensity of basic services for Salt Lake County and the Free Fare Zone per mile. Salt Lake County intensity does not include unincorporated areas that are not populated or have very low population (including the unincorporated Wasatch National Forest and the Salt Lake City International Airport).

Table 2.7: Average intensity of basic services within the Free Fare Zone vs. Salt Lake County

Basic Service	Salt Lake County	Free Fare Zone	Pre-Decentralization	Post-Decentralization
Childcare	0.43	1.68	1.0	1.6
Community Services	0.19	5.89	1.5	2.3
Emergency Care	0.15	0.00	0.0	0.6
Grocery Stores	1.03	7.57	5.8	4.5
Healthcare	0.86	2.52	1.9	2.5
Libraries	0.07	0.84	0.0	0.1
Parks	1.14	10.10	1.5	2.9
Recreation Centers	0.14	1.68	2.1	0.8
Retail Centers	0.16	3.37	1.9	1.2
School	0.88	0.84	1.0	1.5

2.1.4 Analysis of Pedestrian Safety and Crash Intensity

Using a similar proximity analysis strategy, pedestrian crash data for the years 2015-2018 from the Utah Department of Transportation (UDOT) were analyzed within the same distance bands from TRHSLC and the HRCs. Additionally, crash intensity is compared pre- and post-decentralization and to Salt Lake County, generally.

Additionally, sidewalk inventory data from a 2016 survey from UDOT made available from the Wasatch Front Regional Council is used to show the speed limits of near roadways and the quality/status of near sidewalks. These data demonstrate the spatial distance that some PEH walk near the HRC where they receive sheltering services.

Table 2.8 contains data from UDOT from the years 2015-2019 (the most recent publicly available state-level data). Within Salt Lake County, there were 1,713 pedestrian

crashes reported to UDOT during its data collection window. The dataset includes information about the severity of the crash on a scale, from 1-5 (1: no apparent injury; 2: possible injury; 3: non-incapacitating injury; 4: incapacitating injury; 5: fatal injury). The severity column shows the percentage of pedestrian crashes in each catchment area that resulted in injury.

Table 2.8: Average annual crashes and crash severity within one mile of each HRC and TRHSLC

	Annual crashes within one mile	Severity over 3 (pedestrian hospitalized or death)
GMRC	18	11%
MRC	15	19%
MFRC	15	21%
GKRC	53	17%
TRHSLC	46	14%
Post-Decentralization	7.52	17%

It is possible that the downtown locations of TRHSLC and GKRC impact the annual number of pedestrian crashes located within one mile, as a function of higher population density and pedestrian traffic. The severity of pedestrian crashes, however, show areas surrounding the MFRC and MRC may be more hazardous, particularly because of higher speed limits near these locations, as well as the lack of appropriate sidewalks and crosswalks. Of note, three MRC clients died in traffic accidents shortly after opening in December 2019 (Stevens, 2020a).

Figure 2.12 shows the geographic location of the pedestrian crashes and the severity of the crashes near each of the HRCs and TRHSLC. Visually, there is a hot spot near the downtown area which could support the theory that this area experiences higher pedestrian traffic and, thus, higher numbers of pedestrian crashes.

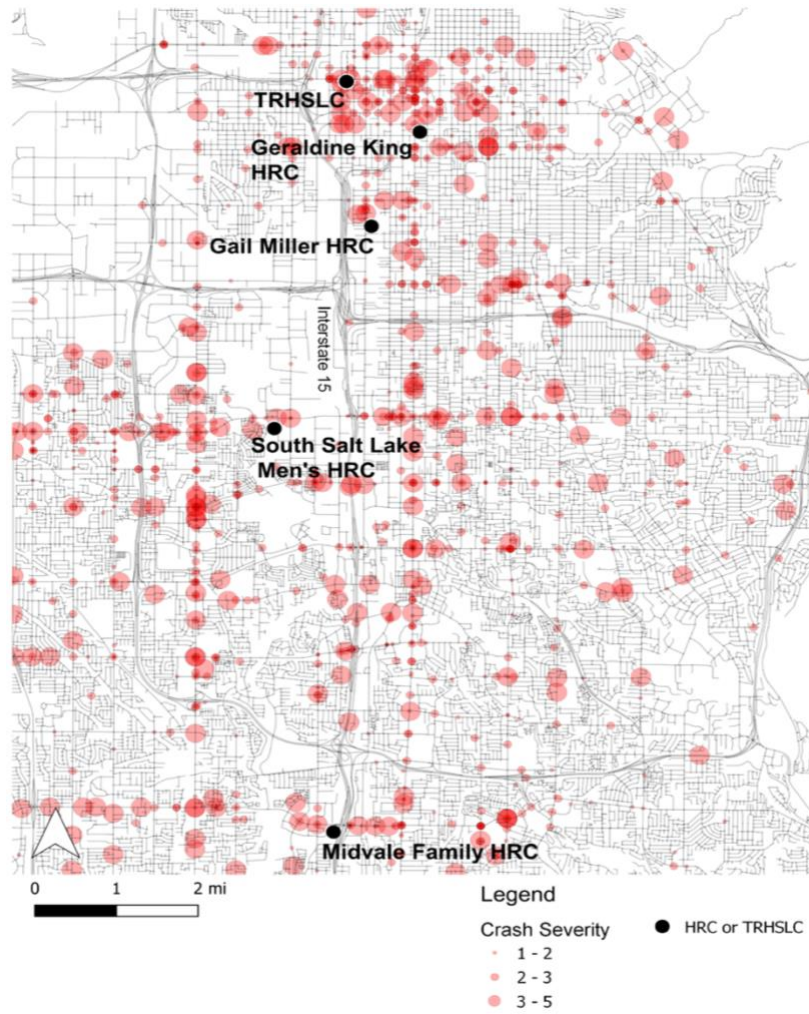


Figure 2.12: The location of and severity of each pedestrian crash from 2015-2018

3.0 SURVEY ANALYSIS

This chapter presents findings from a survey that assessed the change in HRC guests' use of transportation and access to services due to the decentralization of TRHSLC. Analyses examined changes between each HRC and TRHSLC to identify the impact of more distal site placement on transportation and access to services for the MRC compared to the more centrally located GMRC and GKRC. The following research questions were posed for the survey analysis:

1. What impact did the decentralization have on the frequency PEH use certain transportation modes?
2. What impact did the decentralization have on PEHs' access to services?

3.1 METHODS

3.1.1 Survey Development

The research team developed a survey for current HRC clients who had also spent time at TRHSLC, based on several existing surveys that co-investigator Garcia had previously used. The primary source of survey questions were Garcia and Kim (2020) and the NITC report, *Life Space Mobility and Aging in Place*, by Garcia et al. (2019), which used transportation survey questions from the Neighborhood Environment Walkability Scale (Adams et al., 2009; Cerin et al., 2009). Researchers modified these standardized instruments to align with study questions and shared an early draft with the TAC. Following input on the initial draft, the survey was further refined and incorporated feedback.

In addition, the research team piloted the survey for understanding and acceptability with six respondents at the MRC over a one-week period. The survey was tested with two individuals, revised, then tested again, for a total of three revised versions. After these pilot tests and conferring with all co-investigators and the TAC, the survey was finalized, and determined to take approximately 25-40 minutes to complete (See Appendix A). Survey questions were organized into two time periods (pre-decentralization and post-decentralization) to collect data that would distinguish between transportation behaviors, preferences, and perceptions pre- and post-decentralization. A picture of TRHSLC was included in the final survey, just prior to the pre-decentralization questions, to remind respondents of the context of TRHSLC and prime them for responses to related questions.

3.1.2 Survey Collection and Analysis

Participants were recruited from the MRC, GMRC, and GKRC using IRB-approved recruitment fliers, direction from HRC personnel, direct solicitation, and word of mouth. We did not recruit PEH staying at the MFRC because this shelter existed before decentralization, and later went through a conditional use permit to become an HRC.

Researchers used tablets with pre-loaded Qualtrics surveys or paper surveys to determine eligibility (i.e., experience staying at TRHSLC pre-decentralization) before participants completed the survey questions. All surveys were initiated with an informed consent letter noting the risks and benefits of participation as well as information regarding respondents' rights to receive compensation even if they failed to complete the survey. A total of 106 participants staying in one of the three HRCs consented to participation and completed the survey. On average, the survey took 25-30 minutes, but some took up to an hour and 20 minutes and others took about 10 minutes.

Depending on the participant's preference and ability to complete the survey, researchers were available to assist respondents who could not independently complete the survey. For participants who needed assistance, a researcher would read and answer questions on behalf of the respondent. Two individuals required Spanish translation of the survey. While the team encountered individuals from Africa and Asia who did not speak English, the researchers were unable to provide translation services. Regardless of survey collection by either tablet or paper, all survey data were inputted into Qualtrics. All participants were provided with a \$10 gift card to local grocery or convenience stores after their participation.

This analysis assessed the differences in transportation and service use for participants who used sheltering services pre- and post-decentralization. Tests for statistical significance were conducted on the demographic characteristics to assess for differences in the participants' demographics that could further explain and contextualize why certain transportation and service use patterns may have been higher or lower at specific shelter locations. This study combined pre- and post-decentralization questions to assess the differences in respondents' transportation and service usage patterns. The variables used in this analysis are detailed below. We used R Studio and Tableau to conduct the analysis.

3.2 RESULTS

3.2.1 Demographics of Survey Respondents

The 106 survey respondents included 40 individuals from the MRC, 33 from the GMRC, and 33 from the GKRC. The demographic characteristics of our survey participants are available in Table 3.1. Survey respondents were, on average, 48.8 years old (SD = 10.5), and the majority were male (61.3%), white (60.4%), and non-Hispanic (74.5%). Most respondents identified as the head of the household (78.3%), and 51.9% reported having at least one child—but not necessarily as the main caregiver. Respondents from the GKRC, a women-only shelter, were statistically significantly more likely to have at least one child (63.6%) than respondents at either the MRC (a men-only shelter) (42.5%) or GMRC (a co-ed shelter) (51.5%). Half of all respondents indicated that they were seeking a job. GKRC respondents (54.5%) were statistically more likely to not be seeking a job in comparison to MRC (22.5%) or GMRC (33.3%) respondents. Sixty-six percent of all respondents indicated that they did not have other supporting income (e.g., social security, disability, unemployment insurance, pensions). However, respondents staying at the GKRC (54.5%) were statistically significantly more likely to

rely on other sources of income compared to respondents from the MRC (17.5%) or GMRC (27.3%). Most respondents indicated that they receive food stamps or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (63.2%), as well as Medicare or Medicaid (81.1%). Respondents from the GKRC (93.9%) were significantly more likely to have access to Medicare or Medicaid than MRC (70.0%) or GMRC (81.8%) respondents. Among all respondents, most indicated that they did not have access to disability benefits (73.6%). Yet, a large proportion of respondents reported trouble walking due to their physical health (53.8%). About two-thirds of respondents (65.1%) indicated that they had a high school degree or less education. Most respondents (82.1%) indicated that they were not a veteran. GMRC respondents were statistically significantly more likely to be veterans (18.2%) than GKRC (6.1%) or MRC (5.2%) respondents.

Table 3.1: Survey participants' demographic characteristics

	GMRC (N=33)	GKRC (N=33)	MRC (N=40)	Total (N=106)	p-value
Age					0.334
Mean (SD)	46.8 (11.2)	50.7 (9.4)	48.9 (10.7)	48.8 (10.5)	
Range	28 - 64	28 - 71	22 - 71	22 - 71	
Missing	0	1	1	2	
Gender					0.001
Female	8 (24.2%)	33 (100.0%)	0 (0.0%)	41 (38.7%)	
Male	25 (75.8%)	0 (0.0%)	40 (100.0%)	65 (61.3%)	
Race					0.171
American or Alaska Native	2 (6.1%)	4 (12.1%)	0 (0%)	6 (5.7%)	
Asian	0 (0%)	1 (3%)	0 (0%)	1 (0.9%)	
Black or African American	5 (15.2%)	1 (3%)	1 (2.5%)	7 (6.6%)	
Hawaiian/Pacific Islander	1 (3.0%)	1 (3%)	3 (7.5%)	5 (4.7%)	
Other race	2 (6.1%)	0 (0%)	2 (5.0%)	4 (3.8%)	
Two or more races	3 (9.1%)	4 (12.1%)	5 (12.5%)	12 (11.3%)	
White	19 (57.6%)	21 (63.6%)	24 (60%)	64 (60.4%)	
Prefer not to answer	1 (3%)	1 (3%)	5 (12.5%)	7 (6.6%)	
Ethnicity					0.540
Hispanic	6 (18.2%)	5 (15.2%)	9 (22.5%)	20 (18.9%)	
Non-Hispanic	25 (75.8%)	24 (72.7%)	30 (75.0%)	79 (74.5%)	
Prefer not to answer	2 (6.1%)	4 (12.1%)	1 (2.5%)	7 (6.6%)	
Have Children					0.079
No	16 (48.5%)	9 (27.3%)	17 (42.5%)	42 (39.6%)	
Yes	17 (51.5%)	21 (63.6%)	17 (42.5%)	55 (51.9%)	
Prefer not to answer	0 (0.0%)	3 (9.1%)	6 (15.0%)	9 (8.5%)	
Head of Household					0.998
No	5 (15.2%)	5 (15.2%)	7 (17.5%)	17 (16.0%)	

Yes	26 (78.8%)	26 (78.8%)	31 (77.5%)	83 (78.3%)	
Prefer not to answer	2 (6.1%)	2 (6.1%)	2 (5.0%)	6 (5.7%)	
Employment Status					0.013
Job-Seeking	17 (51.5%)	9 (27.3%)	27 (67.5%)	53 (50.0%)	
Not Looking for a Job	11 (33.3%)	18 (54.5%)	9 (22.5%)	38 (35.8%)	
Employed	2 (6.1%)	2 (6.1%)	4 (10.0%)	8 (7.5%)	
Prefer not to answer	3 (9.1%)	4 (12.1%)	0 (0.0%)	7 (6.6%)	
<i>Part-Time or Full-Time</i>					0.264
Full-time	1 (50.0%)	1 (50.0%)	0 (0.0%)	2 (25.0%)	
Part-time	1 (50.0%)	1 (50.0%)	4 (100.0%)	6 (75.0%)	
Missing	31	31	36	98	
Other Income					0.015
No	23 (69.7%)	15 (45.5%)	32 (80.0%)	70 (66.0%)	
Yes	9 (27.3%)	18 (54.5%)	7 (17.5%)	34 (32.1%)	
Prefer not to answer	1 (3.0%)	0 (0.0%)	1 (2.5%)	2 (1.9%)	
Food Stamps or WIC					
No	9 (27.3%)	10 (30.3%)	16 (40.0%)	35 (33.0%)	0.285
Yes	24 (72.7%)	22 (66.7%)	21 (52.5%)	67 (63.2%)	
Prefer not to answer	0 (0.0%)	1 (3.0%)	3 (7.5%)	4 (3.8%)	
Medicare or Medicaid					
No	6 (18.2%)	1 (3.0%)	9 (22.5%)	16 (15.1%)	0.064
Yes	27 (81.8%)	31 (93.9%)	28 (70.0%)	86 (81.1%)	
Prefer not to answer	0 (0.0%)	1 (3.0%)	3 (7.5%)	4 (3.8%)	
Disability Benefits					
No	28 (84.8%)	20 (60.6%)	30 (75.0%)	78 (73.6%)	0.135
Yes	5 (15.2%)	13 (39.4%)	9 (22.5%)	27 (25.5%)	
Prefer not to answer	0 (0.0%)	0 (0.0%)	1 (2.5%)	1 (0.9%)	
Trouble Walking Due to Health					
No	14 (42.4%)	12 (36.4%)	20 (50.0%)	46 (43.4%)	0.503
Yes	19 (57.6%)	20 (60.6%)	18 (45.0%)	57 (53.8%)	
Prefer not to answer	0 (0.0%)	1 (3.0%)	2 (5.0%)	3 (2.8%)	
Education					
Less than High School	7 (21.2%)	5 (15.2%)	8 (20.0%)	20 (18.9%)	0.534
High School	16 (48.5%)	11 (33.3%)	22 (55.0%)	49 (46.2%)	
Occupational School	2 (6.1%)	6 (18.2%)	4 (10.0%)	12 (11.3%)	
Associate Degree	2 (6.1%)	4 (12.1%)	2 (5.0%)	8 (7.5%)	
Bachelor's Degree or Higher	4 (12.1%)	6 (18.2%)	2 (5.0%)	12 (11.3%)	
Prefer not to answer	2 (6.1%)	1 (3.0%)	2 (5.0%)	5 (4.7%)	
Veteran Status					

Non-Veteran	24 (72.7%)	26 (78.8%)	37 (92.5%)	87 (82.1%)	0.082
Veteran	6 (18.2%)	2 (6.1%)	2 (5.0%)	10 (9.4%)	
Prefer not to answer	3 (9.1%)	5 (15.2%)	1 (2.5%)	9 (8.5%)	

3.2.2 Changes in Primary Transportation Use

Survey respondents identified primary transportation modes pre-decentralization (at TRHSLC) and post-decentralization (at the specific HRC where the survey was conducted). Figure 3.1 indicates the count and the proportion of the total transportation changes both overall and by specific HRC. Less than half of all respondents (43.81%) indicated having changed their primary method of transportation post-decentralization, ranging from 40% (among MRC clients) to 50% (among GKRC clients).

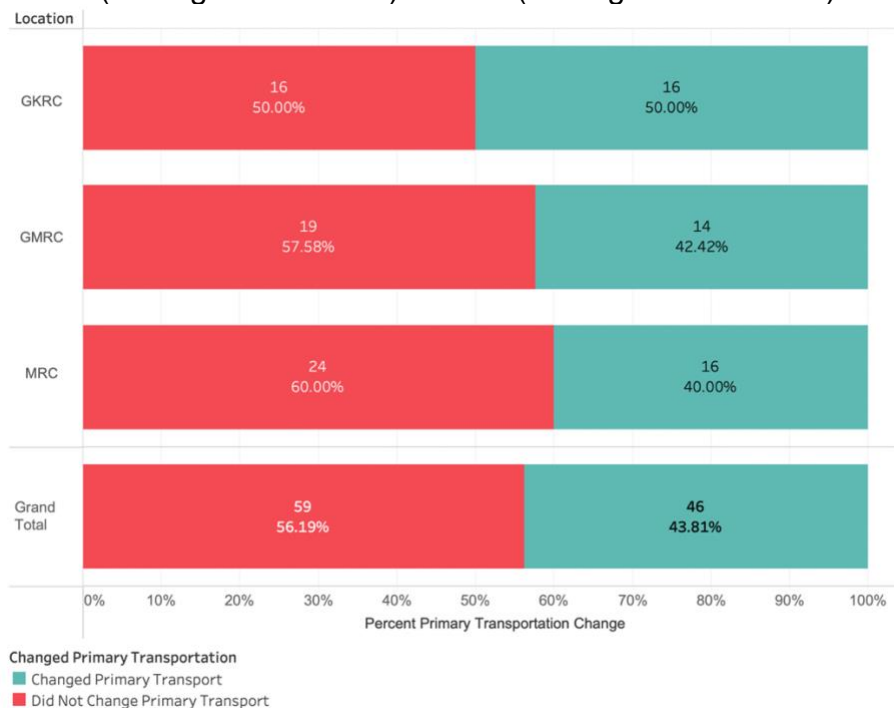


Figure 3.1: Post-decentralization changes in primary transportation mode, by HRC

Figure 3.2 shows how participants' primary mode of transportation changed by specific transportation method. The three most common transportation modes were the same pre- and post-decentralization: walking, TRAX, and bus. Moreover, respondents who changed primary transportation modes pre- to post-decentralization were more likely to switch to another common transportation option (walking, TRAX, or the bus). For example, among respondents who indicated that walking was their primary method pre-decentralization but changed their primary transportation post-decentralization (n=21), 57% indicated switching to TRAX or the bus.

