



2016 SONOMA COUNTY

HOMELESS POINT-IN-TIME CENSUS & SURVEY
Comprehensive Report



ABOUT THE RESEARCHER

Applied Survey Research (ASR) is a nonprofit, social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

Project Director: Peter Connery

Project Manager: Samantha Green

Research Analysts: Jennifer Anderson-Ochoa, Susan Brutschy, Casey Coneway, James Connery, John Connery, Christina Connery, Audra Eads, Nathan Luedtke, and Javier Salcedo

Graphic Design & Layout: Michelle Luedtke

LOCATIONS

Central Coast:

55 Penny Lane, Suite 101, Watsonville, CA 95076
tel 831.728.1356

Bay Area:

1871 The Alameda, Suite 180, San Jose, CA 95126
tel 408.247.8319

www.appliedsurveyresearch.org

COVER PHOTOGRAPHY

Photos by Michi | www.photosbymichi.com



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PROJECT COORDINATORS

Kathleen Kane,
Executive Director
Sonoma County Community Development Commission

Jenny Abramson,
Homeless and Community Services Manager,
Sonoma County Community Development Commission

Michael Gause,
Continuum of Care Coordinator,
Sonoma County Community Development Commission

Teddie Pierce,
Sonoma County HMIS Coordinator,
Sonoma County Community Development Commission

SONOMA COUNTY CONTINUUM OF CARE (COC) BOARD

Jenny Abramson

Sonoma County Community Development Commission

Tom Bieri

Community Support Network

Logan Boyce

Social Advocates for Youth

Gale Brownell

Advocacy Representative

Sue Castellucci

City of Petaluma

Cruz Cavallo

Sonoma County Behavioral Health

Rick Cafferata

North Sonoma County Services

Jennielynn Holmes

Catholic Charities of the Diocese of Santa Rosa

Nancy Gornowicz

Economic Development & Housing, City of Santa Rosa

Eleanor Grogan

Community Foundation Sonoma County

Karen Holbrook MD, MPH

Sonoma County Department of Health Services

Mike Johnson

Committee on the Shelterless (COTS)

Capt. Ray Navarro

Santa Rosa Police Department

Kim Seamans

Sonoma County Economic Assistance

Kym Valadez

Santa Rosa VA Medical Center

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Sonoma Overnight Support, Sonoma

Special thanks to Kathy King and Elena Alioto

YOUTH CENSUS & SURVEY COORDINATOR

Social Advocates for Youth

Special thanks to Lisa Fatu and Erica St. Clair

Sonoma County Office of Education, Foster Youth Liaison

Special thanks to Debra Sanders



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Introduction

Every two years, during the last 10 days of January, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care. In an effort to better track trends and align with HUD's recommendation, Sonoma County has opted in to an annual unsheltered count.

Although biennial Point-in-Time counts of sheltered and unsheltered homeless persons are required by the U.S. Department of Housing and Urban Development (HUD), HUD strongly encourages communities to conduct an annual count. Communities collect information on individuals and families sleeping in emergency shelters and transitional housing, as well as people sleeping on the streets, in cars, in abandoned properties, or in other places not meant for human habitation.

Each Continuum of Care reports the findings of its Point-In-Time Count in its annual funding application to HUD. The data collected helps the federal government better understand the nature and extent of homelessness nationwide.

PROJECT OVERVIEW AND GOALS

Under the leadership of the Sonoma County Community Development Commission (CDC), the Sonoma County Continuum of Care has worked in conjunction with Applied Survey Research (ASR) to conduct the 2016 Sonoma County Homeless Count and Survey. ASR is a non-profit social research firm with extensive experience in homeless enumeration and research.

The Sonoma County homeless count had two primary components: a Point-in-Time enumeration of unsheltered homeless individuals and families (those sleeping outdoors, on the street, in parks, or vehicles, etc.) and a Point-in-Time enumeration of homeless individuals and families who have temporary shelter (those staying in an emergency shelter or transitional housing).

The 2016 Sonoma County Point-in-Time Count was a county-wide effort. With the support of 147 community volunteers and homeless guides recruited and trained by shelter and ASR staff, the entire county was canvassed between daybreak and noon on January 29, 2016. This resulted in a visual count of unsheltered homeless individuals and families residing on the streets, in vehicles, makeshift shelters, encampments and other places not meant for human habitation in all areas of Sonoma County. Shelters and transitional housing reported the number of homeless individuals and families who occupied their facilities on the night of January 28, 2016.

In 2016 the Sonoma County homeless count worked with the Sonoma County Office of Education in an effort to reach out to and enumerate children and families in Sonoma County schools that met the federal definition of homelessness. Additionally, in an effort to accurately enumerate the vehicularly housed, the Sonoma County count worked with members of the Safe Parking program throughout the County to enumerate individuals sleeping in vehicles during the night of the count.

Sonoma County also conducted a dedicated count of unaccompanied children and youth under the age of 25 years old in the hours after the general unsheltered count. The youth count was conducted after the morning count between the hours of 4 PM and 8 PM, when unaccompanied children and youth were more likely to be visible. The count was conducted by trained youth enumerators who were or had recently experienced homelessness.¹ This dedicated count was part of a nation-wide effort, established and recommended by HUD, to better understand the scope of youth homelessness (under 18 and transition-age youth, or TAY, between 18 and 24 years of age).

In the weeks following the street count, an in-depth qualitative survey was administered to 605 unsheltered and sheltered homeless individuals of all ages. The survey gathered basic demographic details necessary for HUD reporting as well as information on service needs and utilization. Per guidelines from HUD this information was also analyzed from a household perspective.

This report provides data regarding the number and characteristics of people experiencing homelessness in Sonoma County on a single night. The number of unique persons who experience homelessness over the entire year is significantly greater than the total in this report. Special attention is given to specific subpopulations including chronically homeless, veterans, families, unaccompanied children under the age of 18, and unaccompanied youth between the ages of 18 and 24 years.

To better understand the dynamics of homelessness over time, results from previous census years, including 2009, 2011, 2013, and 2015 are provided where available and applicable. ASR oversaw the data collection from these years using a very similar research methodology.

¹ Significant deduplication efforts were made in 2016 to ensure unaccompanied children and youth were not captured in both the youth and general street count efforts. For more information on these efforts and the overall count methodology, please see Appendix 1.

FEDERAL DEFINITION OF HOMELESSNESS FOR POINT-IN-TIME COUNTS

In this study, HUD’s definition of homelessness for Point-in-Time counts was used. The definition includes:

- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals), or
- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.²

This narrow definition of homelessness has the consequence of missing individuals who experience homelessness outside its limited definition. For example, individuals who spend 29 nights a month living on the streets but who stayed in a hotel on the night of the count would be considered housed. Those living in “doubled-up” conditions (staying with a friend or family), those in jails, hospitals or rehabilitation facilities are not considered homeless under this definition. Individuals living in those circumstances could represent additional individuals experiencing homelessness.

² U.S. Department of Housing and Urban Development. (December 2012). Housing Inventory Count and Point-in-Time Count of Homeless Persons: Data Collection Guidance Version 1.1.





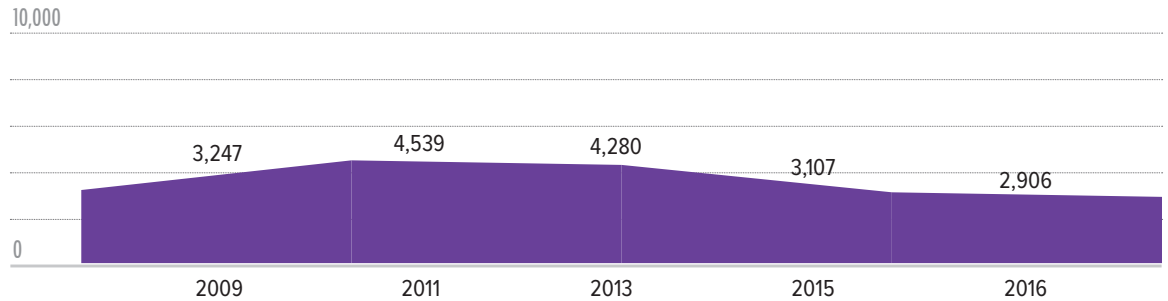
Point-In-Time Census

The 2016 Point-in-Time count included a complete enumeration of all unsheltered and publicly sheltered homeless persons. The general street count was conducted on January 29, 2016 from approximately daybreak to noon and covered all of Sonoma County. The shelter count was conducted on the evening before the count (the night of January 28, 2016) and included all individuals staying in emergency shelters, transitional housing facilities, and domestic violence shelters. The general street count and shelter count methodology were similar to those used in 2013 and 2015. Homeless Management Information System (HMIS) is an electronic data collection system specifically designed to capture client-level, longitudinal, system-wide information on the characteristics and service needs of men, women, and children experiencing homelessness. HMIS data was the primary source of shelter data.

In a sustained effort to improve data on the prevalence of youth homelessness, Sonoma County conducted a dedicated youth count similar to the one conducted in 2013 and 2015. For more information regarding the dedicated youth count, deduplication and project methodology, please see the Appendix.

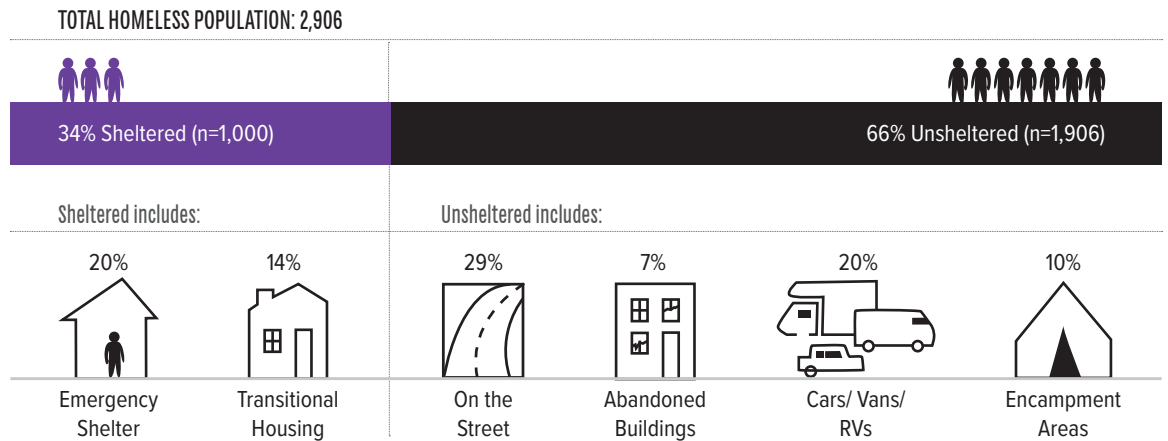
NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS IN SONOMA COUNTY

FIGURE 1. TOTAL NUMBER OF HOMELESS INDIVIDUALS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND



Source: Applied Survey Research. (2009-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 2. TOTAL NUMBER OF HOMELESS INDIVIDUALS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS



Source: Applied Survey Research. (2016). Sonoma County Homeless Census. Watsonville, CA.

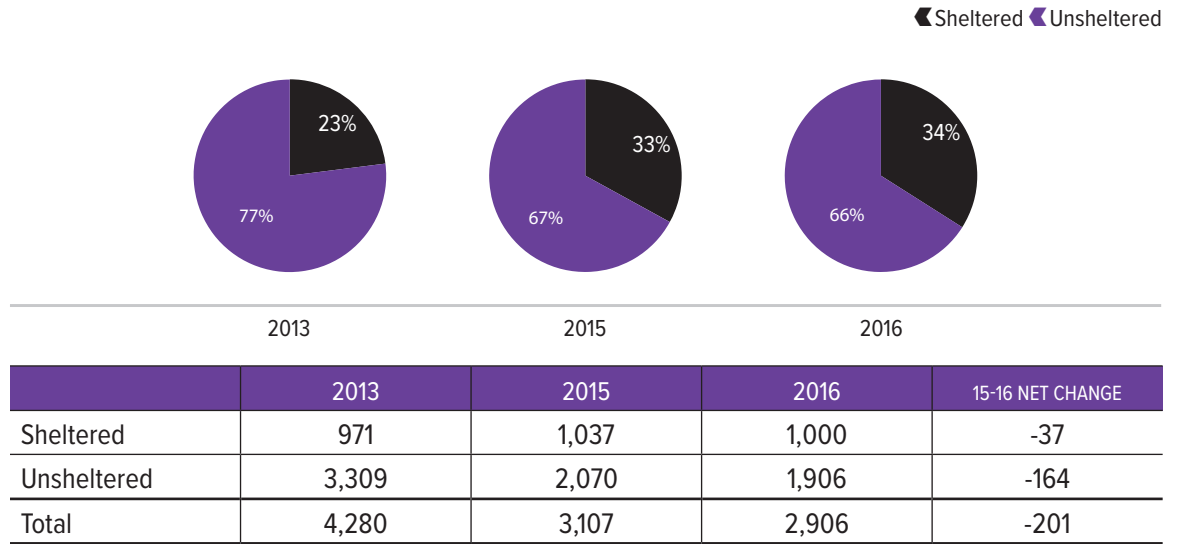
FIGURE 3. TOTAL NUMBER OF HOMELESS PERSONS BY JURISDICTION AND SHELTER STATUS

JURISDICTION	UNSHelterED			ShelTERED			TOTAL			15-16 NET CHANGE
	2013	2015	2016	2013	2015	2016	2013	2015	2016	
North County	300	154	137	49	64	46	349	218	183	-35
Cloverdale	97	43	53	14	6	11	111	49	64	15
Healdsburg	24	86	55	35	58	35	59	144	90	-54
Town of Windsor	15	13	7	0	0	0	15	13	7	-6
Unincorporated	164	12	22	0	0	0	164	12	22	10
South County	828	289	285	210	234	213	1,038	523	498	-25
Cotati	16	86	3	5	0	0	21	86	3	-83
Petaluma	717	136	85	192	225	213	909	361	298	-63
Rohnert Park	31	36	126	13	9	0	44	45	126	81
Unincorporated	64	31	71	0	0	0	64	31	71	40
West County	297	299	204	21	40	46	318	339	250	-89
Sebastopol	44	98	44	0	0	0	44	98	44	-54
Unincorporated	253	201	160	21	40	46	274	241	206	-35
Sonoma Valley	203	124	64	25	34	22	228	158	86	-72
Sonoma	52	13	15	10	14	6	62	27	21	-6
Unincorporated	151	111	49	15	20	16	166	131	65	-66
Central Santa Rosa	1,681	1,204	1,216	628	652	661	2,309	1,856	1,877	21
Santa Rosa	1,522	994	979	628	652	661	2,150	1,646	1,640	-6
Unincorporated	159	210	237	0	0	0	159	210	237	27
Confidential	0	0	0	38	13	12	38	13	12	-1
Total	3,309	2,070	1,906	971	1,037	1,000	4,280	3,107	2,906	-201

Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Census. Watsonville, CA.

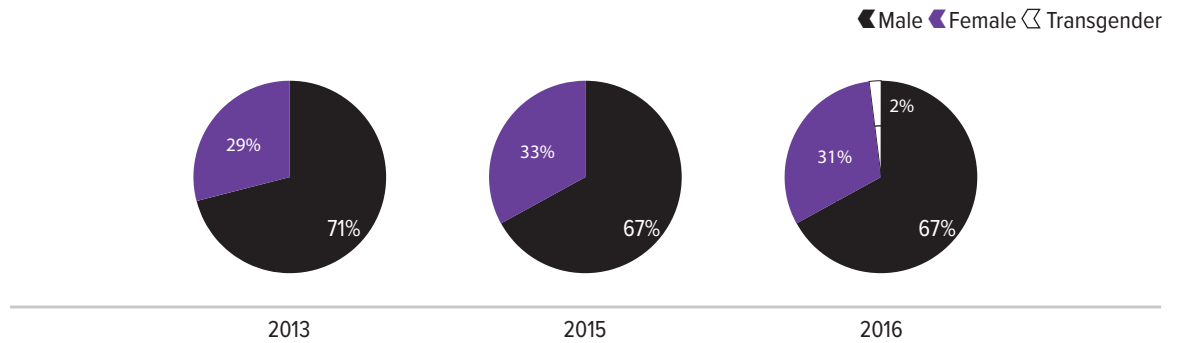
While overall difference in homelessness in Sonoma County resulted in a 6.5% reduction in homelessness, there are often greater differences when reviewing the results at a jurisdictional level. This may be the result of local policy, law and code enforcement, and other initiatives. For example, the removal of homeless encampments can dramatically affect jurisdictional level data.

FIGURE 4. TOTAL HOMELESS CENSUS POPULATION BY SHELTER STATUS



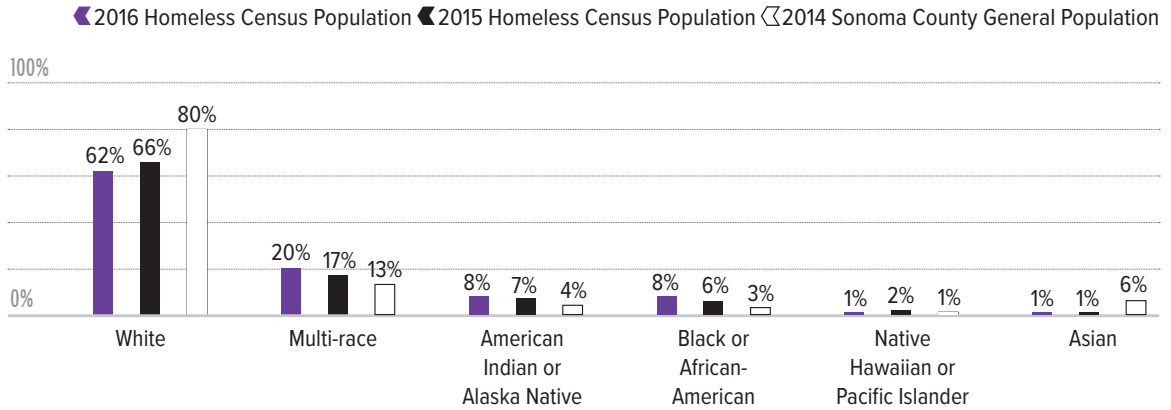
Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 5. TOTAL HOMELESS CENSUS POPULATION BY GENDER



Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 6. TOTAL HOMELESS CENSUS POPULATION BY RACE

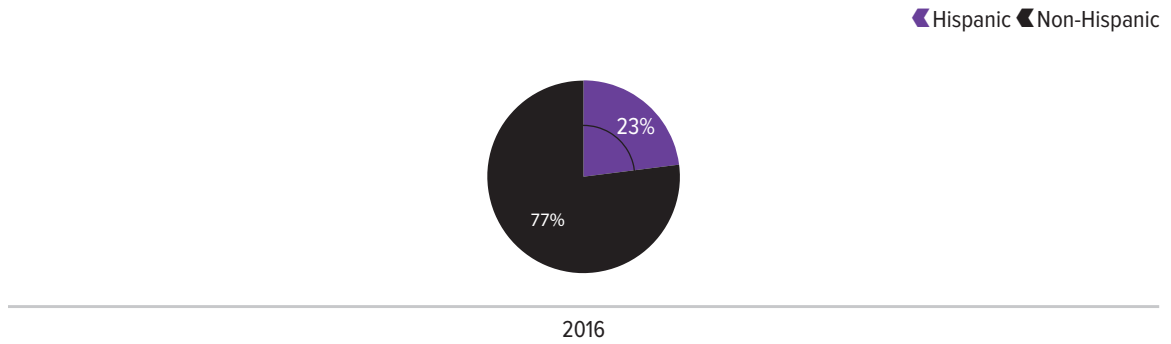


2015 n:3,107, 2016 n:2,906

Source: Applied Survey Research. (2016). Sonoma County Homeless Census. Watsonville, CA. U.S. Census Bureau. (May 2016). American Community Survey 2014 1-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved from <http://factfinder2.census.gov>.

Note: Multiple response question. Percentages may not add up to 100 due to rounding.

FIGURE 7. TOTAL HOMELESS CENSUS POPULATION BY HISPANIC/NON-HISPANIC



Source: Applied Survey Research. (2016). Sonoma County Homeless Census. Watsonville, CA.

SUBPOPULATIONS

CHRONICALLY HOMELESS INDIVIDUALS

The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless individual as someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years (for a cumulative total of 12 months or more) and also has a disabling condition which prevents them from maintaining work or housing. This definition applies to individuals as well as adult household members.

The chronically homeless population represents one of the most vulnerable populations on the street; the mortality rate for those experiencing chronic homelessness is four to nine times higher than the general population. Data from communities across the country has shown that the public cost incurred by those experiencing extended periods of homelessness include emergency room visits, interactions with law enforcement, and incarceration, not to mention regular access to social supports and homeless services. These combined costs are often significantly higher than the cost of providing individuals with permanent housing and supportive services.