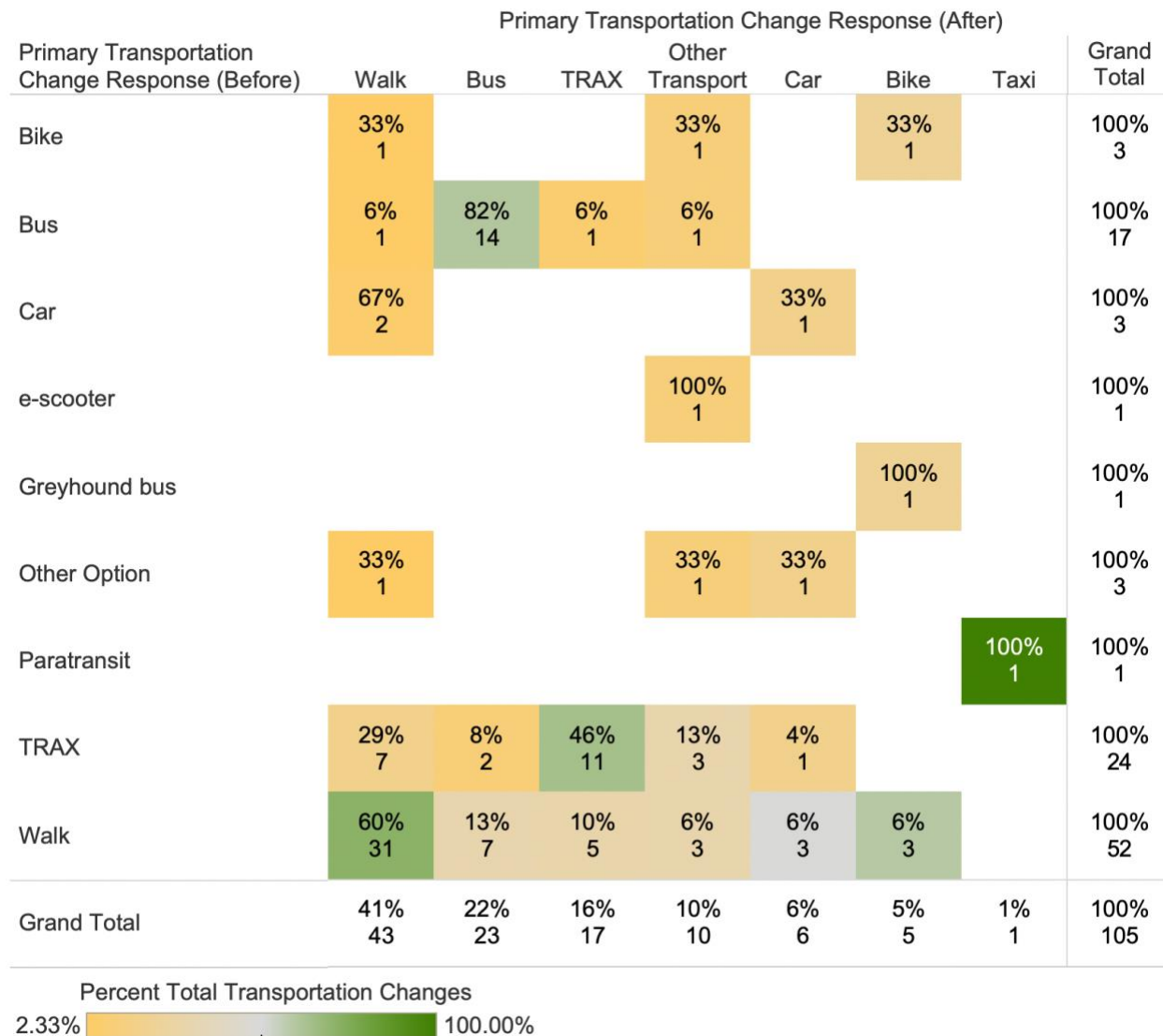
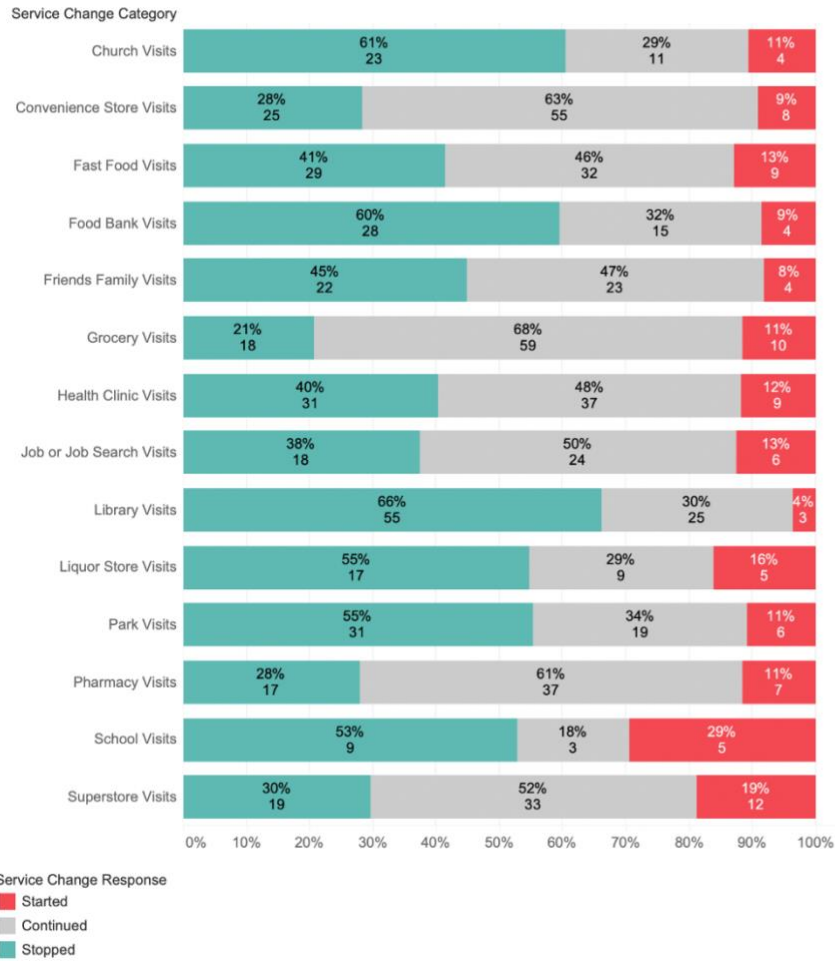


Figure 3.2: Self-reported primary transportation mode change pre- to post-decentralization

3.2.3 Changes in Service Use

Respondents reported on which community services they used pre- and post-decentralization. Figure 3.3 indicates the proportion of service use changes overall and by HRC (shelter location). “Started” indicates when a respondent reported using the service post-decentralization but did not use that same service pre-decentralization. “Continued” indicates when a respondent reported having used a service pre-decentralization and continued to use it post-decentralization. “Stopped” indicates when a respondent reported using a service pre-decentralization, but discontinued use post-decentralization. Responses that did not indicate using a particular service were excluded from this analysis.

Service Visits Change Overall



Service Visits Change by Shelter Location

Service Change Category	GKRC			GMRC			MRC		
	Started	Continued	Stopped	Started	Continued	Stopped	Started	Continued	Stopped
Church Visits	15%	15%	69%	17%	33%	50%		38%	62%
Convenience Store Visits	4%	64%	32%	7%	72%	21%	16%	52%	32%
Fast Food Visits	24%	38%	38%	10%	52%	38%	7%	46%	46%
Food Bank Visits	8%	42%	50%	14%	29%	57%	5%	29%	67%
Friends Family Visits	7%	60%	33%	7%	60%	33%	11%	26%	63%
Grocery Visits	11%	70%	19%	15%	69%	15%	9%	65%	26%
Health Clinic Visits	8%	60%	32%	23%	46%	31%	4%	38%	58%
Job or Job Search Visits	15%	46%	38%	15%	55%	30%	7%	47%	47%
Library Visits	4%	40%	56%	8%	32%	60%		21%	79%
Liquor Store Visits	9%	45%	45%	17%	17%	67%	25%	25%	50%
Park Visits	5%	40%	55%	6%	39%	56%	22%	22%	56%
Pharmacy Visits	13%	58%	29%	13%	63%	25%	10%	62%	29%
School Visits	57%		43%	13%	38%	50%			100%
Superstore Visits	17%	58%	25%	35%	50%	15%	5%	45%	50%
Grand Total	12%	50%	38%	14%	50%	36%	8%	41%	51%

Percent of Service Change by Category
 3.57% 100.00%

Figure 3.3: Post-decentralization change in service visits, overall and by HRC

Overall, Figure 3.3 shows that nine out of the 14 services saw at least a 40% decline in visits from pre- to post-decentralization. Visitations to church, the library, and the food bank (perhaps due to food services being provided onsite) had the most significant declines in service use from pre- to post-decentralization. The COVID-19 pandemic may have played a substantial role in these findings as the surveys were conducted during the pandemic. Respondents from the MRC, the most distant HRC from TRHSLC, reported the most significant declines in service usage; 51% reported using a service at pre-decentralization, but not post-decentralization. MRC respondents had the most significant decrease in visiting the food bank, friends and family, the healthcare clinic (perhaps due to onsite or telehealth access), and the library.

3.2.4 Changes in Frequency of Trips

Respondents indicated how often they visited a particular service in a calendar year, pre- and post-decentralization. Figure 3.4 indicates the proportion of respondents who increased or decreased the number of trips overall and by HRC. Respondents who reported not using any service pre-decentralization or only used the services yearly were excluded from this analysis. Overall, the frequency of total shelter services visited weekly and monthly decreased by 71%. Respondents from each HRC had a decrease of at least 67% in the number of trips they made for all services. The only service, overall, that had an increase was job search-related trips.

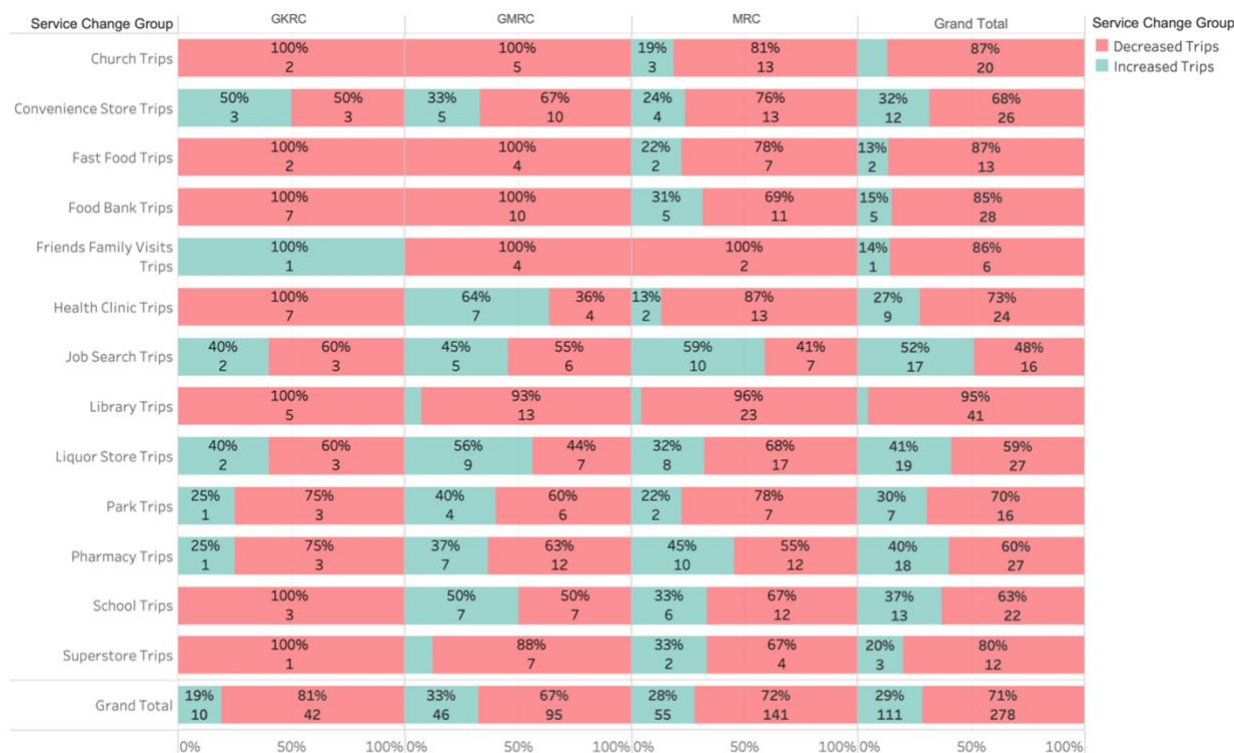


Figure 3.4: Increase or decrease in service trips post-decentralization, by HRC

Figure 3.5 indicates the proportion of respondents who either continued to visit any service weekly, monthly, or stopped visiting a service altogether. The frequency of trips that saw the most significant declines was weekly, where 44% of respondents stopped visiting services. The largest decrease was among MRC respondents, where 50% reported no longer visiting a weekly service. Overall, the services that saw the biggest declines for weekly usage were the library (23%), park (11%), fast-food (9%), convenience store (9%), and grocery (8%). The services that saw the biggest declines for monthly usage were the health clinic (19%), pharmacy (16%), superstore (12%), food bank (10%), and library (9%).

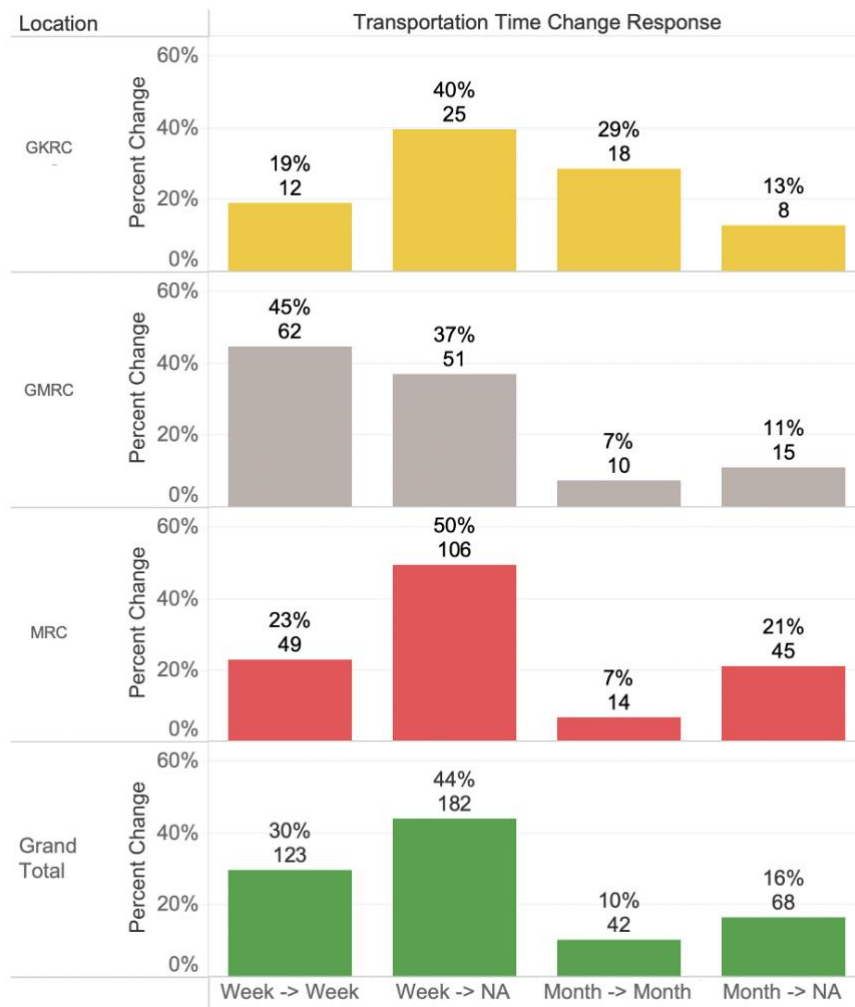


Figure 3.5: Post-decentralization weekly and monthly transportation changes, by HRC

4.0 CLIENT QUALITATIVE INTERVIEWS

This chapter reports on the impacts of decentralization on transportation access and mobility from the perspective of PEH in Salt Lake County who used sheltering services pre- and post-decentralization. The findings in this chapter build on data presented in earlier chapters to provide a more comprehensive narrative of how the decentralization process impacted PEH. In this chapter, we asked the following research questions:

1. How has the decentralization of homeless services influenced transportation demand and mobility patterns for PEH?
2. How have transportation and mobility changes affected access to basic services for PEH?

4.1 METHODS

We conducted in-depth, semi-structured qualitative interviews with PEH to address our research questions. We then used inductive qualitative analytic methods to identify patterns in the data and nuanced understandings of a relatively unexplored phenomenon (Braun & Clarke, 2006)—how decentralization affected the transportation needs of PEH and subsequently affected access to services.

4.1.1 Participants

A purposive sampling strategy was used to recruit PEH participants who met the following inclusion criteria: being older than 18 years of age, having stayed at TRHSLC pre-decentralization, and were staying at either the MRC, GMRC, or GKRC at the time of data collection (Spring 2021). HRC staff supported the research team in identifying eligible participants. In total, 19 clients consented to an interview across the three HRCs (Table 4.1). Seven interviews were conducted at the MRC, in which all the participants identified as male aged 22-70 years old. Six interviews were conducted at the GMRC, with three participants identifying as female and three identifying as male aged 33-60. Six interviews were conducted at the GKRC, in which all participants identified as female aged 37-64. Twelve participants self-identified as Caucasian, and 11 had achieved the equivalence of a high school diploma or higher education. All participants were unemployed at the time of the interviews.

Table 4.1: Interview client participants' demographics

	MRC (n=7)	GMRC (n=6)	GKRC (n=6)
Participant Codes	C01-C07	C08-C13	C14-C19
Gender			
Female	0	3	6
Male	7	3	0
Race			
Caucasian	5	4	3
Black or African American	1	-	-

Asian	-	-	2
Mixed	-	1	1
Prefer not to answer/missing	1	1	-
Ethnicity			
Hispanic	1	0	1
Non-Hispanic	6	1	1
Missing	0	5	4
Education			
Less than HS diploma	2	2	4
HS diploma, GED, or higher	5	4	2

4.1.2 Data Collection

In collaboration with the project’s Technical Advisory Committee (TAC), the research team developed a semi-structured interview protocol to guide the interviews (see Appendix B). The interview guide included open-ended questions about the clients’ experiences of transportation services and mobility, access to services, and quality of life pre- and post-decentralization. The interview protocol was shared with the TAC and revised to incorporate the feedback received.