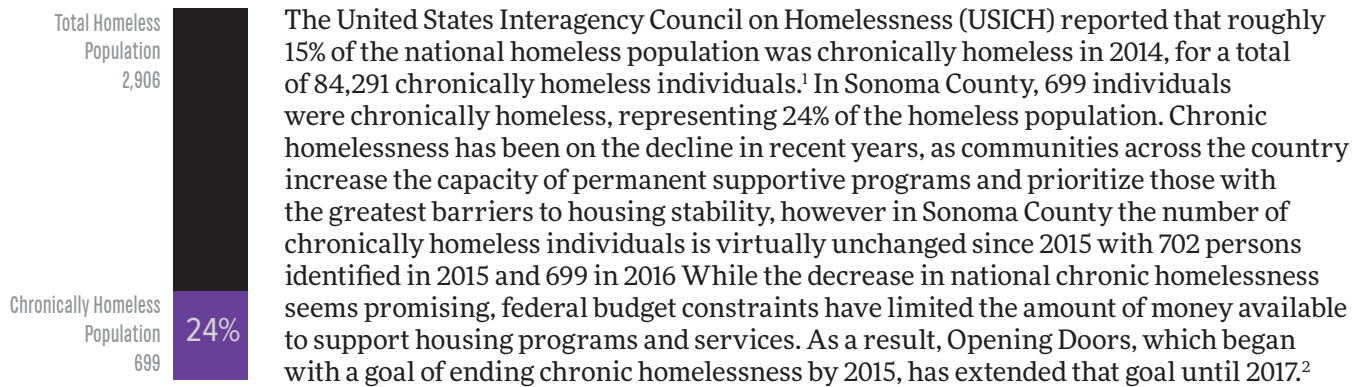
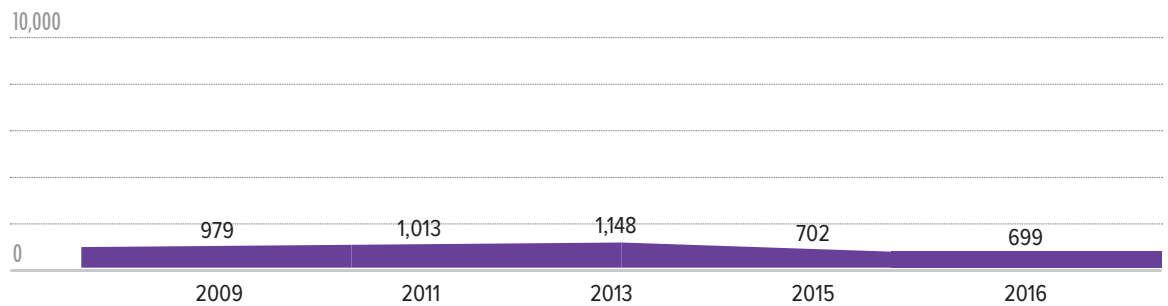


FIGURE 8. TOTAL NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND

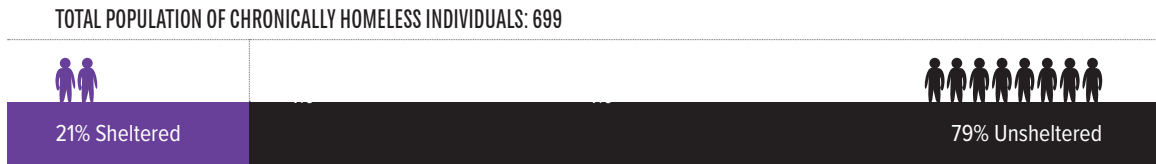


Source: Applied Survey Research. (2009-2016). *Sonoma County Homeless Census*. Watsonville, CA.

¹ U.S. Interagency Council on Homelessness. (2015). Annual Update 2014. Retrieved 2013 from <http://www.usich.gov/>

² Cavallaro, E. (2015). Ending Chronic Homelessness, Now in 2017. National Alliance to End Homelessness. Retrieved 2015 from <http://www.endhomelessness.org>

FIGURE 9. CHRONIC HOMELESSNESS POPULATION ESTIMATES

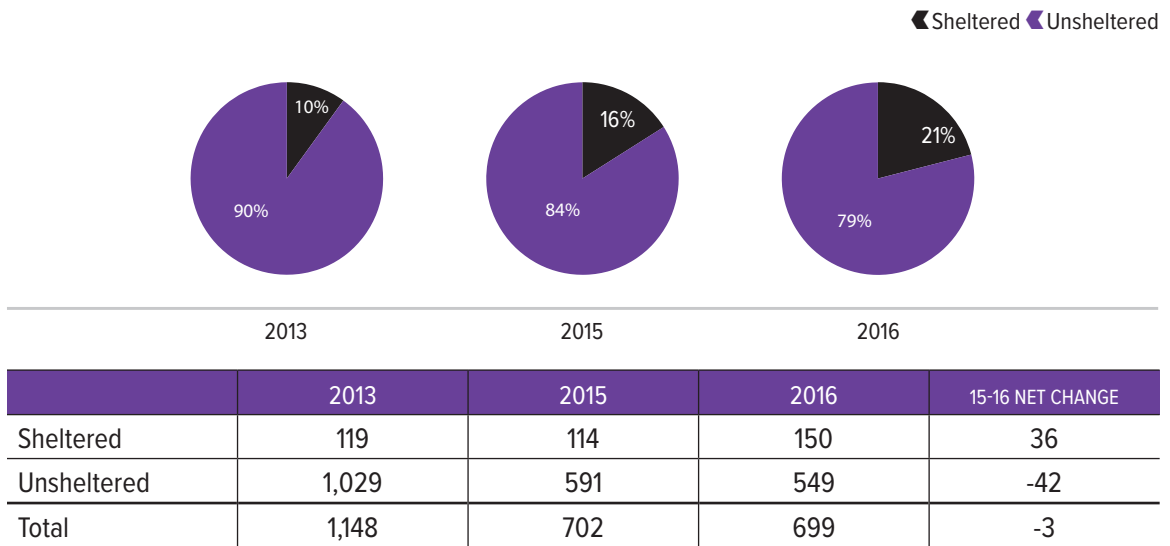


HUD DEFINITION: An individual with a disabling condition or a family with a head of household with a disabling condition who:

- » Has been continuously homeless for 1 year or more and/or;
- » Has experienced 4 or more episodes of homelessness within the past 3 years (for a cumulative total of 12 months or more)

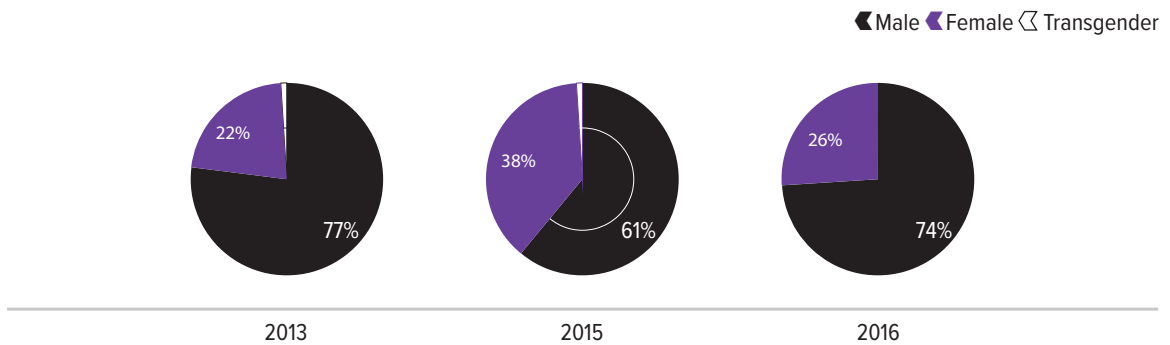
Source: Applied Survey Research. (2016). Sonoma County Homeless Census & Survey. Watsonville, CA. TOTAL

FIGURE 10. CHRONIC HOMELESS CENSUS POPULATION BY SHELTER STATUS



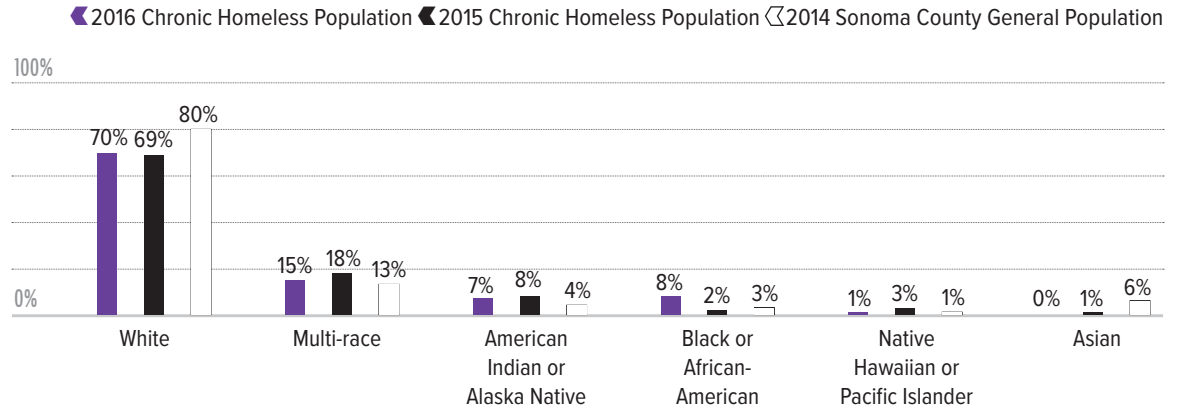
Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 11. TOTAL CHRONIC HOMELESS CENSUS POPULATION BY GENDER



Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 12. TOTAL CHRONIC HOMELESS CENSUS POPULATION BY RACE



2016 n:159

Source: Applied Survey Research. (2016). *Sonoma County Homeless Census*. Watsonville, CA. U.S. Census Bureau. (May 2016). *American Community Survey 2014 1-Year Estimates. Table DP05: ACS Demographic and Housing Estimates*. Retrieved from <http://factfinder2.census.gov>.

Note: Multiple response question. Percentages may not add up to 100 due to rounding.

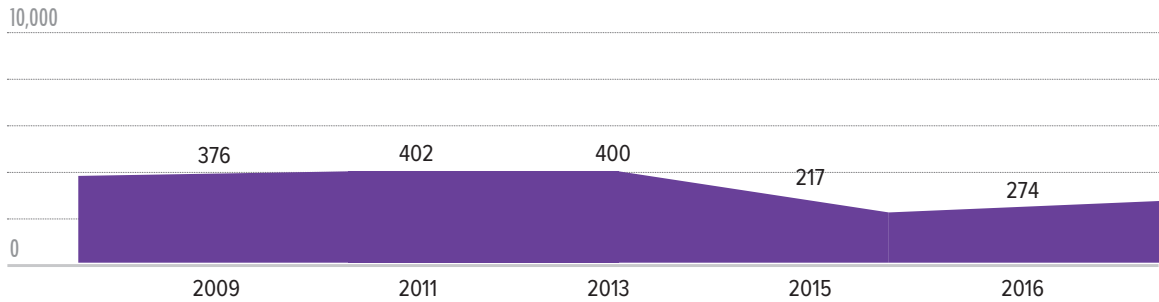
HOMELESS VETERAN STATUS

Many U.S. veterans experience conditions that place them at increased risk for homelessness. Veterans have higher rates of Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), sexual assault and substance abuse. Veterans experiencing homelessness are more likely to live on the street than in shelters and often remain on the street for extended periods of time.

The U.S. Department of Veterans Affairs (VA) provides a broad range of benefits and services to veterans of the U.S. Armed Forces. These benefits can include different forms of financial assistance, including monthly cash payments for disabled veterans, health care, education, and housing benefits. In addition to these supports, the VA and HUD have partnered to provide additional housing and support services to veterans currently experiencing homelessness or those in danger of becoming homeless.

Since 2010, there has been a 33% decrease nationwide in the number homeless veterans. According to data collected during 2014, throughout the country 49,933 veterans experienced homelessness on a single night in January 2014.

FIGURE 13. TOTAL NUMBER OF HOMELESS VETERANS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND



Source: Applied Survey Research. (2009-2016). Sonoma County Homeless Census. Watsonville, CA.