In-person, semi-structured interviews were conducted with participants in April and May 2021. Informed consent letters were reviewed with participants and detailed the purpose of the study, notified participants of their right to withdraw at any time, refuse to answer questions, and receive compensation irrespective of the completion of the interview. The length of interviews ranged from 10 to 100 minutes (*mean* = 41 minutes). All interviews were audio-recorded and auto-transcribed by Sonix and edited by members of the research team. Participants were given \$20 gift cards to local grocery or convenience stores for their participation.

4.1.3 Data Analysis

Guided by principles of thematic analysis (Braun & Clarke, 2006), the data were inductively analyzed with the support of NVivo data management software. Analysis began as two researchers familiarized themselves with the full dataset and independently read the transcripts. The researchers then generated an initial set of low-level, descriptive codes by labeling text snippets with a word or phrase closely related to the data (Boyatzis, 1998). Patterns identified by the researchers were discussed during several team meetings, as well as with the TAC, resulting in an initial set of codes. Next, the two researchers collaborated in an iterative process to label all data within each theme based on explicit meanings in the data (Boyatzis, 1998), which transformed the initial code list by collating, rearranging, and reorganizing the codes. The refined coding structure and themes were again shared with the project team, which led to further thematic refinement and reorganization by removing, separating, and collapsing themes. Finally, the researchers defined and named a final set of themes agreed upon by the project team and TAC.

4.2 RESULTS

Findings were organized into three broad thematic categories, each with distinct sub-categories (Table 4.2): 1) Pre-decentralization transportation and mobility, 2) Post-decentralization transportation and mobility, and 3) Recommendations.

Table 4.2: Thematic categories, sub-categories, and definitions from client interviews

4.3.1 Pre-decentralization transportation and mobility	
4.3.1.1 Pre-decentralization convenience of transportation and proximity to services and entertainment	Pre-decentralization, transportation services were characterized as convenient to PEH staying at the TRHSLC for their proximity to the central downtown location, relatively reliable schedule, and reduced cost barriers.
4.3.1.2 Pre-decentralization transportation challenges	Pre-decentralization challenges included the costs of transportation outside the Free Fare Zone, the limited services available within the Free Fare Zone, the challenge of walking long distances, and the time investment of using public transit.
4.3.2 Post-decentralization transportation and mobility	
4.3.2.1 Proximity of the HRCs to public transit	Post-decentralization, participants described the proximity of the HRCs to TRAX stations and bus stops
4.3.2.2 Availability of Advantage Shuttle	Post-decentralization, participants described the availability of an agency shuttle to use as an alternative to public transit.
4.3.2.3 Availability of daily or monthly transit passes	Post-decentralization, participants described the ability for the HRCs' case managers to provide transit passes or tokens to clients at no cost.
4.3.2.4 Challenge of the HRCs being further away from downtown and increased time commitment to use transit	Post-decentralization, participants described the HRCs' distance from the central downtown area of Salt Lake City and the subsequent increase in time invested in using public transit as a transportation challenge.
4.3.2.5 Challenge of accessing public transit for PEH with mobility limitations	Post-decentralization, participants described the difficulty for PEH with mobility limitations to walk to transit stops.
4.3.2.6 Cost barriers of using public transit outside the Free Fare Zone	Post-decentralization, participants described the cost barriers of using transit given that the HRCs are sited outside the Free Fare Zone
4.3.3 Recommendations	
4.3.3.1 Eliminate cost barriers to transportation for PEH	To eliminate cost barriers to transportation, participants made recommendations to provide free transit, to provide HRC clients unlimited transit linked to their services card, to expand the capacity of HRCs to offer transit passes, and to base the cost of transit on a person's income.

4.3.3.2 Increase access to transportation from HRCs	Recommendations for increasing access to transportation from the HRCs included expanding UTA bus service, the Advantage Shuttle service, and the Free Fare Zone.
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4.2.1 Pre-Decentralization Transportation and Mobility

The category pre-decentralization transportation and mobility is organized into two sub-categories: 1) Pre-decentralization convenience of transportation and proximity to services and entertainment and 2) Pre-decentralization transportation challenges.

4.2.1.1 Pre-Decentralization Transportation Convenience and Proximity to Services and Entertainment

Pre-decentralization, transportation services were characterized by PEH as convenient to the TRHSLC due to the proximity to downtown services and amenities, having a relatively reliable schedule, and relatively few cost barriers. TRHSLC’s downtown location was reported to positively impact PEH transportation use. As C01 (MRC) noted, “The logistics of the transportation of the Rio Grande was much easier” in terms of both the transportation modes available and the timeliness and regularity of public transit schedules. As C13 (GMRC) described, the TRAX and buses were “very convenient” and timed to arrive at stops “every 15 minutes, so you rarely ha[d] to wait... more than ten minutes.” As the primary mode of transportation while staying at the TRHSLC, the TRAX was consistently referenced for its proximity, “You walked a block at most to get to [the TRAX station]” (C02, MRC). C01 (MRC) agreed:

[TRHSLC] was a little more accessible for transportation... we had a train right out front, we had the buses coming by, everything coming out of the terminal [was] very close to us...It was so easy to walk right out on the street and catch the train into town.

In addition to the logistical ease, the location of TRHSLC contributed to transportation access because it was located in Salt Lake City’s Free Fare Zone (see Figure 1.1), where public transit is accessible at zero cost to the rider, eliminating cost barriers to public transit use. C01 (MRC) emphasized the convenience and access provided by the Free Fare Zone: “You usually take the Free [Fare] Zone on the train and then, when you came into town, you [could] choose the bus you wanted...Everything intercepts, some way or another, once you learned it.” C08 (GMRC) explained that while at TRHSLC, the Free Fare Zone helped maintain a routine and retain a sense of normalcy:

The Free Fare Zone was really nice because you could get a little bit farther and still have a little walk, so you could do more. I rode TRAX a lot because I could leave [TRHSLC]. I could go from The Road Home right up to the library, so I could still have a little bit of normalcy.

PEH reported feeling that transportation services while at TRHSLC were accessible and “everything [was] so close by (C03, MRC),” which allowed PEH to get to necessary services and entertainment or to “just to get away from The Road Home (C12, GMRC).” As C06 (MRC) recalled, Utah Transit Authority (UTA) services “help[ed] me get around

to...doctor's appointments or...just to get out, use the bus or the train." C08 (GMRC) explained that mobility "was way easier at The Road Home... because there was more around, and it was easier to get to the places that I really like to go to. So, yeah, I would have to say that was way better." C13 (GMRC) recalled being close to shopping centers and grocery stores, as well as:

Pioneer Park—we could walk to there. And it's pleasant there, especially in the summertime, and they have farmer's market and stuff, it's a really nice place. Liberty Park is another one because of TRAX they have a Free Zone all the way to Fifth South or Second East... You don't have to have a pass, which is convenient. So, anywhere in those areas.

C01 (MRC) also positively assessed the entertainment access from TRHSLC: "You had a movie theater across the street, you could kill time... That was very reachable. Yeah, they had a food court across the street, and they had different things to do during the day." C17 (GKRC) described their experience going to a nearby shopping center:

[We] walked around, ate... there's lots of places to eat... they had stuff at night, festivals, and stuff that summer... pretty much right across the street... It was easy to get to... [I went] every day. ...It doesn't cost anything to go there and look, they have a big fountain, sit there and just to have a chessboard out there. People can sit as long as you buy a soda or something.

4.2.1.2 Pre-Decentralization Transportation Challenges

Despite many positive reports, transportation was not without its challenges pre-decentralization. Challenges included the costs of transportation outside the Free Fare Zone, the limited services available within the Free Fare Zone, the challenge of walking long distances, and the time investment of using public transit. For example, C06 (MRC) explained that the cost of a bus pass, priced at about \$47 a month, was a barrier to using public transit. In addition, once PEH needed to travel outside of the Free Fare Zone, for instance, to access food or services, the cost of transportation was reported to be a significant barrier. As C15 (GKRC) stated, "[Without] the fare for the transit, [I] couldn't get around." Moreover, C17 (GKRC) explained that there was "only [one] grocery store in the Free Fare Zone" and otherwise, food options were limited.

While walking to destinations from TRHSLC was reported to be a viable option for some participants, others had physical impairments and conditions that made walking a mobility challenge. C16 (GKRC) stated, "It hurts a lot to walk and not to do things when [I wanted] to get on the bus." C12 (GMRC) described the physical challenge of walking:

[It was] hard on me because I'm a diabetic. I have neurostasis [sic] in my feet, so I can't be on my feet too long... [After a] couple of hours, I come back in pain, and I just want to just sit there and cry.

Participants also reported that the streets around TRHSLC were difficult to navigate due to the presence of "enough tents, enough things to get rid of... and too much snow (C16, GKRC)."

Finally, the time investment associated with relying on public transit while staying at the TRHSLC was reported to be challenging. C05 (MRC) stated, “Not having a vehicle and being on TRAX—it’s probably a two-hour trip from wherever you’re going.” C12 (GMRC) further described the time investment demanded by public transit and the unpredictability of the schedule while staying at the TRHSLC: “Not knowing what time [the bus will] come, not knowing when they’re going to come on time, just [having] to wait, that drove me nuts.” C16 (GKRC) would travel to Wal-Mart, but reported that the trip took “forever because I’d have to walk to Wal-Mart. I couldn’t take transit or bus that way.”

Despite the challenges some participants experienced using transportation services downtown, the location of the TRHSLC within the Free Fare Zone and the relative ease of access to transit were reasons many participants noted that being located downtown was more convenient than at the three HRCs examined post-decentralization.

4.2.2 Post-Decentralization Transportation and Mobility

Post-decentralization, the locations of the three HRCs give context to the transportation and mobility conveniences and challenges experienced and reported by participants (see Figure 2.1), that were influenced by individual situations and abilities. Though clients staying in the three HRCs had different experiences related to mobility, some common themes were identified. For instance, post-decentralization transportation experiences included HRC sites located somewhat proximate to public transit, the availability of a no-cost shuttle to travel to other HRCs, and (for some) the availability of daily or monthly transit passes. In addition, client participants described post-decentralization challenges of the HRCs being further away from downtown, which increased the time commitment when using transit, the challenge of accessing public transit for PEH with mobility limitations, and the cost barriers of using public transit outside the Free Fare Zone.

4.2.2.1 Proximity of the HRCs to Public Transit

Post-decentralization, participants reported that the HRC locations were within proximity to TRAX stations and bus stops, enabling access to services and retail shops, and in some reports PEH suggested minimal difference in accessing transit between the new locations and TRHSLC. Participants staying at the GMRC reported the location to be convenient and not too different from TRHSLC when trying to access the TRAX and bus stations. C11 (GMRC) also indicated that transportation services from the GMRC are generally reliable:

[My ability to get around] really hasn’t [changed]...I’ve taken the train to a stop, got off to get on a bus and 90-percent of the time, that bus is waiting there...Or if it’s not there when I get there, within 10-15 minutes it arrives...works for me. I think the benefit is more that things are closer, more convenient. I think the siting of this particular shelter is fairly nice.

Another GMRC client, C13, pointed to the proximity of businesses as an advantage in reducing the walking distance compared to when they were at TRHSLC:

Things are pretty close, too. I like that about it. Going within a mile you get... just walking or...you go down, hit TRAX, and get off at 21st. And then there's a couple of blocks to Wal-Mart and then Lowe's if you shop there.

Participants described the area surrounding the GMRC as “peaceful (C12, GMRC)” and generally safer than the area surrounding TRHSLC. C13 (GMRC) linked the better environment to the proximity of businesses:

[The area around the GMRC is] a lot better [than the TRHSLC], it's more upbeat, busier; it seems to be more safe, too...because you've got all these stores around that have cameras, lights, and they also got patrol and some of them got security. And they didn't really have a lot of that [around TRHSLC].

Similar sentiments were offered by participants staying at the GKRC, indicating that the area surrounding the GKRC “feels [like] a safe neighborhood (C15, GKRC)” and “better here than [TRHSLC] (C18, GKRC).” C16 (GKRC) felt the area was better than the location of TRHSLC because decentralization “cut down on the foot traffic and the tents and everything.” GKRC clients indicated that the public transportation networks remained accessible. C19 (GKRC) stated, “I don't see [my ability to get around at the GKRC] going any different” compared to the TRHSLC. C17 (GKRC) expressed similar continuity in their access to transit: “Transportation, it's about the same between here and there.”

Despite some similarities, the GKRC was farther from downtown services and the Free Fare Zone than the GMRC, which contributed to some participants, including C15 (GKRC), reporting that getting around can be “a little harder, but not that bad; I still can get around.” GKRC clients reported relying on buses, which were described as reliable and on time, to get to destinations not accessible by walking. C17 (GKRC) stated:

I think the public transportation is pretty good, I really do. I don't have a car, so I take public transportation. It was easy to figure out. I think it's pretty good, even though it's not free here.

Participants staying at the MRC had more mixed perspectives. While the location of the MRC was sited six miles from TRHSLC and services in downtown Salt Lake City, some MRC participants reported being able to access transportation services, though it required a larger time investment. While transportation from the TRHSLC was faster and more convenient, C01 (MRC) explained the extra time investment is not a barrier to accessing services:

It was a bus or two, or a train or two faster, but we still got the same services here. Instead of 5-minute service [at TRHSLC], we got 35-minute service here, but we used the same type of transportation, bus and train, bus and train... It just takes a few minutes longer. You might have to wait for an extra bus to get where you're going, but you can still do that. Before the end of the day, you can take care of all your errands and come back.

C02 (MRC) expressed similar feeling towards the manageable time investment:

The transportation can be a burden, but to get downtown, it's four stops on the TRAX. When you take the bus from here down to the TRAX right at four stops and you're at a courthouse. So, it's really not that far off. You can get TRAX and stuff like that.

Public transit was also described by some MRC participants as reliable and efficient. For example, C04 (MRC) reported using the bus and TRAX systems to access services, "I think it's good... they're pretty frequent." C05 (MRC) stated, "The most helpful thing is routing my route with the bus routing schedule. That way I know exactly what time I got to be there, what time I'm going to leave from the next destination." C01 (MRC) similarly expressed that buses are reliable and can be used to access the TRAX:

The bus comes out front, [every] 15 to 20 minutes. Then you can go down to any train line you want. Not the green, but the red and the blue, and then you go to the green line.

C06 (MRC) described another aspect of transportation from the MRC related to the built environment: "Over here, the bus stops are fine like there's benches... there's not litter... there's shelters... [From the TRHSLC] there was no shelter, if there was a bench it was graffitied or [had] junk all over it."

4.2.2.2 Availability of No-Cost Shuttle

Another generally positive element of post-decentralization transportation described by participants was the availability of a partner agency's shuttle to use at no cost as an alternative to public transit. Advantage Services, Inc. is contracted to shuttle PEH between the HRCs and the Weigand Center, a day shelter that offers warm meals and social services to PEH, located downtown near the site of the former TRHSLC. C11 (GMRC) explained, "They're going from the Men's Resource Center to [the GMRC], to the women's [GKRC], to the Weigand Center. If you need to go to Fourth Street [medical clinic], they'll drop you off at Fourth Street."

PEH described the shuttle as a no-cost method of transportation to transport clients from the HRCs to the Free Fare Zone: "I've heard a few people go to the Wiegand Center and then go do some things, which is good because the Wiegand Center is in the Free Fare Zone (C08, GMRC)." C17, a client of the GKRC, offered a similar report:

The shuttle will come and take you to the Free Fare Zone... They'll take you to where the old Road Home used to be... And they can get on the bus there. They really want you to [ride] for free... I think people use it for other things, to get to where they're going for free

Because the shuttle reduced cost barriers to mobility, the shuttle was reported to be used strategically to access other locations for free rather than rely on public transit that required payment. For instance, C11 (GMRC) described:

The shuttle system that they're utilizing now is a good system... When I went to the County health department to get my birth certificate, I had them drop me off at Geraldine King, which is on the other side of the block... it makes sense to do that.

Despite many of the benefits offered by the shuttle, participants indicated that it did not meet all their transportation needs. As C16 (GKRC) explained, the lack of flexibility in traveling to locations other than the specified stops was a shortcoming:

They only take you to shelter addresses. They don't pick you up and take you to another address... I have to make my own arrangements, or I have to catch the shuttle bus and they have to drop me at the Weigand Center and then I have to walk.

4.2.2.3 Availability of Daily or Monthly Transit Passes

Another positive post-decentralization transportation experience, according to participants, was the ability for HRC case managers to provide transit passes or tokens to clients at no cost. Participants described these passes as being available primarily to get clients to employment, medical appointments, and other necessary destinations. As C02 (MRC) stated, "If you have a job, they'll give you a monthly bus pass to be able to go [to work]." C01 (MRC) agreed:

We have all the services that the shelters provide... and what they don't have, they set you up [an] appointment and usually give you a token or something, [a] bus token to get there and a transfer to get back.

While access to these resources was reported to positively impact the overall mobility of PEH, it was somewhat controversial among participants. To some, the ability to get a daily or monthly bus pass to travel to employment was positive. For others, getting passes from case managers was considered inconvenient and unreliable. C02 (MRC) stated, "Most of the time they're telling us they don't have anything for months. It's like, are you kidding me?... I've been trying to get them since late February." C06 (MRC) reported not knowing that transit passes were available: "If they told me, I'd go get one." GMRC participants also saw passes as "limited, so they went fast. You'd have to get one early, otherwise you wouldn't get one (C13, GMRC)." C08 (GMRC) agreed that demand for the passes often surpasses supply: "Sometimes they run out, or sometimes they have a few, so you can't just get [a free pass] just to get out [for non-vital outings]."

4.2.2.4 Challenge of the HRCs Being Further Away from Downtown and Increased Time Commitment to Use Transit

Utilization of public transit post-decentralization was described as challenging to HRC clients due to the time investment required to get to necessary services, including the Fourth Street Clinic or grocery stores. While the Fourth Street Clinic was previously a few blocks distance from TRHSLC, C16 (GKRC) explained that it can now take over an hour to commute to the Fourth Street Clinic, including walking time to the Free Fare Zone. While participants described the less centrally located GMRC as challenging to clients' ability to get to places, the further-from-downtown distance of the MRC was reported as the most challenging.

C08 (GMRC) emphasized the changes in their mobility since leaving the TRHSLC: "I think this one's worse than The Road Home was...I could get around more, I could

actually get out of it.” The GMRC is located less centrally than TRHSLC, a fact that has implications for clients’ mobility. When asked if C13 (GMRC) found it harder to get to places from the GMRC, they responded: “A little bit, because TRAX is further away and the bus that used to go down 3rd West discontinued.” C11 (GMRC) agreed that more transit routes are needed to efficiently service GMRC clients: “It would be nice if they would put the bus service back between 17th and 13th... They changed the route just before we got in, so that bus doesn’t come down anymore” which increases the walking distance involved in traveling from the GMRC.

Staying at the MRC and consequently being further from services impacted C02’s mobility: “I don’t get out as much and do the things I need to do because we’re way out here, it’s like really, it’s a burden to try to get anywhere.” C05 (MRC) similarly expressed that their main barrier to transportation since decentralization is the location of the MRC: “Just being so far out... It’s kind of in a good spot but...more of my stuff is downtown.” C03 (MRC) also identified their main “challenge [to getting around] is pretty much just distance.” Because the MRC is located further from clients’ desired destinations, participants reported using UTA options to commute instead of walking as they did while at TRHSLC. C05 (MRC) stated:

I take the bus pretty much everywhere I go because it’s too far to walk... Here, my destination is a lot more routed because I’m out of the way... my walking is actually shorter [because] I’m on the bus or traveling more on TRAX.

Other participants agreed that “there was more stuff [at TRHSLC] to walk to and here [at the MRC] you kind of have to take the bus if you want to get anywhere (C06, MRC).” The MRC’s location was also reported to be a challenge to mobility because there were fewer transit options to meet clients’ needs. C01 (MRC) stated, “The transportation here is not as good as it was at The Road Home. You only have one choice, one bus out front.” C02 (MRC) agreed, “You’re either going to walk, hopefully find a way to take the bus, or maybe wait for one of those stupid shuttles that will show up when they want to.”

4.2.2.5 Challenge of Accessing Public Transit for PEH with Mobility Limitations

Participants also reported on the difficulty for PEH with mobility limitations or health conditions to walk to transit stops. C17 (GKRC) reported having cancer and their challenge with walking: “I walk a little bit, not a lot. I need a hip, too, so I have the cancer and I need a hip.” C08 (GMRC) offered a similar sentiment:

[Walking] takes me a very long time. I have blood clots in my legs, so walking is not that easy because my legs will swell up like crazy and that hurts. So, I don’t do a lot of walking now. I just kind of hang out here.

C08 (GMRC) continued to explain that the location of the GMRC combined with their physical challenges is a barrier to mobility:

I don’t get out and about as much as I used to because there’s not a lot right around here... Any of the places that I would think about, they’re so far, and I couldn’t walk that far. ...I’ve been to Wal-Mart, but that’s pretty far for me... So, it’s not an easy trek...the last time I went there, it took me just a little over an

hour and then about the same, maybe a little more, coming back because I was gone for three-and-a-half hours.

Mobility challenges were worsened by the further-away bus stop and the condition of the built environment (e.g., sidewalks, broken pavement, construction barriers) and weather conditions. As C05 (MRC) described, “You’re going around construction barriers” when walking between bus stops and destinations.

4.2.2.6 Cost Barriers of Using Public Transit Outside the Free Fare Zone

A final post-decentralization challenge described by participants was the cost barrier of using transit given that the HRCs are sited outside the Free Fare Zone. As C06 (MRC) stated, “It’s kind of hard to get money and get on the bus now.” C07 (MRC) identified the lack of money and the cost of transit as their primary challenge to getting where they want to go: “I have to have more money here than I do downtown because it’s in the Free Fare Zone and sometimes they won’t take your ticket because you don’t have any money.” C02 (MRC) agreed, “It’s not right that we get limited; they limit it to downtown, and then they move us thirty blocks away (C02)” from the Free Fare Zone.

A consequence of now needing to pay for transit was that participants travelled less often. C02 (MRC) stated, “Whenever I want to leave, I’ve got to spend the morning trying—unless I’ve already got money in my pocket—to find somebody with a bus pass they’ll let me borrow or they’ve got one upstairs.” C08 (GMRC) explained that they no longer travel to the public library, once a frequent destination of theirs, because of the burden of paying for transit and the risk of getting ticketed for riding illegally:

I can’t get to it... I’d have to walk over to TRAX first, and that’s a little bit far because I have medical issues, and then you’d have to pay because I don’t want no ticket. So, I haven’t been to the library for quite a while, actually.

While participants varied in their perceptions of the acceptability of riding TRAX without proper payment, one option participants described for using transit when they cannot afford a ticket is to ride without paying the fare, which puts people at-risk of getting ticketed by the UTA. This risk of getting a ticket made riding TRAX without paying the fare unattractive, as C02 (MRC) explained: “You don’t want to take that risk... If you don’t pay to ride the TRAX, the UTA police catch you riding without a ticket, they’ll give you a ticket.”

Another consequence of the unaffordability of transit was that PEH were more reliant on walking to get where they needed to go. C16 (GKRC) stated, “I walk everything because I can’t afford a bus... I walked everywhere until I get to the Free Zone...and that’s hectic.” C16 emphasized that lacking access to proximate free transit affects their ability to travel where they want: “It hurts a lot to walk and not to do things when you want to get on the bus.” When reflecting on decentralization, C16 said the negative impact on their mobility makes them “[feel] like I shouldn’t have moved from The Road Home.”

4.2.3 Recommendations

Recommendations to improve transportation services for PEH offered by client participants included lowering cost barriers and increasing access to transportation from the HRCs.

4.2.3.1 *Eliminate Cost Barriers to Transportation for PEH*

To eliminate cost barriers to transportation, participants made recommendations to provide more free transit in the region; to provide HRC clients unlimited transit linked to their services card; to expand the capacity of HRCs to offer transit passes; and to base the cost of transit on a person's income. Some participants advocated for eliminating all cost barriers to PEH using public transportation, including expanding the Free Fare Zone boundaries. For example, C05 (MRC) believed that "making it a free fare and a free pass instead of having to pay to get there" would improve mobility for PEH. C02 (MRC) agreed and recommended that clients staying at the HRCs should have transit fees waived:

We should have to show our services card. They already give us a little card, our services card. ... As long as we show that card, we should be able to get on [public transit] for free... It's not right that we get limited.

C07 (MRC) also suggested that the HRCs should be given more capacity to expand the number of passes they can provide to clients:

More bus passes, more... bus tokens for the people, for the guys here... just give us more tokens or a bus pass for a day. ...That's the only way I can [think of to improve transportation], because sometimes these guys don't have a way of getting around.

Other ideas proposed by client participants included "lower[ing] the standards of what you need to get a bus pass [so that the price of the pass is determined by a person's income using] a sliding scale instead of a set amount (C06, MRC)," and implementing a community service program through which volunteers could receive passes "so [clients] could volunteer for more bus tokens or bus passes (C16, GKRC)."

4.2.3.2 *Increase Access to Transportation from HRCs*

Given the geographical variation in the HRC sites, client participants had a range of experiences accessing transportation, which contributed to the range in site-specific recommendations offered for improving transportation access. For instance, as the GKRC is closest to TRHSLC and services in the downtown core, participants reported current transportation services to be mostly adequate and had fewer recommendations for improving transportation services. In stark contrast, the MRC was sited six miles from TRHSLC, which presented significant challenges for clients staying in this location. Recommendations for increasing access to transportation from the HRCs included expanding the UTA bus service, expanding the Advantage Shuttle service, and expanding the Free Fare Zone. C02 (MRC) suggested that the Free Fare Zone be expanded to encompass the HRC sites:

The thing is that the Free Zone downtown it's supposed to be for the people that live downtown and for the homeless people so that we can get around. Yeah, we can have transportation in the downtown area, sure. But if they're going to move the shelters out to other places, then they need to just to make it free at least from here.

Participants recommended expanding the UTA's bus service, including the frequency of buses to existing stops and the creation of new bus stops that would serve HRC clients. Adding a bus stop on 3rd West, the street the GMRC is located on, was a recurring recommendation from clients of the GMRC. "Have a bus go down to 3rd West. They need to have a bus (C13, GMRC)." Participants reported that a closer bus stop on 3rd West would greatly aid their daily mobility. C08 (GMRC) explained: "Before the shelter was here, there used to be a bus stop right out front on the side of Wal-Mart on 3rd West. That would be so nice if you could just [go there], but they took it out." The bus stop would be especially helpful in connecting riders with access to the TRAX lines and shorten the walking commutes from the shelter. In addition, expanding bus routes to connect the HRCs to other UTA services would aid transportation access. C08 (GMRC) explained:

[If a bus from the GMRC] went to TRAX, that would be a big help... because that would cut down the walk. It doesn't seem like it's very far...but when you start walking it, then you really find out it is a lot farther.

Because the primary post-decentralization MRC transportation "challenge is pretty much just distance (C03, MRC)," clients also recommended expanding UTA service to decrease the time and walking commute to transit destinations. To improve the accessibility of UTA services to PEH at the MRC, clients recommended introducing a closer bus stop that could connect riders with UTA routes. "Put a closer bus stop... right now, it's about a 15-minute walk to the bus stop... about three or four blocks away (C06, MRC)." MRC clients also recommended expanding current transit routes to cover larger areas and service more destinations. "Expand the routes on the bus line (C05, MRC)" to service PEH in accessing "more of the suburb areas because I feel like there's not a lot of stops... even [in the] downtown area, all corners of the county, there's little suburbs and they don't really have bus stops... (C06, MRC)." C02 (MRC) stated, "Every bus stop they have should have a shelter" to improve aspects of the built environment and make it more conducive to travel. Expanding bus and shuttle stops and service has implications for those with physical or medical conditions that can impair mobility: "There's a lot of people around here that are in wheelchairs or on crutches or have to use a cane, and if they miss their bus, they're kind of screwed (C06, MRC)."

Participants described the benefit of having the Advantage shuttle service available to transport PEH from one HRC to another and to the Weigand Center downtown. However, participants expressed the need to expand the current shuttle system's service to improve access to necessary services. To improve the current shuttle system, C03 (MRC) recommended having "another shuttle that comes more frequently [because the] shuttle makes it convenient." The shuttle would have a more flexible route beyond the HRC-to-HRC route to better meet daily needs. When asked if it would be helpful for

the shuttle bus to take PEH from the HRCs to the TRAX, C08 (GMRC) explained: “It would be way helpful... just something to pick up here and go to the TRAX, that would be huge. Then pick up at TRAX and bring back.”

5.0 PROVIDER & PROFESSIONAL QUALITATIVE INTERVIEWS

The goal of conducting interviews with providers, planners, and other professionals was to examine how decentralization has impacted PEH clients' transportation needs. Additionally, these interviewees provided recommendations for improving transportation, mobility, and access to services for individuals staying in the HRCs.

5.1 METHODS

We conducted in-depth, semi-structured qualitative interviews with urban and transportation planners, social workers, homelessness providers, and policy advisors to understand the multifaceted impacts of decentralization. The use of inductive qualitative methods, whereby patterns were identified in the data and analyzed, enabled the collection of nuanced understandings of a relatively unexplored phenomenon (Braun & Clarke, 2006)—how decentralization affected the transportation needs of PEH.

5.1.1 Participants

A purposive sampling strategy was used to recruit professionals working in Salt Lake County's planning, transportation, local government, and the homelessness services sectors. In purposive sampling, the researcher selects participants with intimate knowledge pertinent to the research question, and information is only known to specific individuals (Robinson, 2014). In this case, we were interested in individuals with knowledge of the decentralization process and its impact on both professionals and clients. A list of potential participants was generated through reviews of publicly available planning documents, transportation and homelessness services agency websites, and recommendations from advisory committee members. Additional participants were identified through snowball sampling, as each interview concluded by asking participants to identify other potential interviewees for this research. All participants were recruited by e-mail invitations sent by the first author.

Eligibility criteria for participation included being 18 years or older and having knowledge of the decentralization process. Participants included 10 men and 14 women aged 26-60 years old ($M=43.3$) who worked as urban and transportation planners, social workers, homeless sector providers, and policy advisors. Nineteen participants identified as non-Hispanic White, three as Hispanic, one as Black, and one as Asian. All participants reported having received some college or holding a bachelor's degree or higher. All participants consented to participation and permission to be audio-recorded; no one was compensated for their participation.

5.1.2 Data Collection

The research team developed a semi-structured interview agenda (see Appendix C) to include questions related to understanding 1) how the decentralization of homeless

services influenced transportation and mobility patterns for PEH and 2) how transportation and mobility changes affect PEH access to basic needs, services, and supports. Participants were asked questions about the historical context of the decentralization process; how the decentralization impacted clients' mobility and transportation needs; and recommendations for improving transportation and access to services for clients staying in the HRCs. Sample questions included: How has decentralization impacted clients' transportation needs? What transportation challenges have resulted from the decentralization of homeless services? What recommendations would you make for improving mobility/transportation and access to services for individuals staying in the HRCs? Virtual, semi-structured interviews were conducted with participants using Zoom between February and April 2021. The length of interviews ranged from 17 to 58 minutes (*Mean* = 41 minutes). All interviews were audio-recorded and transcribed by members of the research team and PhD students enrolled in a qualitative research course taught by the first author.

5.1.3 Data Analysis

Guided by principles of thematic analysis (Braun & Clarke, 2006), the data were inductively analyzed with the support of NVivo data management software. Analysis began as two researchers familiarized themselves with the full dataset and independently read the transcripts. The researchers then generated an initial set of low-level, descriptive codes by labeling text snippets with a word or phrase closely related to the data (Boyatzis, 1998). Patterns identified by the researchers were discussed during several team meetings, including with the TAC, resulting in an initial set of codes. Next, the two researchers collaborated in an iterative process to label all data within each theme based on explicit meanings in the data (Boyatzis, 1998), which transformed the initial code list by collating, rearranging, and reorganizing the codes. The refined coding structure and themes were again shared with the project team, which led to further thematic refinement and reorganization by removing, separating, and collapsing themes. Finally, the researchers defined and named a final set of themes which were agreed upon by the project team and TAC.

5.2 RESULTS

Results, summarized in Table 5.1, illustrate the connections between dominant themes (transportation challenges and outcomes of decentralization) and subthemes.

Table 5.1: Themes and subthemes from providers and professionals

5.3.1 Transportation Challenges
5.3.1.1 Car Challenges
5.3.1.2 Bike and Walking Challenges
5.3.1.3 Shuttle Challenges
Too few shuttles
Gaps in shuttle operation times
Design limitations of the shuttles
Disposition of shuttle drivers and riders
Operating costs of the shuttle
5.3.1.4 Public Transit Challenges

Cost of public transit
Limited service radius of public transit
Knowledge on how to navigate a public transit network
PEH's physical and mental health challenges
5.3.1.5 Challenges Specific to the Men's Resource Center
5.3.2 Mobility and Transportation Outcomes of Decentralization
5.3.2.1 Comparison of mobility and transportation experiences
Impact of decentralization on PEH mobility
The sheltering system changed, but the transit system did not
Now need transit, when didn't need before
Need to plan for travel in advance
Increased time to get places
Increased opportunity for accidents
5.3.2.2 Reduced access to offsite services
Reduced access to services still downtown
Reduced access to healthcare services
Unanticipated challenges of COVID-19
Reduced motivation to leave HRCs to access offsite services
5.3.3 Outcomes of Purpose-Built HRCs
5.3.3.1 Improved access to services for HRC clients
Smaller client-to-case manager ratios
More resources available onsite at HRCs
HRCs are 'one-stop' shops, and clients don't need to leave
5.3.3.2 Improved safety of clients
5.3.3.3 Fewer number of shelter beds available
5.3.3.4 Increased camping among PEH in Salt Lake City
5.3.4 Recommendations
5.3.4.1 Transportation on demand
5.3.4.1.1 Develop ride share and bike sharing programs
5.3.4.1.2 Increase shuttle availability and accessibility
5.3.4.1.3 Increase transit frequency while reducing cost
5.3.4.2 Education on transportation and system navigation
5.3.4.3 Funding recommendations
5.3.4.4 Reflection and dialogue

5.2.1 Transportation Challenges

Participants described a variety of challenges related to the transportation needs of PEH. As P03 stated, "Transportation is the biggest [challenge related to access to services resulting from the decentralization of homelessness services in Salt Lake] I can think of." P14 elaborated: "Transportation is way more important than it was before. Before, people could make their own way to one location pretty easily. So, transportation now has become a big barrier that we didn't have previously because of the decentralization." Challenges described by participants have been organized according to modes of transportation and mobility, including:

- Car challenges
- Bike and walking challenges
- Shuttle challenges
- Public transit challenges
- Challenges specific to the MRC

5.2.1.1 Car Challenges

Participants reported that while “very few homeless people have vehicles [though] some people do, because they sleep in those vehicles, or it’s the last thing they have (P04),” and that “with the decentralization, we realized there were more people who have vehicles, or cars, than was realized (P09).” Participants identified maintenance and the limited parking available at the HRCs as challenges related to PEH using personal cars. As P16 stated, “Most homeless individuals—they don’t have enough money to have a car or to keep gas in a car if they have one.” P04 further describes the costs of maintaining a car as a challenge for PEH:

Gasoline is big. Also, maintenance, being able to insure the vehicle and register it. So that’s a huge issue for some homeless people who have vehicles is keeping them functioning, legal, and having enough fuel. There’s also people who live in RVs, they have the same problem, and then where to park them that they’re not going to get hassled.

And, while there was discussion of how much parking to allow at the HRCs, it was assumed to be “less of an issue (P21)” for PEH. Rather, as explained by P09:

That has actually been an issue: parking vehicles that are semi-working. What do people do with their cars when they go to a Resource Center or a shelter? ...nobody really knew how many people had vehicles; and, maybe, people are getting more vehicles and there’s not access to parking or resources to fix cars.

5.2.1.2 Bike and Walking Challenges

For PEH who do not have a personal vehicle, there is a need to find other ways to mobilize. P16 described the situation of PEH who walk to get to where they need to go:

They are usually very poor. So, most of the time they don’t own a car, they don’t have a personal vehicle, usually. They might have a bicycle. They might have a car; they might be living in their car for a while. But, usually, they walk a lot of miles—miles and miles every week, every day sometimes.

Challenges identified for PEH who are reliant on walking or biking include the design of the built environment, including a lack of sidewalks or safe walking paths; the ability to safely store a bike or transport one’s belongings; and physical health limitations. P23 identified challenges for PEH staying at the GMRC (on 242 Paramount Avenue):

Just the sheer distance if you’re on foot, or if you have a mobility issue, if you’re trying to go from the TRAX station to Paramount—it’s tough. The sidewalks are not good if they even exist. Like, along Paramount, there isn’t even a sidewalk except for right in front of the Homeless Resource Center.

While the HRCs were designed to have indoor and outdoor bike storage options where bikes can be locked, these spaces were reported to be full, which presented challenges. Additionally, P13 stated, “When you’re homeless, you have no place to store stuff, you have to take it with you everywhere you go. That’s not easy.” Without storage for personal belongings, PEH are challenged with the “ability to carry around all of [their]

belongings as a person experiencing homelessness... People are carrying everything they own, and it's hard to casually walk a mile to the medical clinic (P24)."

Finally, the physical capability of individuals was identified as a potential challenge in one's ability to get where they need to go, as summarized by P13: "On a very personal level, we see a lot of those who are unsheltered or homeless who have physical disabilities who are older. So...difficulty walking. That can be a huge limiting factor to mobility as well." P16 further described this challenge:

For some people, there might be personal mobility issues if they have trouble walking for some reason. For example, are they in a wheelchair, maybe? And so, they would need different kinds of accommodations to get from one place to another. So, their mobility would be more challenging because they would need a special bus, or something.

5.2.1.3 Shuttle Challenges

Recognizing that PEH were experiencing transportation challenges immediately following decentralization, and the challenge getting from one HRC to another where a bed may be available, a shuttle program was initiated. As P10 described, "It's from 6:00 AM to 1:00 AM the next day, and they are going to six sites right now; they do a loop, and so they'll go to each of the sites and then start over again and do a complete circle." While the shuttle was identified as a much-needed service, several shuttle-specific challenges were highlighted, including there being too few shuttles, gaps in operation times, design limitations, disposition and qualities of the shuttle drivers and riders, and the cost of operating the shuttle.