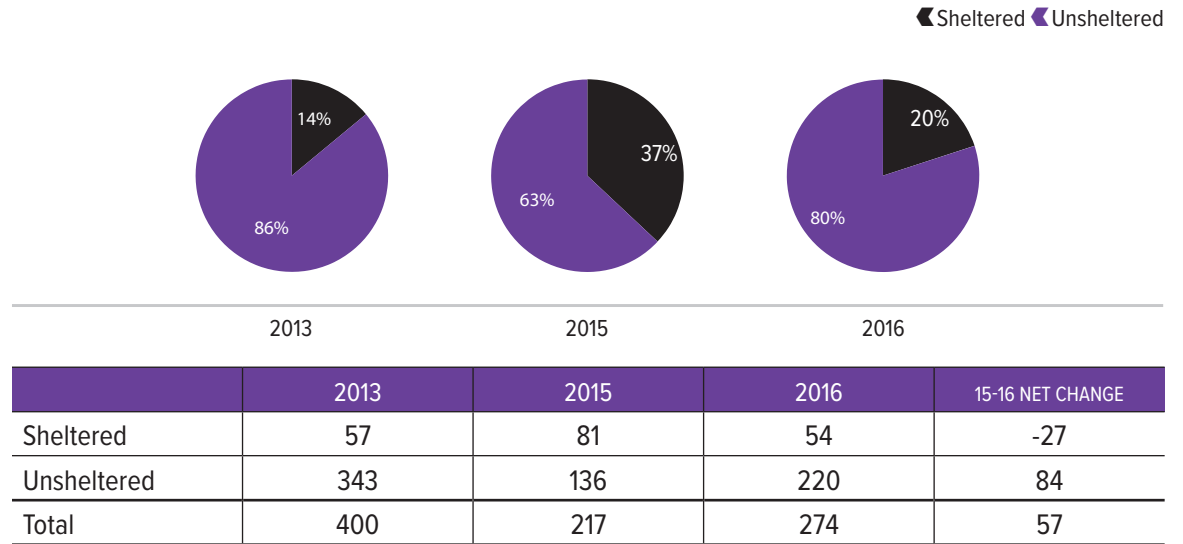
FIGURE 14. HOMELESS VETERAN POPULATION ESTIMATES



HUD DEFINITION: Veterans are persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

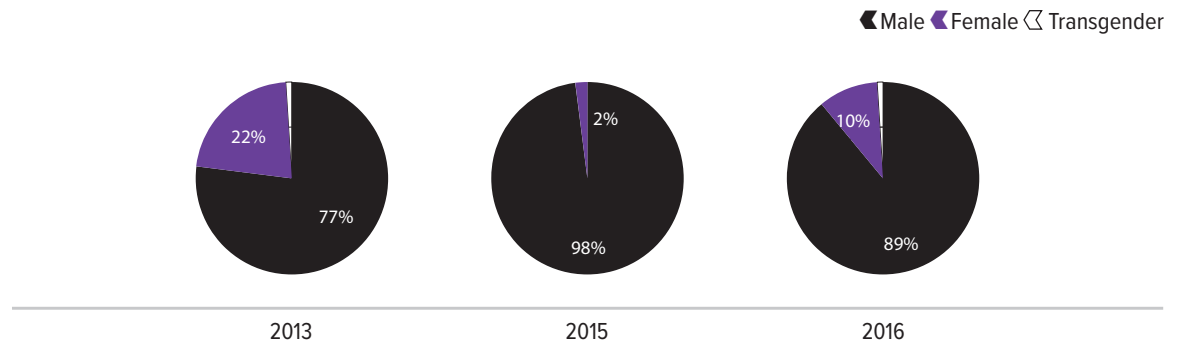
Source: Applied Survey Research. (2016). Sonoma County Homeless Census & Survey. Watsonville, CA.

FIGURE 15. TOTAL HOMELESS VETERAN CENSUS POPULATION BY SHELTER STATUS



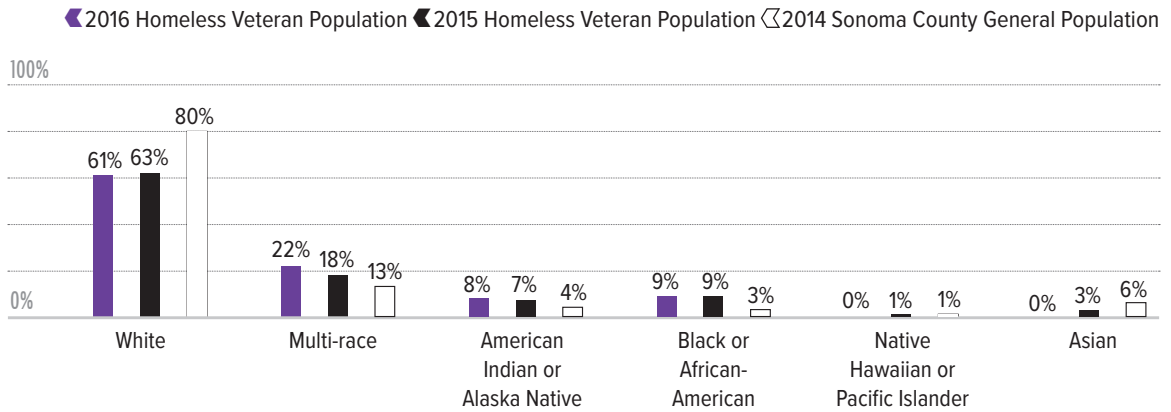
Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 16. TOTAL HOMELESS VETERAN CENSUS POPULATION BY GENDER



Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 17. TOTAL HOMELESS VETERAN CENSUS POPULATION BY RACE



2016 n:274

Source: Applied Survey Research. (2016). *Sonoma County Homeless Census*. Watsonville, CA. U.S. Census Bureau. (May 2016). *American Community Survey 2014 1-Year Estimates. Table DP05: ACS Demographic and Housing Estimates*. Retrieved from <http://factfinder2.census.gov>.

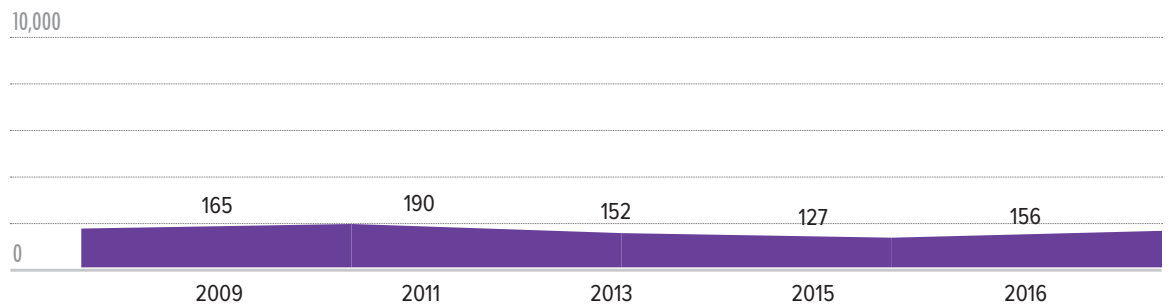
Note: Multiple response question. Percentages may not add up to 100 due to rounding.

HOMELESS FAMILIES WITH CHILDREN

National Data from 2014 suggest that 37% of all people experiencing homelessness are persons in families. Very few families experiencing homelessness are unsheltered. Public shelters serve 90% of homeless families in the United States, a significantly higher proportion of the population compared to other subpopulations, including unaccompanied youth. Data on homeless families suggest that they are not much different from families in poverty.

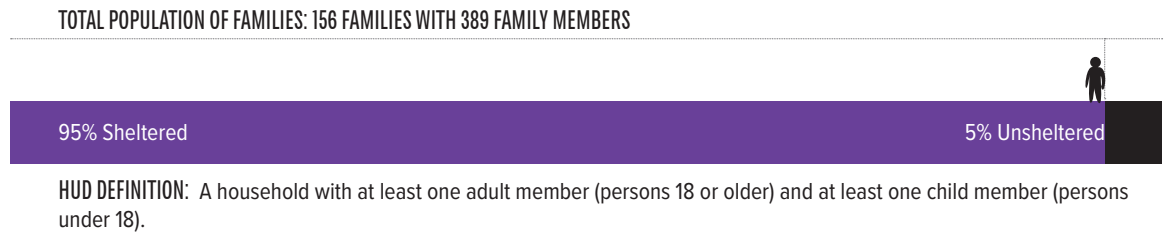
The risk of homelessness is highest among single female-headed households and families with children under the age of 6.³ Children in families experiencing homelessness have increased incidence of illness and are more likely to have emotional and behavioral problems than children with consistent living accommodations.⁴

FIGURE 18. TOTAL NUMBER OF HOMELESS FAMILIES WITH CHILDREN ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND



Source: Applied Survey Research. (2009-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 19. HOMELESS FAMILIES WITH CHILDREN POPULATION ESTIMATES



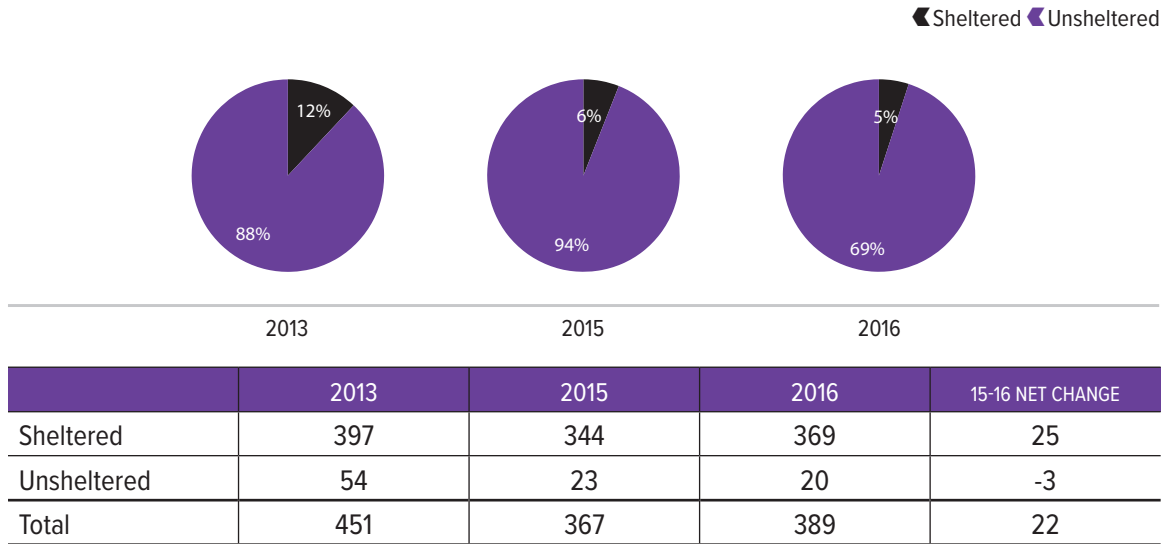
Source: Applied Survey Research. (2015). Sonoma County Homeless Census & Survey. Watsonville, CA.

Note: There is a significant number of persons in homeless families who are in a “double-up” situation that may or may not fall within the HUD PIT count definition of homelessness that could not be identified due to their typical location on private property.