Despite the general availability of a shuttle, participants identified that there is a "lack [of] the amount of vehicles necessary... [There are] two vehicles, and that's sorely understaffed (P12)." A result of the significant need for the shuttle, but limited number of vans, are long waitlists for PEH to access these vehicles and "they only come about every two hours, so time-wise it can be a little bit tricky (P15)." Participants reported that wait times for a shuttle were further exacerbated by "COVID restrictions. They're only taking six to seven people on the shuttle at a time, so sometimes [PEH] have to wait for a few hours for the next one to come before they can be transported again (P18)." P19 summarized these challenges:

The frequency has been challenging. Something that's well outside of any of our control, the pandemic has been a huge burden on that system as well, because they're driving 15-passenger vans, but only can accommodate six people at a time—just to increase the spacing between people on the shuttles. Throughout the colder months...we've seen anywhere from 8 to 20 guests waiting for that first shuttle that can only allow six people. And so at least a couple, sometimes more than ten guests, have to wait for another hour and a half to two hours for the next shuttle to arrive if they want that free transportation option.

In addition to the challenge of there being too few shuttles available to meet the need for a no cost transportation option, the operation times of the shuttles were identified as a challenge for PEH, including working individuals. P05 stated, "There's a cutoff time.

And so, I think that has presented a barrier for people if they're not getting their ride...then they might get stranded." P10 agreed that the 5 hours during which the shuttle did not operate posed a challenge for PEH:

The most challenging has been accessing transportation at those off hours where nothing is running, so during those night hours where public transportation is closed, or shuttle is closed. Folks that need to access transportation at those times has been very difficult.

Related, participants described the challenge of not being able to individualize transportation schedules for every rider in need. P16 explained:

The other thing is when you have a decentralized system, you really don't know what time everybody needs a ride somewhere. So, let's say there's a guy who needs a ride to a job—he needs to get on a bus and get over to his job on time—that's not going to always fit with a shuttle service. And so, that might not work; and so, then he has to get on the bus. So, I think it just becomes every individual person has a different routine every day, and it's hard to have transportation ready for every single person's needs.

Also described as a challenge was the design and capacity of the shuttle vans. While these vehicles were described as able to "move people without a lot of stuff (P12)," no shopping carts or tents were able to be brought onto the vans. As P09 described, the need to accommodate PEH's belongings required that "they had to actually develop a way to have storage in the back and [take] out a seat to be able to accommodate folks' belongings." Design limitations were highlighted as a challenge, particularly for PEH who "are in a wheelchair or...need assistance just getting onto the shuttle (P10)" since "the van that's running right now wasn't wheelchair accessible, which has been an issue in the past (P09)." P11 summarized:

The ones the shuttle has right now are not wheelchair accessible, and I believe that's a big problem. There are a lot of people that participate in that [and] they don't feel comfortable and don't feel safe because they aren't wheelchair accessible vans. It's not an inclusive system...it's unpredictable, it's not inclusive, and it still doesn't meet the needs.

Additional design features that would benefit PEH riders were identified by P11:

[The shuttle is] not four-wheel drive; it's probably not super weather-capable. When we have inclement weather, it makes it really hard for [PEH] to get to the locations on time, and that's a challenge because of our geography here. If we had good vans that were prepared and built for transportation, four-wheel drive, or chains, or something like that that made it more reliable on weather days, it would be beneficial. We do have guests that have bicycles and having a van that might have a bike rack—similar to what the buses have—could help [PEH] get further away to a job where they can jump on the shuttle and get maybe 90% of the way and then take their bike that last 10%.

The disposition and qualities of the shuttle drivers and PEH riders were also described as potential challenges in the success of the shuttle system. Participants suggested that

drivers should be “people who are interested in [driving those who are homeless around] so it’s not a burden. Because they may make it harder on those who are homeless versus someone who wants to help (P03).” For rides, participants reported that “clients can’t take [the shuttle] if they have an animal, and they can’t take that if they’re drunk, they can’t take that if they’re high (P18).”

Finally, the cost of operating the shuttle was identified as a potential challenge. P12 reported:

If we want to solve this issue, it’s going to require funding, and who’s going to provide that funding? [Advantage Services is] ...just one accident or one problem away from not being able to run the shuttle because once it becomes a liability to the company, [they] would have to stop doing it and then there would be no way to get from Resource Center to Resource Center other than public transportation and taxi cabs. [Advantage Services] were never meant to be a long-term solution and hopefully they can get it figured out and get more funding and find more sustainable options to the problem.

5.2.1.4 Public Transit Challenges

Other transportation challenges identified by participants included PEH ability to use public transit due to the cost of transit, limited-service radius, the need for education on how to navigate a public transit network, and PEHs’ physical and mental health challenges.

Among the most immediate barriers to PEH using the public transit system in Salt Lake was reported to be the cost of using the services and PEH not being able to afford the cost of transit fare. According to P13, “People who are experiencing homelessness generally have a low income...not any monetary resources.” This challenge was highlighted as the HRCs are sited “well outside the Free Fare Zone (P19).” P08 stated, “In terms of using public transit, I think the fact that we require a fare is a barrier.” P14 described how public transit costs could be a challenge when individuals want to go multiple places and make multiple stops. For instance,

[When] looking for an apartment you’re going to want to go around and see a few different places and trying to use public transportation for that is a challenge... Cost is an issue, paying for that public transportation to go from place, to place, to place is often something our folks can’t afford.

An outcome of the costs of transit and being able to get on TRAX without having to enter through a turnstile or pass by a train driver is that individuals will not pay. If an individual is caught outside the Free Fare Zone without proof of payment, they may “get arrested and charged for the theft of services from the UTA (P18).” As P11 explained, “If people do move around in the city, the fact that there’s limited free transportation increases the likelihood for tickets, which is a barrier to housing, because they can’t pay a ticket.” When a ticket goes unpaid, P11 explained that it could:

Turn into a warrant...that will make it tougher to get into housing. The more tickets they get because they’re trying to access resources is going to create

huge barriers to getting approved for an apartment—outstanding rents and tickets because of transportation issues that are not your fault.

Following decentralization, a second challenge to PEH use of public transit was the lack of “robust transit options” outside of Salt Lake City, including the limited areas across Salt Lake Valley that offer high-frequency (every 15 minutes) options. As P04 explained, “The public transportation system in Salt Lake County is always questionable...not every place that somebody needs to go is near a TRAX line, and the bus service varies dramatically from area to area.” The limited radius of the transit system was reported to not only affect the ability for PEH to get to the HRCs and other basic services, but also to employment opportunities. P14 stated:

A lot of the jobs that we can have access to are way out on the west side or out by the airport or something like that, [where] public transportation is dismal at best. But certainly, for someone who’s working like a graveyard shift at an industrial complex or something like that, I think [transportation] is one of the hardest things that we have the least ability to help with, I would say.

Another challenge for PEH was knowing how to navigate the public transit system to get to services, shelters, and HRCs. The challenge of navigating a scattered service system was reported to be “a little confusing, probably, for homeless individuals because it’s not all in one spot anymore (P16).” P07 elaborated: “The biggest difference is [PEH] knew where to go; they knew there was just one place to go. And so that’s where it gets more complicated.” Instead of having a centralized location for accessing a shelter bed or other basic services, as was previously possible, PEH now need to know how to get from one location to the next. P12 stated, “It can be frustrating because a lot of times [PEH] don’t understand how the system works, and they’ll show up to one place, and there’s no bed, then they gotta get to another place.” P05 summarized:

I would think that [the decentralization] has made it more difficult. If you can’t access everything in one place, then you have that added factor that you need to figure out—how to get from Point A to Point B, and whether—from a transit perspective—does TRAX or does a bus go to that location? Do I have to transfer? All of these logistical issues with taking transit to get to places, or walking—what’s the proximity if I wanted to walk to those places?

The challenge in navigating the transit system was identified by P10 as more difficult the further away from downtown Salt Lake City an individual is:

For the locations that are further out from central Salt Lake City, it has impacted our clients greatly with resources and a lot of...the places that they are needing to go are downtown and so having to take the shuttle or UTA does take some time for our clients that are further out in Salt Lake. And so, there is a lot of planning that needs to be put in place from the client in order to get to where they need to go and then be back for either their meals or for check-in time for their bed; it does impact their day quite a bit.

Moreover, the lack of knowing how to get from one HRC to another was considered a factor in the increased number of unsheltered PEH in Salt Lake, as P14 expressed:

The biggest challenge is people knowing and understanding how to get to a certain place and whether or not there's going to be a bed available for them. That has results. That's one of the things that's impacted our increase in unsheltered homelessness.

Further complicating the challenges of navigating the complex transit system, participants described the varying physical and mental health challenges that can influence PEH's use of transit. P19 identified the use of transit as particularly difficult for PEH who use wheelchairs or have mobility impairments:

Asking someone who's in a wheelchair or has some sort of significant mobility impairment to go down to the bus stop, and wait for the bus, and get on that bus, and take it to the TRAX line, to get downtown, to go to Fourth Street Clinic... That's an incredibly difficult system to navigate for anyone.

P03 also highlighted that the navigation of public transit systems was a significant challenge for PEH with severe mental illness:

That also plays into the mobility and accessibility—is the mental health of someone. ...If I was homeless, I would still have a hard time like, 'Oh, what time's the bus at? How do I get it again?' I would say I'm pretty good, but if I had schizophrenia on top of that, and I hear voices and then now I have to figure out, 'How do I get on a bus? How do I act on a bus?' Like, I like to yell at my voices the whole time. Will I get kicked off the bus for yelling at my voices? Probably. So then, how do I get there?

5.2.1.5 Challenges Specific to the Men's Resource Center

Furthest geographically removed from downtown Salt Lake City, participants described the MRC in South Salt Lake as the HRC that required PEH to overcome unique challenges to access services. P07 contextualized the site of the MRC, acknowledging that the location is further from a community than what was considered ideal by the site selection committee's criteria:

When the Men's Resource Center was first built, first identified, the bus route on 9th West was...every 30 minutes, and only during core hours. Where a high frequency bus route would be like every 15 minutes. The road itself where the Men's Resource Center sits now was not really a road...There wasn't access directly to the Men's Resource Center, which had to be built. ...From Salt Lake City's [site selection] criteria that we used; it was it was probably a little further away from a community than what we were looking at within Salt Lake City.

Not only was the site further away from services, but the transportation network nearby the MRC was described as underdeveloped, with limited access to one bus line and outside the Free Fare Zone, requiring PEH to navigate several transfers to get downtown. P19 stated:

There's no Free Fare Zone... [The MRC is] well outside of the Free Fare Zone. So that's been a huge challenge. There is only one bus line that comes by...in either direction. And so, trying to get downtown takes some time. And it's costly for someone who is maybe trying to get back into employment or trying to save

their money for a deposit on a unit or paying off old debts or something like that. Trying to navigate that public transit system when you really only have one entry point into the public transit system is really difficult.

A consequence of the MRC being far from Salt Lake City and having an underdeveloped transit network is that there has been a reluctance among PEH to travel to the MRC, which anecdotally has resulted in more PEH camping unsheltered in Salt Lake City. P16 summarized:

What I've heard is that some of the men who are being offered shelter in South Salt Lake don't want to go because it's too far away. And so, that's a negative consequence of decentralization. They won't go that far out. They'd rather sleep outside downtown in Salt Lake City then get out that far and get stranded... It's a pretty long walk from South Salt Lake back to Salt Lake City and if they don't know what's available to them, they might just say, 'I'm not going to go out there.' So that's been difficult.

5.2.2 Mobility and Transportation Outcomes of Decentralization

5.2.2.1 *Comparison of Mobility and Transportation Experiences*

Participants defined mobility as the ability of individuals to independently get from one place to another. Within the context of the study, participants focused on the mobility of PEH, defining this as the ability of PEH to independently get from one service or resource to another. While some definitions identified the need to have a choice in where one goes or the ability to pay for transportation, others highlighted the need for mobility support devices for PEH living with a disability. Opposing views were expressed about the impact of decentralization on the mobility of PEH. On the one hand, participants reported that having a wider spread of resources across Salt Lake Valley enhanced access to services outside of downtown Salt Lake. For example, P06 stated,

There's a shuttle that goes throughout the HRCs that provides folks with access to getting from one side of the Valley to the other that wasn't previously available. So, in that way, you can say that there has been there has been an enhancement in mobility.

On the other hand, participants felt that moving shelter locations away from core services stripped PEH of the ability to be self-sufficient. P17 stated,

It has negatively impacted client's mobility and that's just simply because we took them out of an environment where they had full mobility to resources, jobs, food, all basic life amenities, to now where they may not have direct access or frequent access or convenient access. And I don't use this word lightly, but I feel like it's somewhat discriminatory to have taken that access, that mobility, away from that particular population because they are clearly dependent—more dependent than a lot of transit users.

Participants described ways in which the transportation experiences of PEH staying in one of the HRCs compared to the experience of staying at TRHSLC. While the siting of sheltering service changed, no change was made to the transit network, which was

described as not ever having a “system in place” to get someone downtown (P07). As a result, some participants suggested that access went unchanged. P06 explained:

You still have full access to that area. ...If people needed to go to the [University of Utah Hospital] or needed to go to any other employment, for example, they still have the same challenge of transportation. It doesn't matter if you're in the old system or the new system, you still have the same challenge.

Whereas clients could formerly walk across the street or access resources within a single neighborhood, PEH staying in the HRCs were described as now requiring transportation and needing to pay for this transportation to get to many of the places where they need to go since the HRCs are situated outside the Free Fare Zone. P14 stated:

We have a much higher need to provide assistance for transportation than we did prior to the decentralization... Transportation is way more important than it was before. Before, people could make their own way to one location pretty easily. So, transportation now has become a big barrier that we didn't have previously because of the decentralization. And then cost and frequency of routes and things like that, of course, are also challenges.

P03 agreed, explaining that “before [decentralization], it was a lot easier to just walk across the street and go get your services.” P05 elaborated:

It's been very difficult changing a very old system to this new model; and transportation has been one...aspect of that that's been difficult, because in the old model the majority of services were on Rio Grande [Street] and those were within the Free Fare Zone. Now, all of the resource centers are outside of the Free Fare Zone—transportation is significantly more difficult.

In addition to having to travel further to access services not available onsite, participants reported that PEH need to plan more than was previously required when they were staying at TRHSLC. P13 stated, “It's harder to get around, there's no question. It's challenging. You've got to plan to get anywhere.” P10 elaborated:

There is a lot of planning that needs to be put in place from the client in order to get to where they need to go and then be back for either their meals or for check-in time for their bed, and so it does impact their day quite a bit.

One of the consequences of the need to plan more for how to travel was an increased difficulty in accessing services. P03 summarized: “[The decentralization has] added to the mobility of having to arrange stuff beforehand. It's a lot harder to act to access services than what it was before because you have to plan more.”

Another consequence of the transportation changes required by the decentralization was the increased time needed to get places. P15 reported that PEH could spend long periods of their day just traveling to get where they need to go:

They're investing so much more time in moving around... I think we [also] see more of our guests paying for public transit now because they have to get on the

bus, and the bus makes you pay versus the TRAX train. But, overall, I would say the biggest change to mobility is just the amount of time it takes.

As a result of the time required to travel, PEH accomplish less in a day and need to choose what activities are a priority. P04 described the negative impact of having to spend more time traveling:

In my opinion, it's made it more difficult for people to access services and resources that they need to survive and then move out of homelessness. The old co-location model had its problems, but you didn't have to spend all day on the bus trying to get to a service that you needed because everything was pretty much located in the same area.

Another consequence of transportation changes that resulted from the decentralization was the increased opportunity for accidents. P17 stated:

If, now, [PEH] have to walk further to get to a bus stop or train stop, that just introduces things, like, now the weather is going to affect them more as they're trying to access the services, and there may be disability-related issues. A lot of people in that community have disabilities that require them to use wheelchairs or other medical devices; and now you've just introduced that distance between the Resource Center and transportation that could be...dangerous. ... You're increasing the opportunity for accidents as you put people farther away from their transportation resource.

As described by participants, the most severe accidents resulted in the deaths of several PEH who were staying at the MRC and trying to get to a bus stop. When the MRC first opened, there was no nearby crosswalk to use to get from the south side of the six-lane road (3300 South) on which the bus route operated to the north side of the road, and where the posted speed limit is 45 miles per hour. P19 shared that, as a result, in the first couple of months of operation several PEH "did try to cross traffic at inopportune times and were struck [and killed] by vehicles... It's incredibly tragic to see people die trying to access our transit." Following these "sickening and tragic (P14)" deaths, a crosswalk with a pedestrian light was put in so that pedestrians can push a button to activate flashing lights to alert cars to stop prior to their crossing the street.

5.2.2.2 *Reduced Access to Offsite Services*

Despite reports of improved access to services that are available onsite for PEH staying in one of the HRCs, participants reported access to resources that are not provided onsite presented several challenges that contributed to reduced access to several services. For instance, many of the services regularly used by PEH remained downtown in the neighborhood of the former TRHSLC. In addition to opportunities for employment and education, participants identified a soup kitchen (operated by Catholic Charities), a day center (at St. Vincent's), a storage facility (A Place for Your Stuff), and medical clinic (Fourth Street Clinic) that all remain regular sources of support and resources for the PEH community. P08 described:

There's something still that's bringing people downtown, that they're not having their needs met elsewhere... [Downtown is] probably the place that has the most

number of resources that are available. So, libraries, healthcare, possible employment opportunities, there's access to probably more restrooms, more public restrooms in the downtown area. And so, I think by decentralizing, people probably don't have quite as easy access to all of the resources that you would find in the downtown area.

By moving the HRCs out of the downtown area, where many of the needed resources remain, P17 argued, "We basically completely dismantled their access to high frequency, longer hours of service...when we move them into areas that don't have nearly the same services that we provide."

P11 stated, "Accessing jobs has been one of the biggest challenges and accessing healthcare." However, whether access to employment has been reduced since decentralization remained unclear even for P11 who reported that some clients have improved access to jobs available outside the downtown core, which now require less travel time to access. P06 reported a similar sentiment:

Individuals are able to be in various areas within the [Salt Lake] Valley. So, if, for example, there is more employment opportunity in one area or the other, they have selections and the ability to go to those areas and self-select. Whereas in the previous area, it's like you better find a job downtown or else you have to find transportation needs to get to work.

Participants described the challenge in accessing healthcare services that result from the need to travel further distances to the Fourth Street Clinic, the primary healthcare provider for Salt Lake's homeless community, which is a few blocks from the former TRHSLC. P24 noted:

Medical is probably the biggest thing for me. There was a plan to have regular medical services in-house. Even when that was in place, it made it simpler for people, but it was pretty light-touch triage-type stuff. So, you could see a nurse care practitioner in the facility to get a quick assessment, and often what they would do [is they] would schedule you a follow-up appointment at the downtown clinic... Once a week, the full medical clinic would come, but one day of the week just isn't enough to serve every medical need in the building, and so there's still a ton of people that are just left with no option but to trek it downtown.

As P11 stated, "People's healthcare is definitely suffering because they're less likely to leave the facility because transportation is challenging to get down to Fourth Street." P15 agreed that after decentralization PEH have been challenged in accessing medical care:

Getting our guests down into Fourth Street Clinic has definitely become significantly more difficult. They're not terribly far away from a TRAX line, but they're not close either... So, we've seen a huge challenge with access to medical care—both at Fourth Street Clinic, but also within their personal providers... it's not like downtown where you can walk out, and you had instant access to TRAX and the bus.