³ U. S. Department of Health and Human Services. (2007). Characteristics and Dynamics of Homeless Families with Children. Retrieved 2013 from <http://aspe.hhs.gov/>

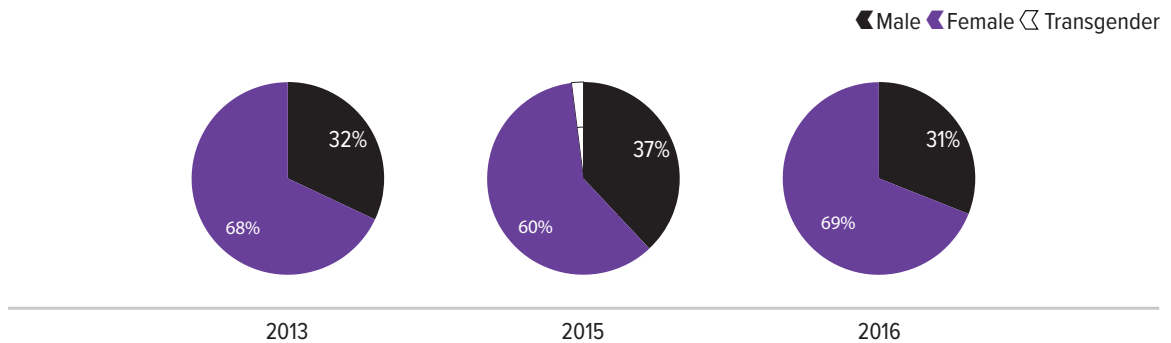
⁴ U.S. Interagency Council on Homelessness. (2013). Opening Doors. Retrieved 2013 from <http://www.usich.gov/>

FIGURE 20. TOTAL HOMELESS FAMILIES WITH CHILDREN CENSUS POPULATION BY SHELTER STATUS



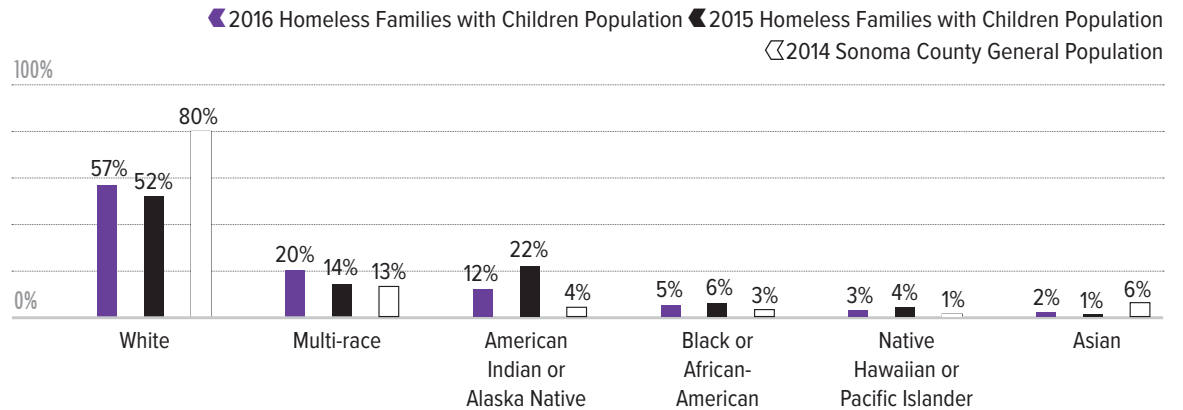
Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 21. TOTAL HOMELESS FAMILIES WITH CHILDREN CENSUS POPULATION BY GENDER



Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 22. TOTAL HOMELESS FAMILIES WITH CHILDREN CENSUS POPULATION BY RACE

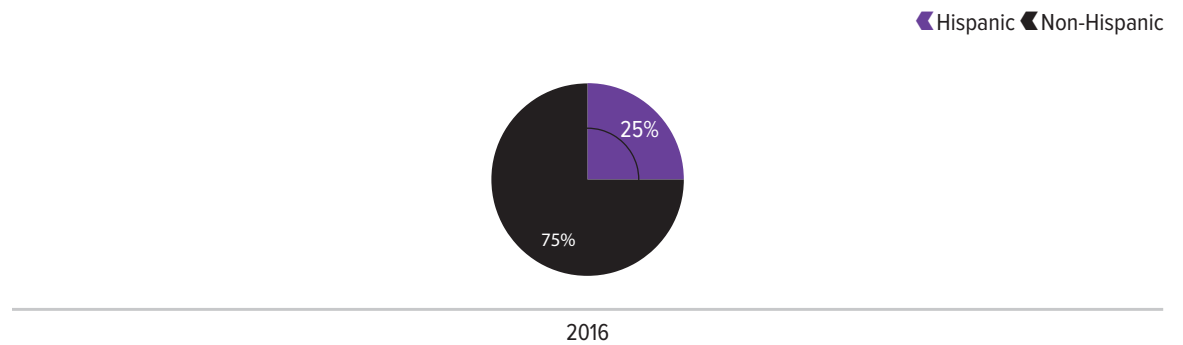


2016 n:389

Source: Applied Survey Research. (2016). Sonoma County Homeless Census. Watsonville, CA. U.S. Census Bureau. (May 2016). American Community Survey 2014 1-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved from <http://factfinder2.census.gov>.

Note: Multiple response question. Percentages may not add up to 100 due to rounding.

FIGURE 23. TOTAL HOMELESS FAMILIES WITH CHILDREN CENSUS POPULATION BY HISPANIC/NON-HISPANIC

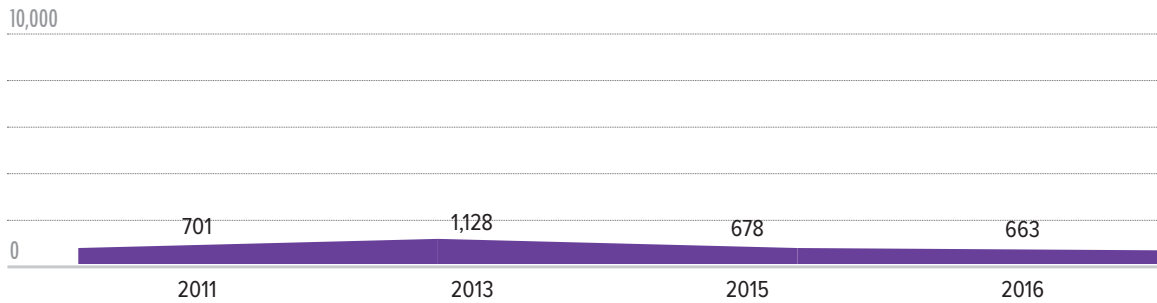


Source: Applied Survey Research. (2016). Sonoma County Homeless Census. Watsonville, CA.

UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

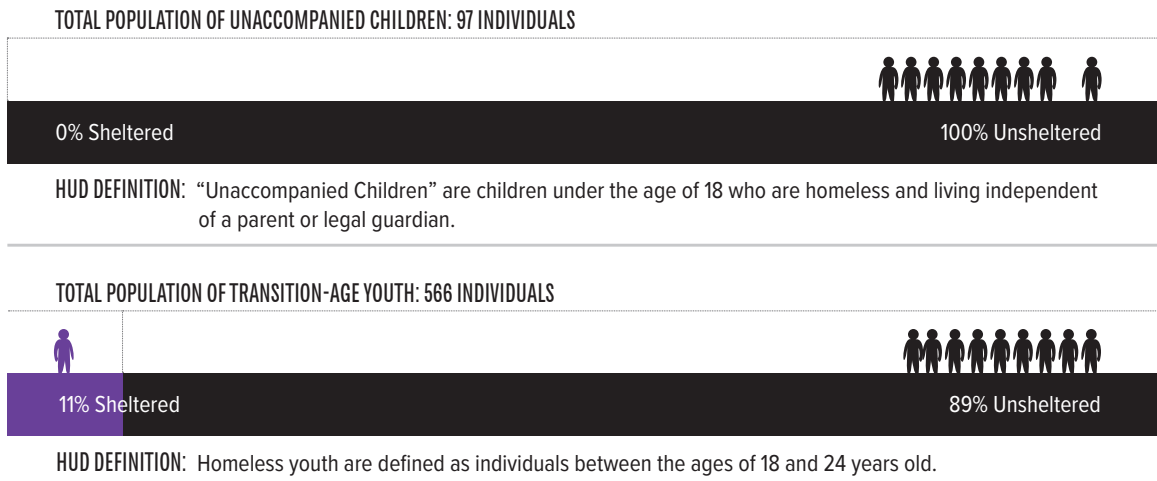
In 2012, the U.S. Interagency Council on Homelessness amended the federal strategic plan to end homelessness to include specific strategies and supports to address the needs of unaccompanied homeless children and transition age youth. As part of this effort, HUD placed increased interest on gathering data on unaccompanied homeless children and youth during Point-in-Time counts.

FIGURE 24. TOTAL NUMBER OF UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND



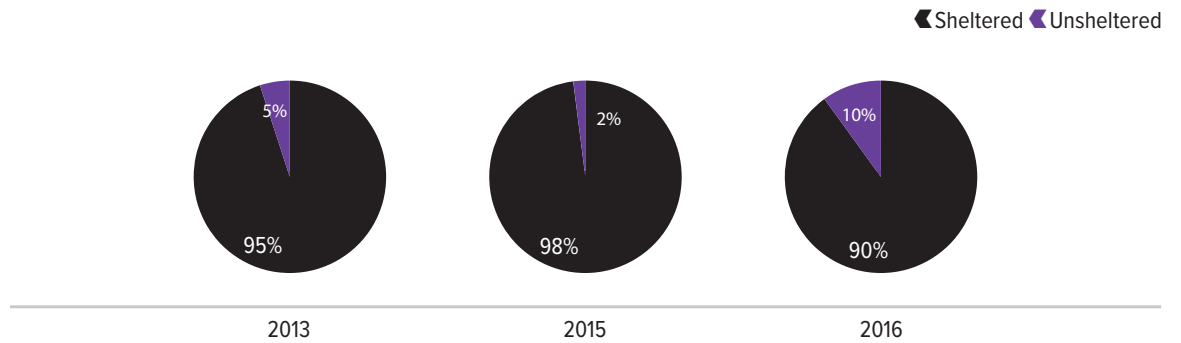
Source: Applied Survey Research. (2011-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 25. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH POPULATION ESTIMATES



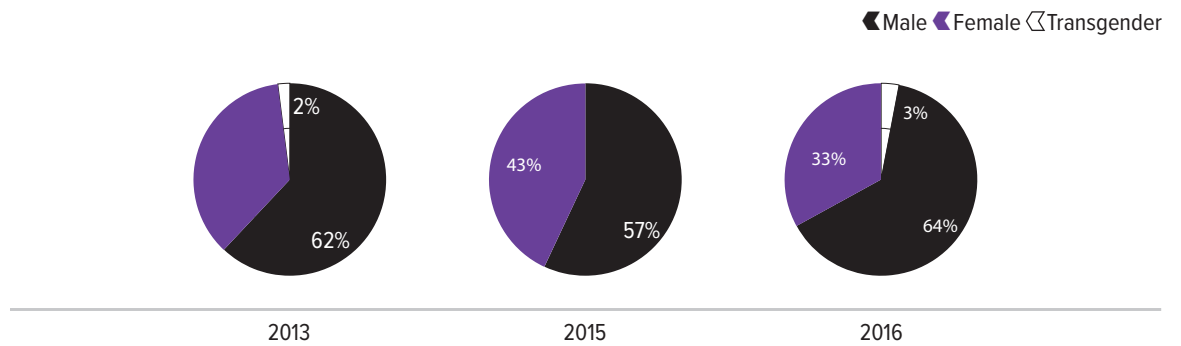
Source: Applied Survey Research. (2015). Sonoma County Homeless Census & Survey. Watsonville, CA.

FIGURE 26. TOTAL UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH CENSUS POPULATION BY SHELTER STATUS



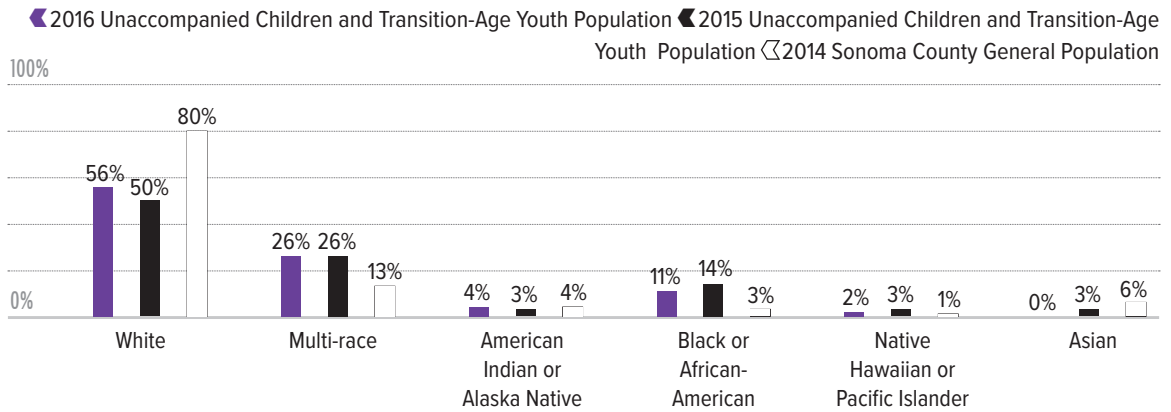
Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 27. TOTAL UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH CENSUS POPULATION BY GENDER



Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Census. Watsonville, CA.

FIGURE 28. TOTAL UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH CENSUS POPULATION BY RACE



2016 n:654

Source: Applied Survey Research. (2016). *Sonoma County Homeless Census*. Watsonville, CA. U.S. Census Bureau. (May 2016). *American Community Survey 2014 1-Year Estimates*. Table DP05: ACS Demographic and Housing Estimates. Retrieved from <http://factfinder2.census.gov>.

Note: Multiple response question. Percentages may not add up to 100 due to rounding.

ANNUALIZATION

The specific definition of a 'Point-in-Time' homeless count self-defines that it only provides a snapshot of Homelessness in Sonoma County at one single point-in-time and therefore may not adequately reflect the number of people experiencing homelessness throughout the year. Consequently, it does not reflect the number of people who are homeless at other times or access the homeless support system over the year. To address this shortcoming, an annual estimation formula can be used to profile the number of persons who may have experienced homelessness in Sonoma County over the course of a year. While this estimate is valuable and can inform the complexity of homeless enumeration, the calculation can also be volatile due to survey sampling and, in particular, the impact of certain variables such as the prevalence of short term homelessness, specifically when it is under 7 day. For example, in 2015 1.8% of survey respondents indicated that they were experiencing homelessness for 7 days or less, compared to 2016 where 3.1% indicated that they had been homeless for 7 days or less. The 2016 Sonoma County annual estimate is 6,876 unique homeless experiences over a year, up from 5,574 unique homeless persons in 2015.



Homeless Survey Findings

The methodology used for the 2016 homeless count is described by HUD as a “blitz count” in that it is conducted by numerous people over a very short period of time in an effort to avoid duplicate enumeration. As this method is conducted in Sonoma County, the result is an observation based count of individuals and families who, in the judgment of guides with recent homeless experience, appear to be homeless. The count is followed by a face-to-face representative survey. The survey sample is then used to profile and estimate the condition and characteristics of the county’s homeless population and subpopulations for the purposes of HUD reporting and local service delivery and strategic planning.

This section provides an overview of the findings generated from the 2016 Sonoma County Homeless Survey. Surveys were administered to a randomized sample of homeless individuals between January 29 and March 25. This effort resulted in 605 complete and unique surveys. Based on a Point-in-Time count of 2,906, with a randomized survey sampling process, these 605 valid surveys represent a confidence interval of +/- 5% with at 95% confidence interval when generalizing the results of the survey to the estimated population of homeless individuals in Sonoma County. In other words, if the survey were conducted again, we can be confident that the results would be within 5% percentage points of the current results.

To ensure the safety and comfort of those who participated, respondents were not required to complete all survey questions. Homeless individuals conducted the surveys in the field, while staff administered sheltered surveys. Missing values have been intentionally omitted from the survey results, therefore, the total number of respondents for each question does not always equal the total number of surveys.

Survey coordinators worked to ensure a representative sample, gathering information from subpopulations that are often hidden or hard to reach. Efforts were made to target respondents based on living accommodation, age, and region of the county.

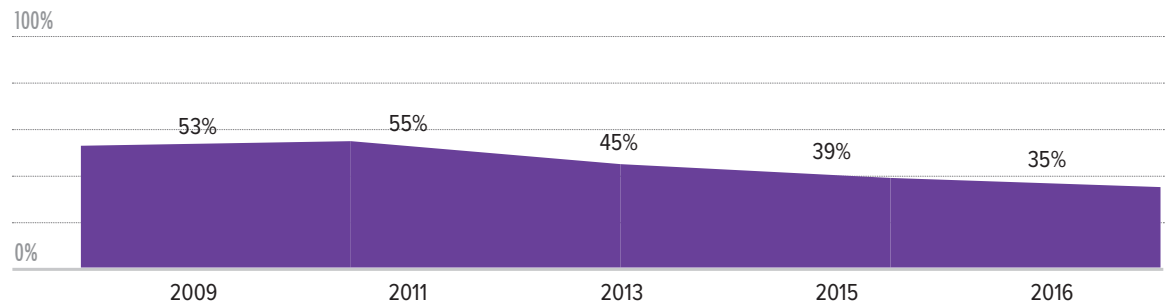
DURATION AND RECURRENCE OF HOMELESSNESS

Unstable living conditions often lead to individuals falling in and out of homelessness and challenges in receiving supportive services. Over two thirds (65%) of 2016 respondents reported they had experienced homelessness previously. For many, the experience of homelessness is part of a long and recurring history of housing instability.

DURATION OF HOMELESSNESS

The number of survey respondents who indicated this was their first time experiencing homelessness fell from a high of 55% in 2011 to 35% in 2016. Including the current episode of homelessness, 65% of respondents reported that this was only their first or second time experiencing homelessness. Seventeen percent reported experiencing homelessness 5 or more times in the last three years.

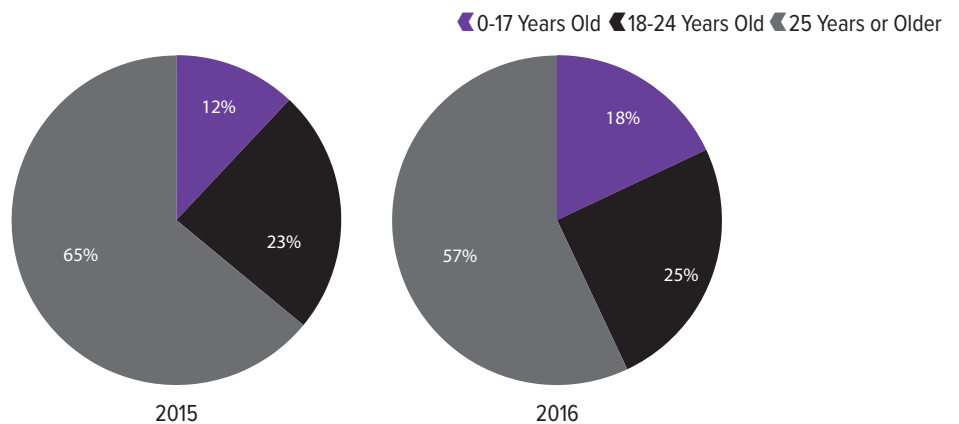
FIGURE 29. FIRST TIME HOMELESS (RESPONDENTS ANSWERING ‘YES’)



2009 n: 600; 2011 n:617; 2013 n:533; 2015 n:609; 2016 n:605

Source: Applied Survey Research. (2009-2016). Sonoma County Homeless Survey. Watsonville, CA.

FIGURE 30. AGE AT FIRST EXPERIENCE OF HOMELESSNESS



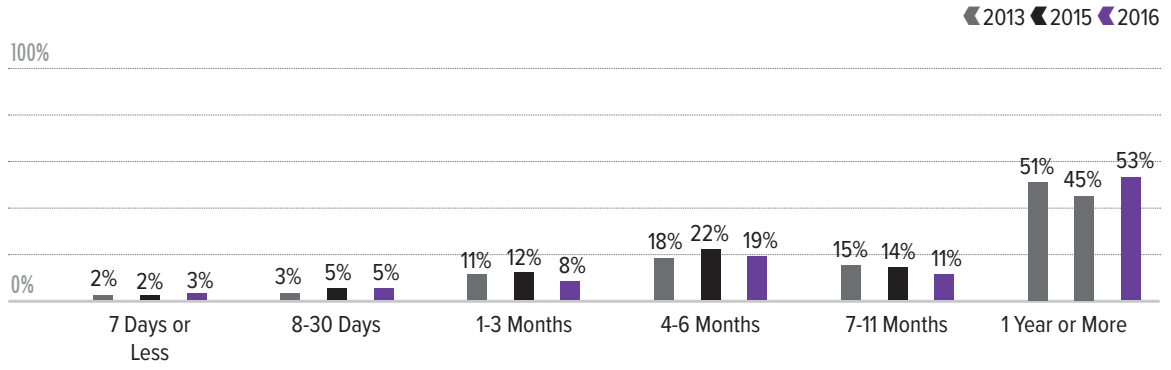
2015 n:605; 2016 n:599

Source: Applied Survey Research. (2015-2016). Sonoma County Homeless Survey. Watsonville, CA.

RECURRENCE OF HOMELESSNESS

Fifty-three percent of respondents indicated that they had been homeless for a year or more, up 8% from 45% in 2015 to 53% in 2016. Just 8% reported being homeless for a month or less, similar to 2015 (7%).

FIGURE 31. LENGTH OF CURRENT EPISODE OF HOMELESSNESS



2013 n: 523; 2015 n: 608; 2016 n:605

Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Survey. Watsonville, CA.

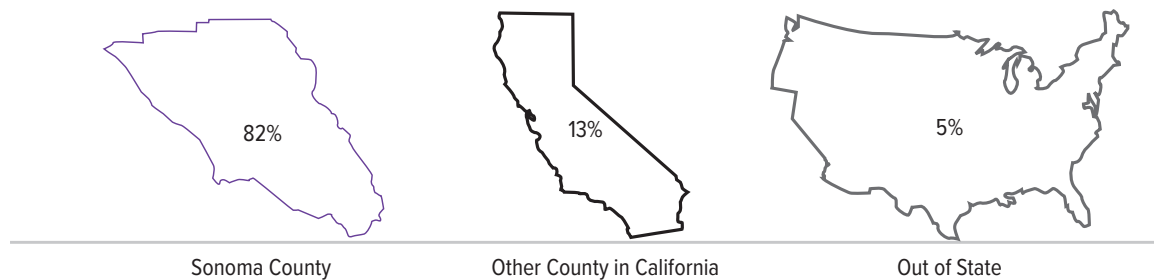
LIVING ACCOMMODATIONS

Where an individual lived prior to experiencing homelessness and where they have lived since contributes to their success in seeking services as well as their ability to access support from friends or family. Previous circumstances can also point to gaps in the system of care and opportunities for systemic improvements and homeless prevention. Survey respondents reported many different living accommodations prior to becoming homeless, although most lived in Sonoma County with friends, family or on their own in a home or apartment.