Access to services became further challenged by the onset of the COVID-19 pandemic and the inability to deliver services to PEH in the HRCs. For instance, the Fourth Street Clinic shifted from providing primary care outreach to focusing on COVID testing and vaccine delivery, resulting in PEH needing to travel to the downtown clinic to receive care, according to P11:

We're able to do some medical outreach each week. It used to be more basic healthcare, but because of COVID, it's now focused on testing for COVID and now rolling into vaccines. So that's been a majority of our focus. So primary care has been difficult for people, and if they need primary care they do need to get on the shuttle and time it perfectly to go back downtown to receive primary care.

While there are clinic spaces onsite at the HRCs, the lack of funding has resulted in these spaces going unused as intended, which negatively impacts clients' basic healthcare.

In addition to the need to reallocate staff and financial resources, public health physical distancing measures contributed to limited resources being onsite as intended. As P19 described, outside service providers "were a little more hesitant to go into the homeless resource centers." P24 elaborated:

A lot of community partners, that was the plan to have them in the facility— [Department of] Workforce Services... Utah [Office for] Victims of Crime...were going to be in the facility. ...Were it not for COVID, I think it would be looking a lot better than it turned out to be. But I think what we're seeing right now is a much larger disconnect from other services.

This disconnection from services was reported to remain despite efforts within the HRC to coordinate virtual visits with service and health providers. P19 stated:

Over the first few months of the pandemic, [the HRCs] worked to establish telehealth appointments and videoconferencing to continue connecting people to those resources, but it took some time, and computer literacy is a huge challenge for a lot of people.

A final consequence of these factors (having to plan more, services still being downtown and having to travel further and longer)—and a flipside to "clients don't need to leave"—reported by participants was that clients may have less motivation to leave an HRC. P03 summarized this sentiment:

The pros and cons of scattered site model is, it's a big motivator get clients out of shelter; downside is, if they're not that motivated to get out of the shelter, they're not going to try and go anywhere or access that transportation if they don't have to.

Participants reported that clients may "choose to stay in the facility because it feels complicated and overwhelming (P15)" to travel from the HRCs to other locations where they need to go. P24 elaborated:

It's already discouraging enough to be homeless and then you're trying to handle so many different pieces of your life to get things back together, with housing and

medical and everything. And if [for] each of those things you also have to figure out, how to get there, who's going to handle my stuff? Who's going to be there with me if I don't know how to navigate the appointment? It's just daunting enough that I think some people just kind of ...get a case of the fuck-its a little bit. Kind of like, 'Well, I'm just not even going to try because it's too hard. I'm here in shelter and it sucks, but it's at least a place to stay.' I think it definitely has slowed a lot of people's progress on working towards those self-sufficiency factors.

5.2.3 Outcomes of Purpose-Built HRCs

5.2.3.1 *Improved Access to Onsite Services for HRC Clients*

With the transition to the decentralized model in which emergency shelter and services were co-located in the same building (i.e., a HRC), both improvements and challenges were reported when compared to the model of shelter and services co-located in the same neighborhood (i.e., TRHSLC). However, P21 reported that PEH who stay in one of the HRCs are better served:

The resource centers that were built don't seem as overwhelmed because the Road Home was totally overwhelmed. These other resource centers—it seems like they're able to give better service to the people that actually make it to them.

As well, access to shelter and services was considered improved because there are more physical locations for PEH to access, as P01 described:

As far as like ease of access, physically, I don't think it's really terribly different. It very possibly could be easier, too, because we have more places for people to go. Theoretically, you could get to a place that's closer to where you are.

Compared to the services and case management available in TRHSLC, participants reported that the HRCs have more case managers and have more onsite services. As a result, HRC providers are “able to give better service to the people (P24)” who stay in one of the locations. Participants reported that, with the new model, “there's a better case management to client ratio and able to focus more on housing (P07).” P19 elaborated:

Smaller facilities allow us to get to know a lot of our clients a little bit better. The staffing model has changed pretty significantly as well. Downtown, we had a fraction of the case managers that we have here. And so, it's a huge benefit. I mean, I can't put into words how much of an advantage it is to be able to offer case management services to every single person in the facility.

Smaller client-to-case manager ratios (i.e., smaller caseloads) were reported to enable providers to know their clients' needs better and provide more individualized and tailored support. As P01 stated:

I think as far as services are concerned, the ability for the service provider to get to know who's there, and to get to know the needs of the individuals who are staying with them is greatly enhanced by having a smaller decentralized model.

In addition, P13 described how “the decentralization meant that [providers] had to plan on having resources at all the facilities...” A benefit of coordinating the delivery of services to clients was that providers could bring resources onsite to the HRCs:

The centers have 200, 200, and 300 clients...they are smaller than what was traditionally at the downtown shelter [TRHSLC]. The case managers have more hands-on time with [clients]. The centers also have additional resources within each site, which allows us to bring in more community partners and resources for those clients seeking housing solutions. –P10

Onsite services were highlighted by participants as especially helpful in serving PEH, included three daily meals, showers, hygiene, laundry services, personal storage, healthcare, employment, transportation, and other non-medical support services; “really just anything someone could need while they’re experiencing homelessness and staying in an emergency shelter (P19).”

Those case managers and housing team members can help people connect with housing and employment and figure out how to get to those places. So, a lot of what they do is help folks figure out the transportation that’s involved to connect with those services. Just all the services that we’re able to provide onsite are much better. –P14

While the Fourth Street Clinic was a few blocks walk from TRHSLC, P24 suggested that “even one block walk from downtown Rio Grande to Fourth Street Clinic is too far for some people and having medical services in the building is way just more accessible for residents.” In comparison, P03 described that in the new model, “They have created a rotation of having medical staff in those shelters...So, now, Fourth Street Clinic comes to those facilities to meet with clients with there.” The Fourth Street Clinic also operates a mobile clinic that can serve PEH where they are rather than require PEH to get to the clinic facility.

We’ve got Fourth Street Clinic is now doing mobile medical—that’s another thing—they are bringing the services to the people and not making the people have to leave where they are and make their way back down to the Fourth Street Clinic. Sometimes we take them down there, if maybe they need to go for something that’s more intense, but there are clinics in each of the resource centers. So, the mobile clinic can pull up and the doctors can come in and they can use the exam rooms or use the exam rooms on the mobile clinic. –P16

Having an onsite clinic helped provide follow-up care, schedule appointments with specialists, and attend to clients’ acute medical needs.

Because there was more case management and resources available onsite, participants described the HRCs as a “one-stop shop” that PEH do not need to leave:

The centers are pretty like one-stop shops. They have access to mail, they have access to housing resources, they have meals onsite, there is clinics that are held by Fourth Street clinic, so they’ve got access to medical care, they usually have onsite access to mainstream benefits and stuff like that, too. So, there’s not

really a whole lot of reason for them to leave the center other than, like, their personal lives. –P01

While at TRHSLC there was a need for clients to leave every day so the facility could be cleaned, and the HRCs are bigger facilities that do not require PEH to leave to be cleaned. Rather, cleaning can happen while clients are in other areas. Not having to leave the HRCs was described as one of the positive outcomes of decentralization. P07 explained:

The fact that you don't need to leave every day, that you can be there, you can stay there, have your meals there, get your medical care there... You don't have to leave and then help and then line back up and hope to get a bed again. I think some of those things are an improvement... It doesn't have to be a day-to-day management sort of thing. So, you're able to, hopefully, then address the housing, work with your case managers.

As a result of PEH not being required to leave every day and resources being provided onsite, P09 acknowledged that PEH have fewer mobility needs:

Back when there was one shelter at the Road Home, they had to leave, and then they came back every day. So, here, there's one place where you get food; you don't have to leave. So, I guess if they're staying at a resource center, their mobility needs maybe a little bit less because they can get a lot of their resources there.

Another participant (P16) described how having services onsite at the HRCs was one way in which PEH have been able to overcome the transportation and navigation challenges imposed by the decentralization and reduced the need to travel to have their basic needs met.

We're trying to have services in the buildings so that people...can get their needs met, right there onsite. And so, they're not running all over town to get things done. For example, another one, the Department of Workforce Services that signs people up for food stamps, and Medicaid, and cash assistance short-term—they come to the Resource Center, so people don't have to go, get on a bus, go to the Department of Workforce Services. So, we have taken out the need to be mobile for everything you have to get done; we've centralized some of it. We even have housing applications onsite and housing specialists who come in and help work with the clients. And so, that has reduced the amount of running around town that people need to do to get their needs met or to take steps towards self-reliance.

In contrast to the reports of the positive outcomes of improved service delivery to clients who stay in one of the HRCs, participants also reported that because so many services were planned to be available onsite, less consideration was given to transportation needs and resources during the planning stages, which was an oversight. P10 explained,

With the addition of resources that we were able to provide in the in the centers, we initially did not think transportation would impact the clients too severely

because we were going to bring everything to them... So, now we're facing clients that need to have their basic needs met by going to the grocery store, or going to the bank, going to a job. And so, it's that transportation we're looking at and trying to bridge that gap.

5.2.3.2 Improved Safety of Clients

Purpose-built to be one-stop shops, enabling more resources to be offered onsite, and with spaces for clients to engage with case managers and have trainings and education contributed to clients "feel[ing] a lot safer in these locations (P03)." HRCs were reported to improve client safety for several reasons, including the ability to stay inside during the day and the siting of HRCs outside of downtown. As P16 stated, "We have more space and so people don't need to be out in the community, they can stay inside, they can stay inside in the courtyard so they're not out on the street as much; it's safer, it's good." P06 described the ability to stay at gender-specific facilities as a contributor to a sense of safety:

Having shelters that are distinct, the genders. I think that there was a lot of issues before, where it was mixed. There were a lot of females that were worried about being physically or sexually assaulted. I think there's a huge safety component in the new system that wasn't necessarily as available just because the way the building was set up.

In addition, according to P08, the locations of the HRCs, "being in a quieter neighborhood [was] a positive for some people. Some people really like the hustle and bustle of the city, but not everybody does. So, I think that could be a positive for people."

5.2.3.3 Fewer Number of Shelter Beds Available

Though the "spaces themselves, the buildings, are much, much better for the clients and the staff than the previous locations (P13)," participants described how decentralization to a scatter site model also involved a reduction in the number of shelter beds available at any one HRC. What P24 called "insufficient bed capacity." The rationale in planning for fewer beds was that there would be an improved system of moving PEH into housing and so fewer shelter beds would be needed. There were, however, concerns that no new affordable units were being built. P02:

I was told that the reason why that was going to be successful is that the admission program and then the placement program of a client into housing is going to...have a shorter timeline. So, by moving people through the system faster, we actually could provide improved services with fewer beds. ...I remember thinking at the time, well, that works if you have places for...a homeless client to move into. But it didn't seem like we were building or developing those new...dwelling units that would be available for those who are getting rehoused. Well, that that was a concern.

In describing the bed capacity at TRHSLC, participants acknowledged that while there were approximately 850 beds, as many as 1,100-1,200 PEH could be accommodated when needed on mattress pads, in hallways, and elsewhere in the facility. P04 stated:

Even though each of these facilities could house a lot more people, the way they're built, they don't. And the agreement [with the host cities] was that they would not... Whereas with the old Road Home, they jammed people in every nook and cranny there. That was part of their strategy to get everybody off the street, and they didn't have a hard cap, they only had to comply with health and safety codes.

With the move to the decentralized model, an explicit decision was made to put a cap on the number of PEH who could stay at the different HRCs driven by the agreements made with the city entities where the HRCs were sited. P07 reported that “the two sites in Salt Lake City were then capped at 200 [beds], and then the Men's Resource Center [in South Salt Lake City] was capped at 300 [beds].” P14 elaborated:

The size of the facility was a debate that swung between what we thought might be a good best practice from a service provider perspective, but was really heavily weighted by what a neighborhood, or a city council member would support in their area. So, I would say that the size was more arbitrary.

In contrast to TRHSLC, where clients seeking a bed were never turned away, no additional PEH is permitted to stay when the HRCs reach maximum capacity. P15 explained:

These new facilities came with very conditional use permits that clearly outlined what could be used to sleep, what could not be used to sleep, and they put hard caps on the buildings. So, [the Road Home] went from having a facility that could accommodate really anyone who came to the door—never had to turn anyone away downtown—to now, [there are] are at 300 men in South Salt Lake and if you're man number 301... [the HRC] can't serve you.

One result of bed capacity caps in the new shelter system is that PEH are more challenged in finding an available bed and more reliant on transportation to get from one location to the next in the search for shelter. P18 shared:

And then, if that one's full, they have to go check out another one... The Road Home shelter had a capacity of somewhere between 1100 and 1200 beds a night. Now, we have one shelter that has 200 beds and two shelters that have 300 beds, which is a total of 800 beds, which is significantly less than what The Road Home had a capacity for. It's created kind of this transportation frenzy where if a client can't get a bed at one shelter, they have to go to another one and ask, and if they can't get there, they have to go to another one, if they can't get there, then they have to... try to get a bed in [an] overflow [shelter]. So, I think the bed capacity has really increased that need for transportation for clients as well, because they have to do more of like a survivalist search to find something that they could use.

5.2.3.4 Increased Camping Among PEH in Salt Lake City

An additional consequence of the decentralization to a scattered site model—and the confluence of 1) services remaining downtown, 2) an inefficient and expensive transit network, and 3) fewer beds available in the shelter system—was the reported increase in camping among PEH who are unsheltered in Salt Lake City. As P08 described: “I do notice that there’s still a lot of tents downtown, which means that maybe the shelters or the resource centers are perhaps a little bit undersized.” Decentralization was described by some participants as having resulted in the displacement of PEH across Salt Lake Valley without solving the larger system issues of homelessness. Participants agreed that “it’s a real challenge, because now it feels like it’s scattered all over the city (P21)” and “we have seen camps sprouting up all over the city (P12).” P04 elaborated:

They certainly needed more capacity, but we didn’t think it was appropriate to close The Road Home until such a time as they could prove that the new shelter system had adequate capacity, which it never has. And I think we’re seeing more people camping on the streets, and that was predictable. ...I think maybe that’s part of the reason, too, you’re seeing more people camping on the streets in Salt Lake City, because they don’t make that trip [to South Salt Lake], or they’ve made that trip and not been able to get into the shelter... and actually needing a transportation system between these shelters and other services—and the fact that they’re not all located downtown, where people are...I think that’s led to increased street homelessness and camping on the streets. Because people want to be in the downtown area—that’s where other services are, where other people are, and they’re not interested in a three-to-five-mile trip to shelter, and then having to come back and figure that out every day. So, I think that’s one thing that’s happened—an unintended consequence.

In addition to the increase in tent camping, participants reported increased car camping, which was exacerbated by the onset of COVID-19. P09 described:

One of the other things that we haven’t talked about too much, is car camping and homelessness, which has been exacerbated, probably by the pandemic and leading up to the pandemic. We’re seeing an uptick in folks sleeping in their cars and/or cars or vehicles that are unreliable or semi-reliable causing other issues in the community.

Participants described the encampments that are created in the area of TRHSLC, on Rio Grande Street. As P12 suggested, PEH who use alcohol and other drugs may be among those who are hesitant to use the HRCs and more likely to camp because substance use is more closely regulated in the HRCs than it was at TRHSLC:

Now that there’s more stringent rules and regulations that govern these HRCs, you see more unsheltered because they don’t want to conform to that environment. So, mobility for them out on the streets is vital because they have to be around the resources—Fourth Street Clinic, Catholic Community Services, VOA—they need to be in this area still. They’re just moving from camp to camp in this region, so we haven’t really eliminated the homelessness issue, we’ve just spread out the camps.

5.2.4 Recommendations

5.2.4.1 *Transportation On Demand*

Implementing system-wide solutions to meet individual needs for transportation was identified as a challenge because there is not a “one-size-fits-all solution to mobility, because every person has a very different need. Every person has very different employment needs, medical needs, and so on and so forth (P06).” However, labeled as “transportation on demand” by P07, participants identified the need to “[offer] transportation when [PEH] need it, when they need to get to places (P05).” Transportation on demand was envisioned in several ways, including through the development of ride share and bike share programs, increased shuttle availability and accessibility, and increased transit frequency while reducing costs for PEH. The ability for PEH to readily access the same services that everybody else in the community can access was suggested as one way to give PEH “the freedom to use [transportation] as [they] need to and not be beholden to...places that are predetermined...as places [they] should be going (P24).” Having the freedom and flexibility to travel where and when one wants to offer PEH “flexibility and agency...increasing things like that to give [PEH the] ability to exercise their self-determination, to use those resources they need to (P24).”

5.3.4.1.1 Develop ride share and bike sharing programs

Considered innovations for members of the housed community, ride share and bike share programs were identified by participants as ways to improve the transportation challenges for PEH. P09 stated, “Some of the unique transportation solutions that folks are looking at for housing communities...we could do the same thing with those who are experiencing homelessness—ridesharing opportunities.” To improve the current transportation system, participants suggested looking at ride share partnerships found in other areas, including with Uber and Lyft. P10 reported:

There were partnerships in other states with Uber and Lyft where folks that were experiencing homelessness were able to utilize Lyft and Uber at a discounted rate or for free to get to work or to get to medical appointments—it’s an interesting initiative that I think would be very helpful to folks experiencing homelessness.

Uber or Lyft could be used to get from an HRC “to a nearby bus or nearby transit space so they do not have to get in their car or walk the long way get to transportation. It feels like that would serve the homeless population well (P23).” In addition to ride share programs, using cars to support the transportation needs of PEH, participants recommended programs for PEH to increase use of bike share programs. P08 stated:

We do have a couple of GREENbike stations... I don’t know that there are GREENbike stations near the resource centers, but I think that would be a great partnership to include or pursue at some point in the future. They’re kind of expensive, and so you’d need to find funding for all of that. And then if everyone who happens to be staying at the resource shelter for a period of time could have access to a little key fob that would unlock a bike, I think that’d be great.

5.3.4.1.2 Increase shuttle availability and accessibility

An additional avenue through which transportation on demand could be realized was through recommendations for “a more robust van transportation model (P14),” providing additional funding to the HRCs for more staff and vehicles. P14 stated, “I’d love to see some more opportunities for the resource centers to just hire staff and have vans [to] help do some more targeted transportation.” Another participant (P19) suggested that there be a “connector shuttle” to help PEH get to and from different high-frequency transit lines: “It would be cool if we, had more than just one shuttle that went back and forth between those other lines would be really helpful. ...Connector shuttles...looping between different lines.” P10 similarly recommended expanding shuttle services:

A larger capacity for the shuttle system. We have limited capacity, so I think if we had additional vehicles or a larger vehicle just so we can get more folks to where they need to go... So, options for folks that need to go to work, additional resources for folks that are wheelchair-bound, and then possibly pick-up options for folks seeking shelter so if they were to call a resource center, they would be able to have someone pick them up if they were unsheltered on the street.

Reflecting on the limitations of the currently available shuttle services and identifying ways to reduce barriers to use, participants recommended that shuttles be ADA accessible and able to transport bikes. In addition to recommending that the shuttles be language-inclusive for PEH who do not speak English and to “allow more space for people’s personal belongings” either as a trailer or a rooftop carrier, P11 stated:

Another improvement I would like to see—the shuttle buses have ADA accessibility; they should have a ramp for wheelchairs, jazzy carts. I think they should also have bike racks, the ability to carry bikes...and better accessibility in winter conditions; 4-wheel drive, maybe snow tires, stuff like that to make sure they can meet people’s needs.