PLACE OF RESIDENCE

Prior to becoming homeless, 82% of the homeless population reported living in Sonoma County. In 2015, 86% of the homeless population reported living in Sonoma County, while in 2011, 75% reported living in Sonoma County before they became homeless. Thirteen percent of the population reported living elsewhere in California before they became homeless. Sixty-four percent of the homeless population reported living in Sonoma County for 10 or more years.

FIGURE 32. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS



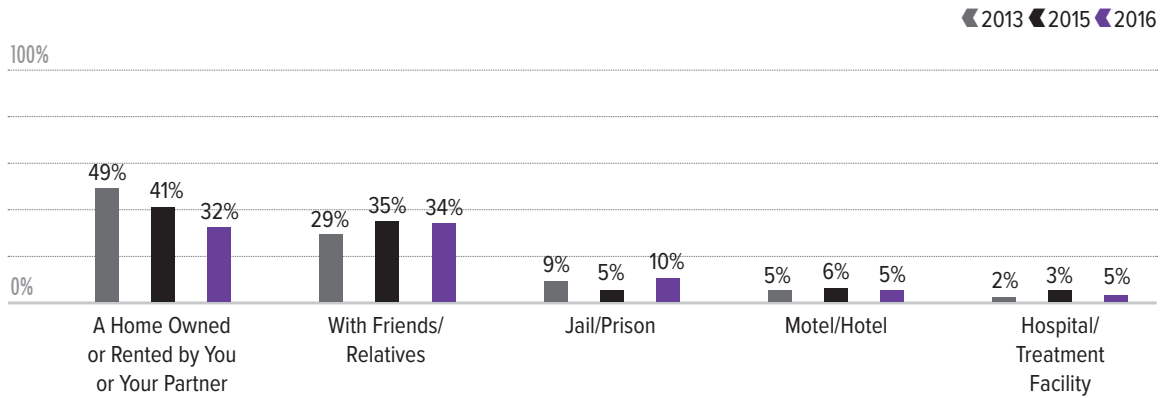
2016 n: 594

Source: Applied Survey Research. (2016). *Sonoma County Homeless Survey*. Watsonville, CA.

PRIOR LIVING ARRANGEMENTS

Immediately before becoming homeless, most respondents reported living with friends and/or relatives (34%), or living in a home they or their partner owned or rented (32%). The percentage of respondents staying with friends and/or relatives is similar to 2015 (34%). The percentage of individuals who were in jail/prison prior to becoming homeless doubled (from 5% to 10%) between 2015 and 2016.

FIGURE 33. LIVING ARRANGEMENTS IMMEDIATELY PRIOR TO BECOMING HOMELESS THIS TIME



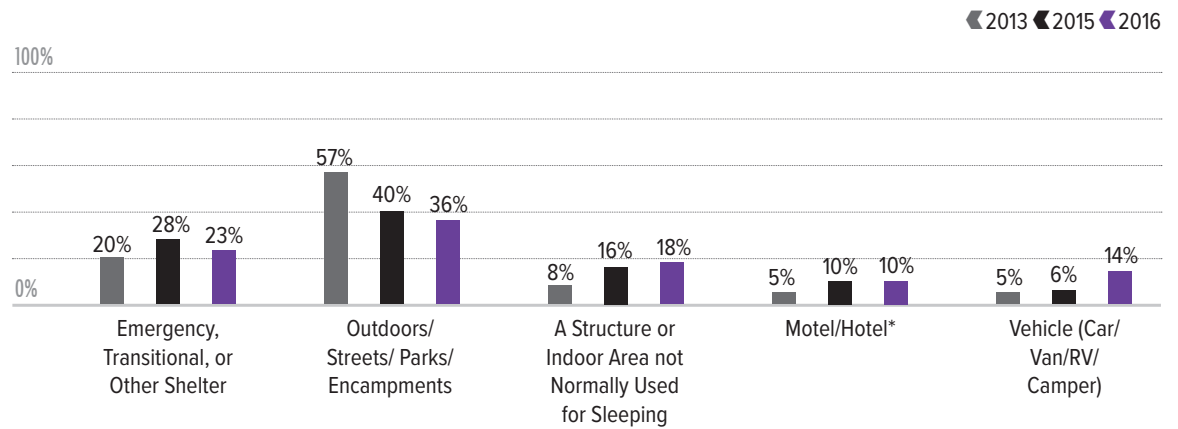
2013 n:525; 2015 n:589; 2016 n:488

Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Survey. Watsonville, CA.

CURRENT LIVING ARRANGEMENTS

Thirty-six percent of survey respondents reported living outdoors, either on the streets or in parks or encampments, down from 40% in 2015. The percentage of homeless survey respondents staying in vehicles has increased from 6% in 2015 to 14% in 2016, potentially a result of increased participation of homeless guides and surveyors from this population.

FIGURE 34. USUAL PLACES TO SLEEP AT NIGHT



2013 n:533; 2015 n:586; 2016 n:592

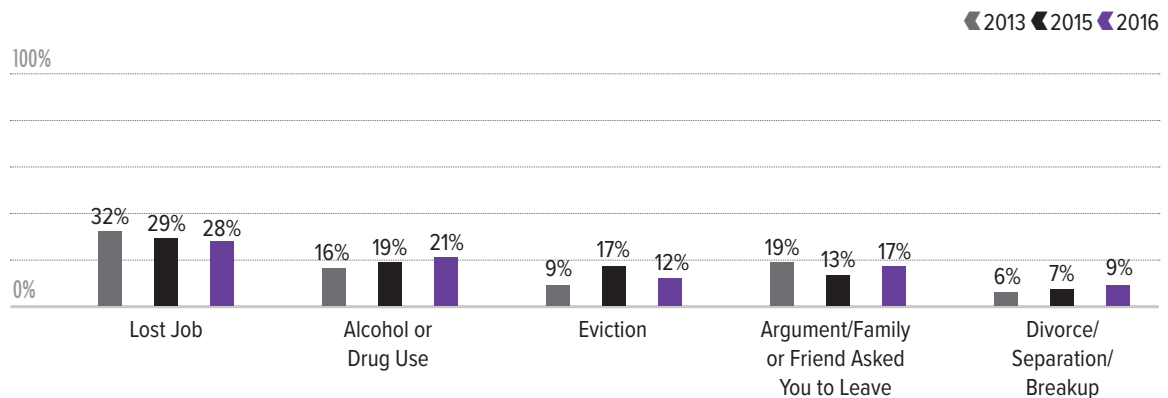
Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: 2013 response option specified that motel/hotel was paid for by an agency.

PRIMARY CAUSE OF HOMELESSNESS

The primary cause of an individual's inability to obtain or retain housing is often difficult to pinpoint as it is often the result of multiple and interrelated causes. In the past three enumeration efforts in Sonoma County, "lost job" was the most common response. Twenty-one percent of respondents reported alcohol or drug use as the primary cause of their homelessness, the second most common response. The percentage of respondents who reported eviction as the primary cause of their homelessness decreased from 17% in 2015 to 12% in 2016, while the percentage who indicated it was an argument with family or friends or that they were asked to leave increased from 13% to 17%. While these are self-assessments of primary causes, the results are consistent with other homeless research.

FIGURE 35. PRIMARY CAUSE OF HOMELESSNESS



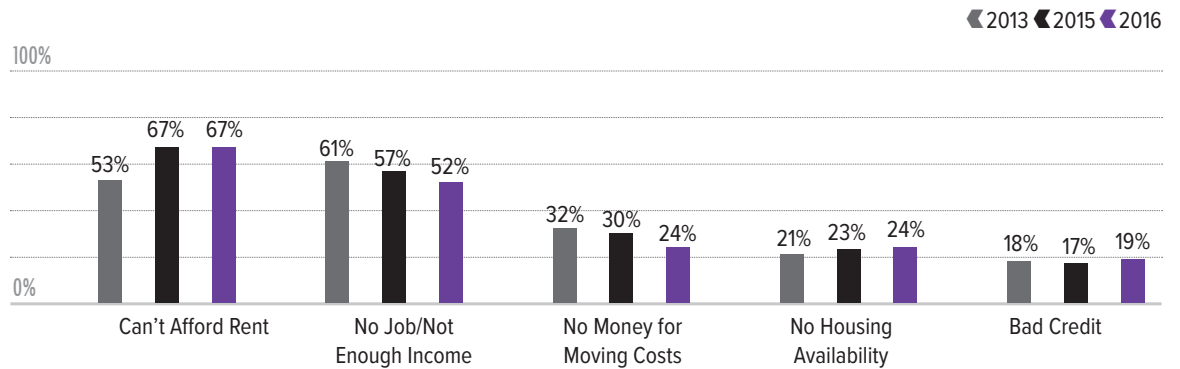
2013 n:521 respondents offering 619 responses; 2015 n:601 respondents offering 738 responses; 2016 n:576 respondents offering 782 responses

Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Survey. Watsonville, CA.

OBSTACLES TO OBTAINING PERMANENT HOUSING

The lack of affordable housing is a key factor in the prevalence of homelessness. In 2016, 67% of survey respondents indicated their inability to afford rent as the number one obstacle to them being able to obtain housing, 52% percent of respondents indicated that not enough income or lack of employment was an obstacle to obtaining permanent housing, while 24% indicated a lack of money to pay for moving costs was an obstacle to them obtaining housing.

FIGURE 36. OBSTACLES TO OBTAINING PERMANENT HOUSING



2013 n:524 respondents offering 1,227 responses; 2015 n:597 respondents offering 1,471 responses; 2016 n:581 respondents offering 1,573 responses.

Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

SURVEY DEMOGRAPHICS

In order to gain a more comprehensive understanding of the experiences of homeless residents in Sonoma County, respondents were asked basic demographic questions, including age, gender, sexual orientation, and ethnicity.

DEMOGRAPHIC INFORMATION

Nearly two thirds (64%) of survey respondents identified as male, 35% identified as female and 1% identified as transgender. In terms of age, nearly 1 in 5 (19%) of survey respondents were under the age of 25, 56% were between the ages of 25-50, and one quarter (25%) of survey respondents were 51 years old or older. Survey respondents were also asked if they identify as Hispanic or Latino, twenty-one percent of respondents answered “yes.” When asked about their racial identify, 72% of respondents indicated they were White, 13% American Indian/Alaskan native, and 12% Black or African American. Fourteen percent of survey respondents identified as Lesbian, Gay, Bisexual, Transgender or Queer (LGBTQ) slightly lower than 2015 (16%). Of those that identified as LGBTQ, 47% identified as bisexual, while 20% and 19% identified as gay and lesbian, respectively.

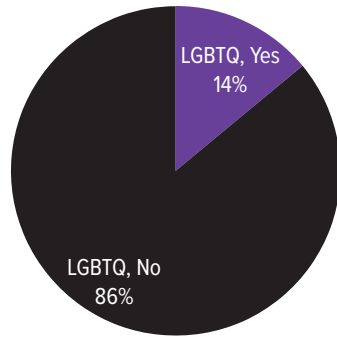
FIGURE 37. SURVEY RESPONDENTS BY AGE

AGE GROUP	2015	2016
Less than 18 years	0.8%	0.5%
18-24 years	13.3%	18.5%
25-30 years	11.0%	10.4%
31-40 years	19.5%	21.5%
41-50 years	27.4%	23.6%
51-60 years	21.7%	19.0%
61 years or more	6.2%	6.4%

2015 n:609; 2016 n:605

Source: Applied Survey Research. (2013-2016). *Sonoma County Homeless Census*. Watsonville, CA.