5.3.4.1.3 Increase transit frequency while reducing cost

Participants also envisioned recommendations to reduce barriers to public transit that involved increasing the frequency or number of bus lines in the areas where the HRCs were sited. As P15 suggested, “On lines where we know there are homeless shelters, it would be great to have more bus routes. So instead of a bus only coming every hour, or every hour and a half, they’re coming more frequently.” In addition, as P01 summarized, participants reported that PEH “[need] the ability to access public transportation, and to do so really freely” whether through free transit passes or an expanded Free Fare Zone. Similarly, P15 stated, “I think the number one thing that we could do is take away the monetary barrier associated for someone experiencing homelessness to riding the bus or to riding TRAX.” While participants acknowledged the ability for some PEH to get free or reduced transit UTA passes, eligibility requirements limit these programs. P08 suggested, “expand[ing] that program. Better yet, I would love to see public transit free for everybody, and just make that available for everyone.” Participants suggested that all HRC clients should receive a free monthly transit pass, as P11 outlined:

It’s good for 30 days; they sign up, and that would give them access to the entire UTA system—Frontrunner—a lot of the higher-paying jobs might be out on the

west side. So, if they could take TRAX out to the west side or buses for free while they're experiencing homelessness, that would be great. Every person experiencing homelessness, in my opinion, should get a free public transportation pass. And it's done month-by-month, and so as long as you have a bed for 30 days, you get a free pass.

While in agreement that there is a need for free transit for PEH, P13 suggested that free passes could be allocated based on income:

I'm a big advocate, personally, for transit for everybody, an opt-out system, but particularly for income-based. I think we could tie it through State processes that are already in place about Medicaid benefits or other benefits you already have to verify frequently. And if your income is a certain level, we should be subsidizing that.

5.2.4.2 Education on Transportation and System Navigation

In addition to developing a multimodal transportation network to enable PEH to have transportation on demand, participants described the need for increased education to PEH on transportation options, including how to use transit, pass programs, and existing resources. For instance, P20 suggested that mobility and transportation challenges are "really more of an educational challenge than having a lack of transportation." Education on how to use transit and what discount transportation programs are available was a service identified as provided by UTA. As P09 stated:

One of the things we've talked to UTA about is...educating folks on how to use public transportation because that's a big barrier. I do think that that still continues to be a barrier, whether you're homeless or not. How do people use it, and what resources are there?

Beyond education on how to use and access transportation, participants described a need to educate PEH on how to get to the HRCs. According to P14, the lack of knowing has "contributed to the increase in people who are unsheltered and the growth and encampments because people don't know where to go and they don't know how to get there." Similarly, P07 reported: "There's a learning curve here, right? Individuals are going to have to relearn because before, there was one place to go and one location...for shelter, for meals, for medical—it was primarily all in the same neighborhood." While the coordinated entry system was developed to ease the navigation of PEH to HRCs, participants reported that this new system can be confusing and there is a need for "clear, cohesive, system-wide communication about 'Here's how you navigate it as a service provider or a client' (P24)."

These educational recommendations were made alongside reports of needing to educate and communicate with PEH so that they will succeed and be self-sufficient following their stay at an HRC and have less day-to-day support. P13 elaborated:

Learning to use public transportation is a skill you have to build... When you move into your own place, you got to find ways to get around. And not everybody's going to have to take the bus, but how do you navigate the bike on the streets? Where do I ride? That's a big question. Which streets can I take?

Like I said, bus service, TRAX service, getting around, knowing where the grocery stores—I mean, there’s so many ways that learning the public transportation system is hugely beneficial. So, I think in moving from a shelter into your own apartment means also learning that... That could be a huge independence piece when you move into your own housing.

5.2.4.3 Funding Recommendations

Another set of recommendations involved the need to increase funding for both the operation of the HRCs so that more resources are onsite and PEH do not need to use (or pay for) transit to access services, as well as for transportation resources so that PEH could get to needed services. According to P18,

The biggest answer would just be having as many services in the HRCs as possible to lower the need for client mobility... To have those services be as accessible as possible in every location, so that the transportation isn’t even necessary to begin with, so that it kind of lessens that burden.

P24 elaborated, suggesting that the original intention for the HRCs was to have more services available onsite, though lack of funding and COVID-19 have impacted capacity:

Being able to increase those services provided onsite at the HRCs... these facilities were built with the ambition that we’d have a full-time medical clinic here every day of the week. And there was a lot of stuff that was the hopeful, optimistic dream at the beginning that...really got scaled back. ...I know, [it] just comes down to funding limitations and all that, but there were really optimistic dreams coming into this whole set-up, and then not a lot of follow through on the funding side of ‘How do we actually make it happen’.

By identifying needs to improve support to PEH, including improving transportation networks, participants described the role of the state in supporting new initiatives through grants or increasing funding levels for existing programs. For example, P23 stated, “There’s a possibility that, if we can identify that there’s more gaps that we need to fill in the transportation that maybe we can ask the State to help us through [a city mitigation] grant opportunity.” Moreover, P12 described the need for UTA to receive more funding from the state to broaden their services to meet the need:

Funding is the key. Where is the funding going to come from for all this? We see the need... getting more resourceful with how we do it, with UTA getting more stops, more vehicles, but that calls for funding and that’s something the legislative arm has to do—to provide funding for UTA to do more ‘cause that’s what they’re designed for. ...Transportation is not a new problem; it’s been around for a long time, and nobody wants the front to bill. So, I think the challenges are a lack of funding. If we had the funding, then UTA would definitely step up and do more.

5.2.4.4 Reflection and Dialogue

Given the relative newness of the transition to a decentralized system, participants acknowledged a need to reflect and discuss outcomes of the decentralization. This included a “recommendation...to have a new focused conversation on what’s working, what’s not working, when it comes to transportation, with a new decentralized system (P16)” with both providers and PEH. Participants also suggested that it would have been helpful to “have had more transportation experts on the board when they were creating these shelters (P03)” to give recommendations on how to support the transportation needs of PEH.

Participants emphasized the need to regularly survey HRC clients to identify their unmet needs, including transportation challenges, as well as to engage and collect information from unsheltered PEH who are not staying at an HRC. As P06 stated, “It’s just continually surveying the needs of those that are at the HRCs and seeing what...primary services they are having issues accessing.” P16 highlighted the limited information available on the needs of PEH with mobility challenges and reflected on there not being “a good idea of what percentage of people are in wheelchairs and need special assistance when it comes to transportation.” P16 suggested collecting more information about the level of assistance that people need in terms of transportation. Related, P13, recommended talking with PEH who do not stay at the HRCs to understand their travel patterns so the transit system can better meet needs to access services and employment:

I would talk to as many of the unsheltered homeless as possible. I think we’re all making guesses anecdotally...and when you drive, you don’t see it the same way—you just don’t; you miss so many the nuances of what happens out there. So, I would talk to a lot of folks who don’t drive—I think that’s a huge piece. ...the more you can find folks who don’t drive, for whatever reason, doesn’t matter, I think the more information we’re going to get on a detailed level.

6.0 DISCUSSION AND CONCLUSIONS

Decentralization of homeless emergency shelters, in this case, transitioning from a large emergency shelter in a central downtown location to three smaller homeless resource centers (HRCs) in dispersed locations, is a complex process. This process involves multiple decisions that need to incorporate various stakeholders and their needs. Inevitably, in this planning process, decision-makers must consider multiple alternatives before choosing a preferred option. This complexity often relates to land uses, availability of land, funding for purchasing and developing property, community support, an understanding of the homeless service ecosystem, and how clients tend to navigate in their daily lives (mobility). Because of the multiple tradeoffs that decision-makers confront, we might assume mixed results concerning the ways in which these complex issues play out in the implementation of such a homeless services system.

In 2019, TRHSLC, with 1,100 beds, closed and was replaced by three new HRCs with a combined 700 beds. This change provided a unique opportunity to understand changes in transportation demand, mobility, and access to critical services. An interdisciplinary team composed of faculty and students from social work, urban planning, parks and recreation, and nutrition departments at the University of Utah designed a mixed methods study in partnership with an advisory committee composed of service providers and other stakeholders, who guided the research process. It was determined that a community-based research process would include historical public document analysis, GIS spatial analyses, client (PEH) surveys, and interviews with clients (PEH) and professional service providers. The summary of findings presented here provide insights into the tradeoffs that occurred post-decentralization of TRHSLC, and what the Salt Lake community can do to improve transportation and the provision of services for PEH. In addition, these findings can also guide future decentralization processes for decision-makers in other communities.

Chapter 2 discussed proximity analyses employing GIS, which focused on conceptualizing, visualizing, and analyzing the ways in which decentralization measures impacted PEH accessibility. These analyses explored access to basic service facilities (childcare facilities, libraries, community resource centers, healthcare and emergency services, grocery and retail stores, and K-12 schools) and transportation (TRAX and bus stops and stations). Findings suggest that there are a fewer number of basic and transportation service locations within one mile of each HRC compared to TRHSLC, with some exceptions at specific HRCs. Both the count and intensity of access to transportation services within one mile declined post-decentralization. In addition, all HRCs are closer to the nearest bus stop than the nearest TRAX station. Substantial differences were observed in post-decentralization distances to nearest facilities, measured as the average of the new HRCs, though not necessarily an increase in the distance. For instance, the average distance from HRCs to childcare facilities, healthcare centers, emergency centers, neighborhood parks, and K-12 schools is smaller than the average distance from TRHSLC. These findings highlight that the HRCs may be able to attend to some PEH needs onsite, and that some services

outside of the downtown core might be more accessible. The analysis also shed light on the case of the MRC, which was found to be the least accessible HRC because of the substantial distance from downtown Salt Lake City's various homeless services, including higher-level healthcare (usually accessed at the Fourth Street Clinic), Workforce Services, and wrap-around social services provided at the Weigand Homeless Resources Center. In addition, the MRC location was found to contribute to vehicular pedestrian accidents due to its lack of transportation infrastructure and the area's overall inaccessibility.

Presented in Chapter 3, we assessed the differences in transportation and service use for respondents who used sheltering services pre- and post-decentralization by examining change in respondents' primary transportation mode, what services were used, and how often respondents changed using services. The most common methods of transportation for respondents pre- and post-decentralization were TRAX, the bus, or walking. About 40% of respondents from each HRC reported changing their primary method of transportation post-decentralization; however, most of these changes resulted in switching to another common transportation. There was also a substantial decline in the services used at each HRC post-decentralization. Nine out of the 14 services examined saw at least a 40% decline in visits from pre- to post-decentralization. Results also suggest that the decline in visits to services were most often weekly, where 43.86% of respondents stopped using services. The proportion of respondents indicating that they had started a service did not exceed the proportion of those that stopped using the service for any of the service categories. This suggests that respondents did not have an overall increase in the exposure to services post-decentralization compared to pre-decentralization.

Though not captured in the survey, some of the declines in service usage may be attributable to the change in service delivery at the HRCs. Each of the HRCs have additional services that were not at TRHSLC, including offering three free meals per day, and onsite doctor appointments or consultations provided by Fourth Street Clinic. This likely reduced the need for respondents to travel to visit community services, including the food bank and the Fourth Street Clinic. Another factor that might have contributed to the decline in reported transportation use was the COVID-19 pandemic, which substantially disrupted service use, including engagement with libraries, community centers, churches, businesses, schools, and the transportation system overall. Finally, location also seems to have a role in decreased service use, as the MRC is furthest from downtown and MRC respondents reported the most significant declines in service usage; 50.52% of the services used pre-decentralization were no longer being used post-decentralization. This was substantially more than the declines in service usage among respondents from the GMRC (36.26%) and GKRC (38.11%). The location of the MRC may partially explain the greater decline compared to the other HRCs post-decentralization, regardless of the pandemic.

In Chapter 4, we report on the impacts of decentralization on transportation access and mobility from the perspective of PEH in Salt Lake County who used sheltering services pre- and post-decentralization. Pre-decentralization, transportation services were

characterized by PEH as convenient to the TRHSLC due to the proximity to downtown services and amenities, having a relatively reliable schedule, and relatively few cost barriers. Sited in a central downtown location, within the Free Fare Zone, PEH staying at TRHSLC were able to access transit for no cost to get offsite and to get to services and entertainment that permitted a sense of normalcy in their lives. Despite positive reports, transportation was not without its challenges pre-decentralization. Challenges included the costs of transportation outside the Free Fare Zone, the limited services available within the Free Fare Zone, the challenge of walking long distances, and the time investment of using public transit. Post-decentralization transportation experiences reported by PEH included staying at HRC sites that were located somewhat proximate to public transit, the availability of a no-cost shuttle to travel to other HRCs, and (for some) the availability of daily or monthly transit passes. In addition, client participants described post-decentralization challenges of the HRCs being further away from downtown, which increased the time commitment when using transit, the challenge of accessing public transit for PEH with mobility limitations, and the cost barriers of using public transit outside the Free Fare Zone. Recommendations to improve transportation services for PEH offered by client participants included 1) lowering cost barriers by offering more free transit in the region, providing HRC clients unlimited transit linked to their services card, expanding the HRCs' capacity to offer transit passes, and to base the cost of transit on a person's income; and 2) increasing access to transportation from the HRCs, including expanding UTA bus service, the Advantage Shuttle service, and the Free Fare Zone.

Complementing the client interviews, interviews with providers and professionals, presented in Chapter 5, provide insight into perceptions of how transportation and mobility changed for PEH post-decentralization. Significant transportation challenges were outlined, including 1) maintenance and the limited parking available at the HRCs for PEH using personal cars; 2) the poor design of the built environment (e.g., lack of sidewalks or safe walking paths) for PEH who are reliant on walking or biking; 3) the inability to safely store a bike or transport one's belongings; 4) too few shuttles, gaps in shuttle operation times, shuttle design limitations, disposition and qualities of the shuttle drivers and riders, and the cost of operating the shuttle; 5) the cost of public transit, limited-service radius, the need for education on how to navigate a public transit network, and PEHs' physical and mental health challenges; and 6) challenges specific to the MRC in that it is furthest from Salt Lake City and sited in an underdeveloped transit network. Comparing PEH mobility and transportation experiences pre- and post-decentralization, professionals and providers reported that while the sheltering system changed following decentralization, the transit system did not which resulted in PEH needing transit, when they didn't need it pre-decentralization, PEH needing to plan for travel in advance, having an increased time to get places and opportunity for accidents. As well, post-decentralization, PEH have reduced access to offsite services, including services only available downtown and healthcare services. These challenges were identified as contributing to a reluctance among PEH to travel to the MRC, leave HRCs once they are situated, and result in more PEH camping unsheltered in Salt Lake City. Labeled as transportation on demand, professionals and providers identified the need for PEH to be able to access transportation when they need it. Transportation on

demand was envisioned as free or deeply subsidized ride share and bike share programs, increased shuttle and transit availability, accessibility, and frequency. Other recommendations were to 1) provide education to PEH on transportation options, including how to use transit, pass programs, and existing resources; 2) increase state funding for the operation of the HRCs to provide onsite services and for transportation resources, such as free UTA bus passes, for PEH; and 3) ongoing reflection and dialogue among stakeholders and decision-makers as well as with PEH about their experiences of using the HRCs and transportation needs.

6.1 LIMITATIONS

While this study is the first to evaluate changes in transportation related to the decentralization of an emergency homeless shelter, this study has its limitations.

- First, the coincidence of our study with COVID-19 restrictions is one of the main limitations. We, therefore, highly recommend that future studies concerning the impacts of decentralization measure pre- and post-use of services and transit under similar circumstances. Salt Lake City's decentralization of homeless sheltering services (late Fall 2019) occurred shortly before the effects of COVID-19 became apparent.
- Microdata that provides detailed information on travel demands and behaviors of homeless individuals by different transportation modes do not exist.
- While we based our catchment area on previous literature, a one-mile walking distance is an arbitrary distance and may not be suitable for all PEH, especially those who are differently abled, use a wheelchair or assistive device, or may otherwise be unable to walk long distances.
- Spatial analyses based on the shortest distance do not account for the often-circumscribed decisions that PEH face. As well, proximity does not mean accessibility. Because of this limitation, the nearest distance tables should be considered within context, especially as prices of retail, schooling, and grocery stores may impact the use of these facilities, as would park size and type, community services type, and other factors. For instance, private schools near TRHSLC are not accessible for those without a certain income threshold, and private medical practices are not accessible to people without medical insurance even if they are in close proximity.
- Finally, interview data collected in the Spring of 2021, following the decentralization of the downtown shelter, and opening of the HRCs in the Fall of 2019, may have been impacted by memory biases. In addition, professionals and providers who were willing to participate in this study may have been motivated by sociopolitical reasons unknown to the researchers.

Recommendations to mitigate transportation issues when homeless services are decentralized include significant consideration of how the transportation network system will evolve alongside the restructured service system. This could include development of no- or low-cost transportation on demand options, expanding bus routes, state-level funding for a shuttle system, and education to PEH on how to use public transit.

We encourage decision-makers to use this case study to think about the pros and cons of where new homeless shelter services will be sited, understanding that not one alternative is the perfect one. We recommend that decision-makers consult stakeholders and PEH clients in any siting or decentralization process as they are experts in their lived experiences and know best how people move, the services they use, and potential consequences of changing locations. Transportation is key for increasing opportunities for PEH. Thus, thinking about how transportation relates to homeless services is a responsibility that decision-makers should not make in a vacuum. This community-engaged research has shown that participation is needed to create long-lasting positive change and ensure environmental justice for PEH.

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8.0 APPENDICES

APPENDIX A. CLIENT SURVEY

Topic 1: Experience of Homelessness

1. **In which year/month** did you first become homeless? ___year (e.g., 2010) ____ month (e.g., Dec.)

2. **What led you to become homeless?** (Mark all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Job loss | <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Health crisis/emergency | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Family/ friend dispute | <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Death of parent <input type="checkbox"/> Death of spouse |
| <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Landlord raised rent | <input type="checkbox"/> Eviction |
| <input type="checkbox"/> Other: _____ | | |

3. **Answer yes or no. Have you ever:**

- | | | |
|---|------------------------------|-----------------------------|
| Stayed with family, relatives, or friends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lived in a car, van, or RV? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stayed in a motel, hotel, or weekly rate housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stayed in an abandoned building? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Slept in the airport? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stayed on the street or in parks/outdoors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stayed in a winter or overflow shelter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other? _____ | | |

4. How helpful do you think demolishing the Road Home shelter and building the new resource centers (shelters) has been for those who use these services?

5. Please share why **you feel this way:**

Topic 2: Questions About Demolished Downtown Road Home Shelter – Rio Grande



ALL QUESTIONS BELOW ARE ABOUT THE OLD RIO GRANDE SHELTER



Next section will be exactly the same but about the shelter you are right now

6. Before the Downtown Road Home Shelter closed, how long (in total) did you stay there (in numbers)?

_____ years
 _____ months
 _____ weeks
 _____ days

7. At the Downtown Rio Grande Road Home Shelter how did you get around, and how often?

Example: Walk No X Yes Times: 7 week month year
 Greyhound bus No X Yes Times: week month 1 year
 Uber or Lyft X No Yes Times: week month year

- 1) Walk: No Yes Times: week month year
- 2) Bike: No Yes Times: week month year
- 3) Regular bus: No Yes Times: week month year
- 4) TRAX: No Yes Times: week month year
- 5) FrontRunner: No Yes Times: week month year
- 6) Greyhound bus: No Yes Times: week month year
- 7) Car No Yes Times: week month year
- 8) Carpooling: No Yes Times: week month year
- 9) Taxi No Yes Times: week month year
- 10) Uber or Lyft: No Yes Times: week month year
- 11) Paratransit: No Yes Times: week month year
- 12) e-scooter: No Yes Times: week month year
- 13) Skateboard: No Yes Times: week month year
- 14) Other: _____ Times: week month year

8. What option did you use the most while staying Downtown and what were the main reasons?

Used the most	Reasons you chose to use this transportation
<p><u>Choose only one:</u></p> <p><input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Regular bus <input type="checkbox"/> Trax <input type="checkbox"/> FrontRunner <input type="checkbox"/> Greyhound bus <input type="checkbox"/> Car <input type="checkbox"/> Carpooling <input type="checkbox"/> Taxi <input type="checkbox"/> Uber or Lyft <input type="checkbox"/> Paratransit <input type="checkbox"/> e-scooter <input type="checkbox"/> Skateboard <input type="checkbox"/> Other: _____</p>	<p>Takes me where I want to go <input type="checkbox"/> Yes <input type="checkbox"/> No Affordable or free <input type="checkbox"/> Yes <input type="checkbox"/> No Frequent <input type="checkbox"/> Yes <input type="checkbox"/> No Arrives on-time <input type="checkbox"/> Yes <input type="checkbox"/> No Safe <input type="checkbox"/> Yes <input type="checkbox"/> No Few transfers <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____</p>

9. How often in the Road Home Downtown Shelter did you:

Please circle the score (1=Always, 2=Often, 3=Sometimes, 4=Never)

- Get transit tokens from case managers? 1----2----3----4
- Have a free pass (e.g., Medicare/Medicaid)? 1----2----3----4
- Pay with cash? 1----2----3----4
- Purchase a daily pass? 1----2----3----4
- Ride in the Trax free fare zone? 1----2----3----4
- Use the bus without paying? 1----2----3----4
- Other: _____

10. From 0 to 10, **how satisfied** were you with **transportation availability while** at the Downtown Road Home shelter (**Circle** the score)?

Unsatisfied 0 1 2 3 4 5 6 7 8 9 10 Satisfied

11. **What did you like the most** about the transportation services at the Downtown Road Home shelter?

12. Do you **agree with the following statements** about the Downtown Road Home Shelter:

a. Please circle the score (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree)

- It was a convenient location 1----2----3----4----5
- It was close to the places I needed to go 1----2----3----4----5
- Air quality was good 1----2----3----4----5
- I felt safe 1----2----3----4----5
- Sidewalks were spacious and in good condition 1----2----3----4----5
- It was hard to walk with people sleeping/camping on the sidewalks 1----2----3----4----5
- It was hard to travel with a stroller or shopping cart 1----2----3----4----5
- The bus would come frequently 1----2----3----4----5
- The bus would go to many places 1----2----3----4----5
- I had long commutes for work or services 1----2----3----4----5
- It was easy to transfer using the bus or UTrax 1----2----3----4----5

b. Please check the box below (Yes or No)

- There was a lot of heavy traffic Yes No N/A
- The location was good for panhandling Yes No N/A
- The location had many entertainment options Yes No N/A
- The location had many employment or job seeking options Yes No N/A
- The shelter was overcrowded Yes No N/A
- I had sufficient space for storage Yes No N/A
- Location had bad and tempting influences Yes No N/A
- It was easy to get around using a bike Yes No N/A
- It was easy to get around by walking Yes No N/A
- My bike got stolen Yes No N/A
- I walked for fun Yes No N/A
- I used trails or paths nearby (e.g., hiking) Yes No N/A
- I made time for walking Yes No N/A
- I walked even in bad weather Yes No N/A
- I walked even with poor health or a disabling condition Yes No N/A
- There were a lot of sidewalks Yes No N/A
- There were a lot of crosswalks Yes No N/A
- I got harassed by the police for jaywalking Yes No N/A

- I went for walks with friends or family Yes No N/A
- I used the UTRax free fare zone Yes No N/A
- I got caught by the police for riding the bus or UTRAX with no pass Yes No N/A
- It was easy to get documents (e.g., birth certificate, driver's license, etc.) Yes No N/A
- It was easy to schedule and go to medical appointments Yes No N/A
- It was easy to get a haircut Yes No N/A
- It was easy to wash clothes Yes No N/A
- It was easy to get free clothes Yes No N/A
- It was easy to get free food Yes No N/A
- Case managers gave me transit tokens when I needed them Yes No N/A
- Case managers gave me the time I needed Yes No N/A
- I had helpful friends Yes No N/A
- People misbehaved at the shelter (e.g., use drugs, steal, etc.) Yes No N/A

13. While at the Downtown Road Home: (1) Did you go to the following places? (2) Which one? (3) How did you get there? (4) How long did it usually take for you to get there one-way? (5) At what time of day did you usually go? (6) How many trips and how frequently?

Did you go to the following? If so which one?	How did you get there? (All that apply)	How long? (one-way)	Time of day	No. trips	Frequency
Example: Clinic <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: <u>Fourth Street Clinic</u>	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	<u>25</u> min	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<u>2</u> trips	<input checked="" type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Library <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Grocery store <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Fast-food <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Liquor store <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Convenience store <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Superstore <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Pharmacy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Health clinic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Job or job search services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
School/Education/Classes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Park/ Playground <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Visit friends/family <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Food bank <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Church <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Other (e.g., childcare) _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit Other: _____	_____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	_____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

14. From 0 to 10, **how safe** did you feel in the Downtown Road Home shelter and surrounding area?
(Circle the score)

Unsafe 0 1 2 3 4 5 6 7 8 9 10 Safe

15. Please share why **you felt safe/unsafe**:

Topic 3: Questions About Shelter You Are Staying Today

ALL QUESTIONS BELOW ARE ABOUT THE NEW SHELTER YOU ARE STAYING IN RIGHT NOW

Will ask same questions but about the new shelter



16. How long (in total) have you stayed in this shelter?

___ years ___ months ___ weeks ___ days

17. At this shelter how do you get around, and how often?

Example: Walk ___ No X Yes Times: 7 week ___ month ___ year
 Greyhound bus ___ No X Yes Times: ___ week ___ month 1 year
 Uber or Lyft X No ___ Yes Times: ___ week ___ month ___ year

- 1) Walk: ___ No ___ Yes Times: ___ week ___ month ___ year
- 2) Bike: ___ No ___ Yes Times: ___ week ___ month ___ year
- 3) Regular bus: ___ No ___ Yes Times: ___ week ___ month ___ year
- 4) TRAX: ___ No ___ Yes Times: ___ week ___ month ___ year
- 5) FrontRunner: ___ No ___ Yes Times: ___ week ___ month ___ year
- 6) Greyhound bus: ___ No ___ Yes Times: ___ week ___ month ___ year
- 7) Car: ___ No ___ Yes Times: ___ week ___ month ___ year
- 8) Carpooling: ___ No ___ Yes Times: ___ week ___ month ___ year
- 9) Taxi: ___ No ___ Yes Times: ___ week ___ month ___ year
- 10) Uber or Lyft: ___ No ___ Yes Times: ___ week ___ month ___ year
- 11) Paratransit: ___ No ___ Yes Times: ___ week ___ month ___ year
- 12) e-scooter: ___ No ___ Yes Times: ___ week ___ month ___ year
- 13) Skateboard: ___ No ___ Yes Times: ___ week ___ month ___ year
- 14) Shelter shuttle: ___ No ___ Yes Times: ___ week ___ month ___ year

b. Please check the box below (Yes or No)

- There is a lot of heavy traffic Yes No N/A
 It is good for panhandling Yes No N/A
 The location has many entertainment options Yes No N/A
 The location has many employment or job seeking options Yes No N/A
 The shelter is overcrowded Yes No N/A
 I have sufficient space for storage Yes No N/A
 Location has bad and tempting influences Yes No N/A
 It is easy to get around using a bike Yes No N/A
 It is easy to get around by walking Yes No N/A
 My bike has been stolen from this location Yes No N/A
 I walk for fun Yes No N/A
 I use trails or paths nearby (e.g., hiking) Yes No N/A
 I make time for walking Yes No N/A
 I walk even in bad weather Yes No N/A
 I walk even with poor health or a disabling condition Yes No N/A
 There are a lot of sidewalks Yes No N/A
 There are a lot of crosswalks Yes No N/A
 I get harassed by the police for jaywalking Yes No N/A
 I go for walks with friends or family Yes No N/A
 I use the UTRAX free fare zone Yes No N/A
 I have been caught by the police for riding the bus or UTRAX with no pass Yes No N/A
 It is easy to get documents (e.g., birth certificate, driver's license, etc.) Yes No N/A
 It is easy to schedule and go to medical appointments Yes No N/A
 It is easy to get a haircut Yes No N/A
 It is easy to wash clothes Yes No N/A
 It is easy to get free clothes Yes No N/A
 It is easy to get free food Yes No N/A
 Case managers give me transit tokens when I need them Yes No N/A
 Case managers give me the time I need Yes No N/A
 I have helpful friends Yes No N/A
 People misbehave at the shelter (e.g., use drugs, steal, etc.) Yes No N/A

23. **While staying at this shelter:** (1) Do you go to the following places? (2) Which one? (3) How do you get there? (4) How long does it usually take for you to get there one-way? (5) At what time of day do you usually go? (6) How many trips and how frequently?

Do you go to the following? If so which one?	How do you get there? (All that apply)	How long? (one-way)	Time of day	No. trips	Frequency
Example: Supermarket <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: <u>Lucky's</u>	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input checked="" type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter shuttle	<u>30</u> min	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<u>1</u> trips	<input checked="" type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Library <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Grocery store <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Fast-food <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Liquor store <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Convenience store <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Superstore <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Pharmacy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

Health clinic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Job or job search services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
School/Education/Classes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Park/ Playground <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Visit friends/family <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Food bank <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Church <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Which one: _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Other (e.g., childcare) _____	<input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Trax <input type="checkbox"/> Regular Bus <input type="checkbox"/> Bike <input type="checkbox"/> Paratransit <input type="checkbox"/> Shelter Shuttle	____ min	<input type="checkbox"/> am <input type="checkbox"/> pm	____ trips	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

24. From 0 to 10, **how safe** do you feel in **the shelter and surrounding area you are staying in right now?** (**Circle** the score)

Unsafe 0 1 2 3 4 5 6 7 8 9 10 Safe

25. Please share why **you feel safe/unsafe:**

Topic 4: Demographics

26. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to answer
27. Age	_____ years old
28. Race:	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> Other race <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer
29. Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
30. Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Number of children (less than age 18) _____ Number of children under age 5
31. Are you the head of the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No, but job seeking <input type="checkbox"/> Not looking for a job If yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time If yes, what is your wage? \$ _____ <input type="checkbox"/> per week <input type="checkbox"/> per month
33. Other income? (Social Security, recycling, panhandling, charity donations, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes how much: \$ _____ Source?: _____ (e.g., Social Security)
34. Estimated monthly income	<input type="checkbox"/> None or \$ _____
35. Did you get a COVID-19 stimulus check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Do you get food stamps or WIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do you get Medicare/Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Health conditions? (Check all that apply)	<input type="checkbox"/> No <input type="checkbox"/> Vision impairment <input type="checkbox"/> Deaf or hard of hearing <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental health condition <input type="checkbox"/> Substance abuse <input type="checkbox"/> Learning disability <input type="checkbox"/> Brain injury <input type="checkbox"/> Chronic health issues
39. Do you receive disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Do you have a health condition that makes it hard to walk?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
41. What is your highest level of education?	<input type="checkbox"/> Less than high school (No high school diploma or GED) <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Professional School or occupational certificates <input type="checkbox"/> Associate degree from Community College <input type="checkbox"/> Bachelor's degree or higher
42. Citizen status	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Non-citizen <input type="checkbox"/> Prefer not to answer
43. Veteran status	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. In which state you live before becoming homeless?	State: _____ / Zip Code: _____

APPENDIX B. CLIENT INTERVIEW AGENDA

Thank you for agreeing to participate in this interview. Today, I'd like to learn about how the decentralization of homeless services has influenced transportation and mobility patterns for you and how transportation and mobility changes affect access to basic needs, services, and supports by asking you a series of questions. As a reminder, if there are any questions you do not want to answer, you do not have to.

Opening questions:

1. Can you provide an overview of how long you have been or previously were experiencing homelessness? What circumstances led you to become homeless?

Past experience at The Road Home:

Show the participant a picture of the former Road Home and surrounding neighborhood.

2. Tell me about the Downtown Road Home, how long were you there?

As the participant reports how long they were at TRH, write this number down on the image.

3. In a few words, please describe how was life sheltering at The Road Home?

Probe: You can put things like good/bad, easy/difficult, safe/unsafe, healthy/unhealthy, pleasant/unpleasant, friendly/unfriendly, motivating/unmotivating or whatever you like (Show a piece of paper with these words).

4. How long were you there and how was life sheltering in the Road Home?

Focus on mobility and transportation:

5. How adequate are transportation resources in Salt Lake County?

Before decentralization (Questions about the past):

6. When you were staying at The Road Home, where did you most often go? This could include where you shopped for food, ate, went to school, church or childcare, where you received social services, healthcare, or services, or where you worked or made money.
7. How often would you go to these places? Think about once a day, week, month.
8. How did you get to these places? Did you wheelchair/walk/bike/scooter, bus, or carpool with a service provider or friends?
9. How easy or hard was to get around?
10. Overall, how would you evaluate the transportation services at the former Road Home location?

After decentralization (Questions about the present):

11. Since your move to this HRC, how have your mobility and transportation patterns changed?
12. Where do you usually go now to shop, receive healthcare, childcare, social services, rehab, or go to church, school, or work?
13. How often do you go to these places? Think about once a day, week, month.
14. How did you get to these places? Did you wheelchair/walk/bike/scooter, bus, or carpool with a service provider or friends?
15. How easy or hard is to get around now?
16. What is easier since the move? What is harder since the move?
17. How would you evaluate mobility in this area? (Probe: sidewalks, access to the store, school, services, etc.)
18. Overall, how would you evaluate the transportation services at this location?

Impacts of decentralization:

19. When and how did you learn that the Road Home was going to close and that there would be new HRCs built and you would have to move?
20. How has this impacted your life? (Probe: Has your relationships with others changed? Family, friends, service providers?)
21. What has been a good aspect of the decentralization? (Probe: security, space, new and cleaner building)
22. What are some negative aspects of the decentralization? (Probe: loss of social networks, had to change service provider)

Evaluating change:

23. How do you compare your mobility before and after?
24. How would you compare your transportation before and after?
25. After moving to this HRC have you tried to seek new opportunities, like finding employment or educational opportunities? Have you sought new social services? New healthcare? What other new opportunities have you sought?
26. Overall, would you say your quality of life in this new neighborhood has improved, stayed the same, or worsened? Why? (Probe: crime, access to services, transportation, education, housing, etc.)

Closing questions:

27. If you could tell the Mayor how to resolve some of the unintended consequences of the decentralization (mention a few items brought up in the conversation) what would you recommend?
28. What recommendations would you make for improving transportation, mobility, and access to services for individuals and families staying in the HRCs?
29. What other information do we need to know about this topic that hasn't been discussed yet?

Demographics questions:

30. Age: Open-ended self-report
31. Race (Select all that apply): Caucasian; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Pacific Islander; Other
32. Gender identity Male; Female; Nonbinary; Prefer not to say
33. Education level: Bachelor's or higher; Bachelor's degree; Associates degree or occupational certification; High school diploma or GED; No high school diploma or GED
34. Occupation: Open-ended self-report
35. Income: Open-ended self-report
36. Disability status (Yes/No)
37. Veteran Status (Yes/No)
38. Previously incarcerated (Yes/No)

APPENDIX C. PROFESSIONAL/PROVIDER INTERVIEW AGENDA

Introduction: *Thank you for agreeing to participate in this interview. Today, I'd like to learn about how the decentralization of homeless services has influenced transportation and mobility patterns for persons experiencing homelessness and how transportation and mobility changes affect access to basic needs, services, and supports by asking you a series of questions. As a reminder, if there are any questions you do not want to answer, you do not have to.*

Opening questions:

1. What is your role in your organization and how was it related to the transition from the Downtown Road Home into various Homeless Resource Centers?
2. From a big-picture perspective, how would you describe the transition from the Downtown Road Home shelter to the Homeless Resource Centers?

Background of decentralization:

3. Can you tell me how the idea for decentralization began?
4. What were some of the goals of decentralization?
5. Can you tell me about the process of selecting the new HRC sites?
6. What was important when selecting the sites for the new HRCs?
 - *Probe for details on the different considerations that were had about site selection (transportation, mobility, access to services/supports)*
7. As part of this study, we reviewed publicly available reports and studies related to the decentralization process. Were there any empirical reports used to argue for decentralization?
 - Can you point me to other cities that were studied as case example of decentralization (if there were any) and what was learned from them? Are there other studies or reports I should be aware of?

Question about mobility among persons experiencing homelessness:

8. How would you define mobility? [Webster's: *the ability to move or to be moved easily and freely*]
9. Which mobility barriers do you think are common among persons experiencing homelessness?
10. What are some of the basic needs and services that persons experiencing homelessness usually need to access on a daily, weekly or monthly basis?
 - *Probe for difference in common needs vs. less common [yet still important] needs*
11. What mobility and transportation considerations were made during the decentralization planning process to make sure clients could access the services that you just talked about?
12. What policies were put in place to make sure the mobility and transportation needs of homeless clients were met? (e.g., in site selection).

Impact of decentralization:

13. In your opinion, how has decentralization impacted clients' mobility/transportation needs?
14. What were your perceptions of how mobility/transportation would influence clients' access to services before decentralization occurred?
15. How do the mobility/transportation patterns of homeless clients following decentralization compare to anticipated outcomes?

16. What challenges related to mobility/transportation have resulted from the decentralization of homelessness services in Salt Lake?
17. What challenges related to access to services have resulted from the decentralization of homelessness services in Salt Lake?
18. Can you specify any particular services that have been challenging for individuals to access post-decentralization?
19. What opportunities related to mobility/transportation have resulted from the decentralization of homelessness services in Salt Lake?
20. What opportunities related to access to services have resulted from the decentralization of homelessness services in Salt Lake?
21. What recommendations would you make for improving mobility/transportation and access to services for individuals and families staying in the HRCs?

Closing questions:

22. What other information do we need to know about this topic that hasn't been discussed yet?
23. Who else would you recommend that we talk to about this topic in order to get a well-rounded understanding of how the decentralization of homeless services has influenced transportation demand and mobility patterns for persons experiencing homelessness?

Demographics questions:

21. Age?	_____ years old
22. Race:	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other race: _____ <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
23. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to answer
24. Highest education level?	<input type="checkbox"/> Less than high school (No high school diploma or GED) <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Professional school or occupational certificates <input type="checkbox"/> Associate degree from Community college <input type="checkbox"/> Bachelor's degree or higher <input type="checkbox"/> Prefer not to answer
25. Occupation?	_____

Thank participant for their time.