FIGURE 38. SEXUAL ORIENTATION AND LGBTQ IDENTITY



Breakout of Respondents Answering Yes	%	n
Gay	20	17
Lesbian	19	16
Queer	8	7
Bisexual	47	40
Transgender	8	7
Other	7	6

LGBTQ n:605; Breakout n: 85 respondents offering 93 responses

Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

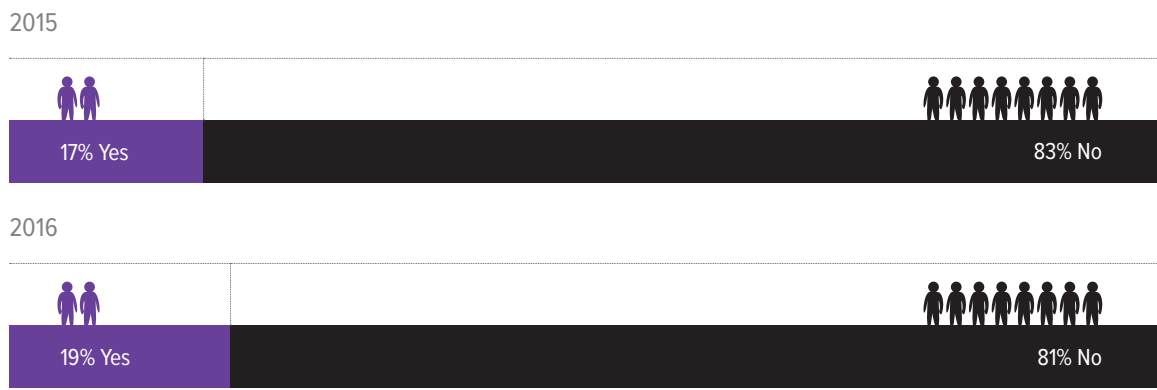
Note: Multiple response question. Percentages may not add up to 100.

FOSTER CARE

It has been estimated that one in four former foster youth experience homelessness within four years of exiting the foster care system.¹ The State of California now offers two programs servicing foster youth beyond age 18: Transitional Housing Placement - foster care for youth 18-21 and Transitional Housing Placement-Plus for youth ages 18-24. It is hoped that these additional supports, implemented since 2012, will assist foster youth with the transition to independence and prevent them from becoming homeless.

In 2016, 19% of respondents reported a history of foster care, up from 2015 in which 17% reported a foster care experience. The percentage of youth under the age of 25 who had been in foster care was nearly double that of age 25 and over adults, at 31% compared to 16%. Two percent of all survey respondents cited aging out of foster care as the primary event or condition that led to their homelessness.

FIGURE 39. HISTORY OF FOSTER CARE



2015 n:600; 2016 n:563

Source: Applied Survey Research. (2015-2016). Sonoma County Homeless Survey. Watsonville, CA.

¹ United States Interagency Council on Homelessness. (2012). Amendment 2012, Opening Doors: Federal strategic plan to prevent and end homelessness. Washington: D.C.

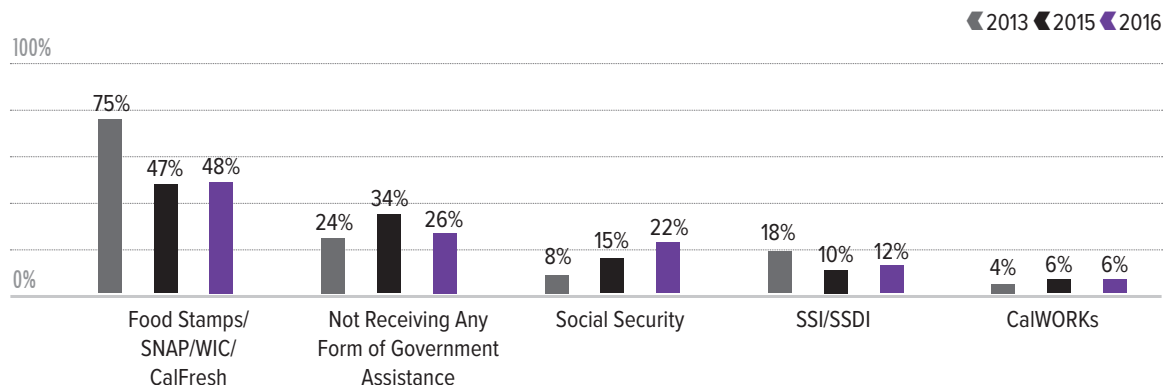
SERVICES AND ASSISTANCE

Sonoma County agencies provide services and assistance to those currently experiencing homelessness through federal and local programs. Government assistance and homeless services work to enable individuals and families to obtain benefits and support. However, many individuals and families do not apply for services. Many believe that they do not qualify or are ineligible for assistance. Connecting homeless individuals and families to these support services helps them create the bridge to mainstream support services and helps to prevent future housing instability.

GOVERNMENT ASSISTANCE

Seventy-four percent of respondents indicated that they received some form of government assistance, up from two-thirds (66%) in 2015. The most common government assistance respondents received were Food Stamps/SNAP/WIC/CalFresh (48%). The number of respondents who did not receive any form of assistance decreased from 34% in 2015 to 26% in 2016. The percentage of those receiving Social Security doubled, from 8% in 2013 to 22% in 2016.

FIGURE 40. GOVERNMENT ASSISTANCE RECEIVED



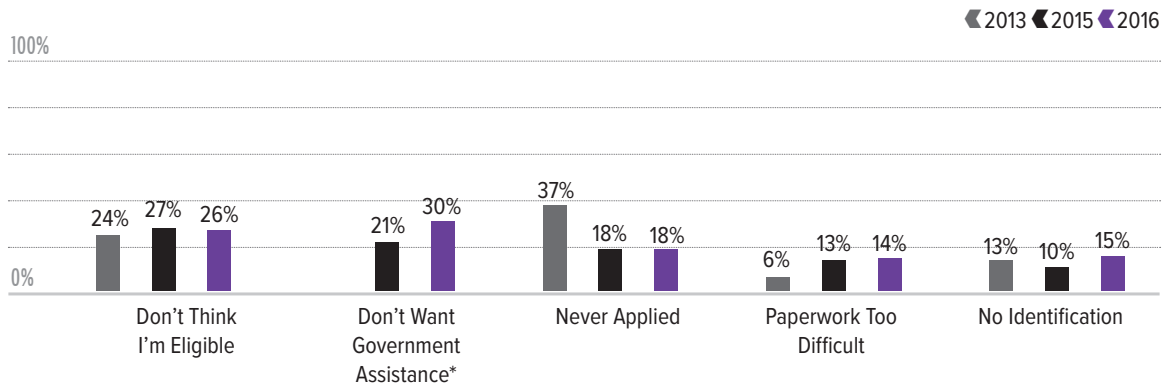
2013 n:400 respondents offering 658 responses; 2015 n:578 respondents offering 655 responses; 2016 n:475 respondents offering 569 responses

Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

The most common reason for not obtaining government assistance were respondents who did not want government assistance (30%), while over a quarter (26%) of respondents didn't think they were eligible. The number of respondents who indicated they had never applied for assistance was 18% in both 2015 and 2016. There was a nearly 10% increase among survey respondents who indicated that they don't want government assistance from 21% in 2015 to 30% in 2016.

FIGURE 41. REASONS FOR NOT RECEIVING GOVERNMENT ASSISTANCE



2013 n:119 respondents offering 152 responses; 2015 n:276 respondents offering 360 responses; 2016 n:114 respondents offering 178 responses

Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Survey. Watsonville, CA.

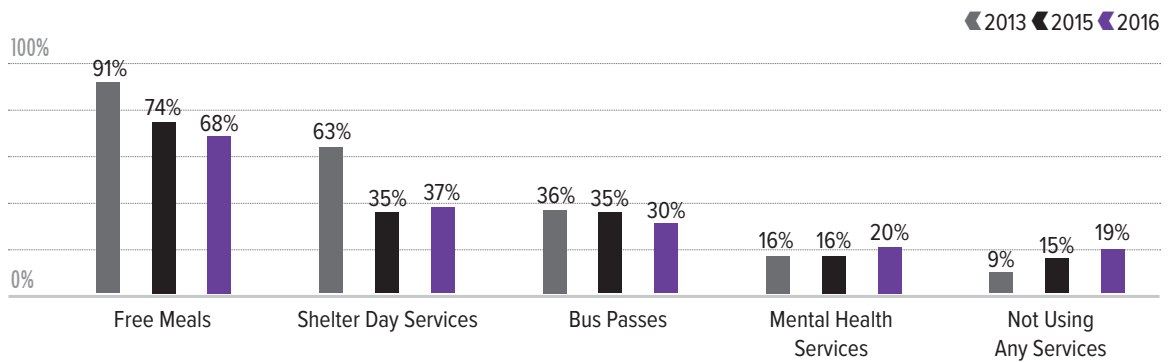
Note: Multiple response question. Percentages may not add up to 100.

*In 2013 the response option changed from “do not need” to “do not want.”

SERVICES AND PROGRAMS

The 3 most commonly used services or programs were free meals (68%), shelter day services (37%), and bus passes (30%). The percentage of respondents who used shelter day services increased slightly from 35% in 2015 to 37% in 2016. One in five respondents indicated they did not receive any services or use any programs.

FIGURE 42. SERVICES OR ASSISTANCE



2013 n:479 respondents offering 1,358 responses; 2015 n:513 respondents offering 1,010 responses; 2016 n:527 respondents offering 1,085 responses.

Source: Applied Survey Research. (2013-2016). Sonoma County Homeless Survey. Watsonville, CA.

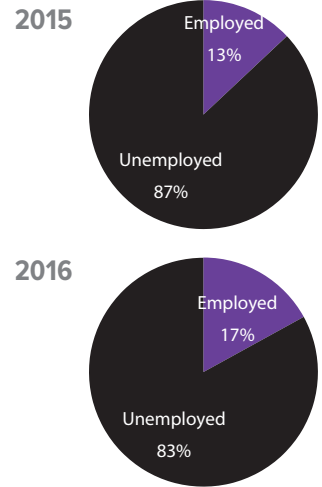
Note: Multiple response question. Percentages may not add up to 100.

EMPLOYMENT AND INCOME

While the majority of homeless survey respondents reported being unemployed, some had part-time or fulltime work. Many were receiving an income, either public or private. Still, data suggest that employment and income were not enough to meet basic needs.

FIGURE 43. EMPLOYMENT AND MONTHLY INCOME

	EMPLOYED		UNEMPLOYED	
	2015	2016	2015	2016
\$0-\$99	5%	6%	19%	9%
\$100-\$449	13%	15%	38%	34%
\$450-\$749	19%	28%	15%	8%
\$750-\$1,099	37%	19%	24%	32%
\$1,100-\$1,499	13%	11%	2%	14%
\$1,500-\$3,000	13%	20%	2%	4%
More than \$3,000	0%	2%	0%	1%



2015 employment status n:514; Income employed n:38; Income unemployed n:200; 2016 employment status n:490; Income employed n:54; Income unemployed n:252

Source: Applied Survey Research. (2015-2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Respondents were challenged by this income question and the low response for employed income is subject to a high margin of error.

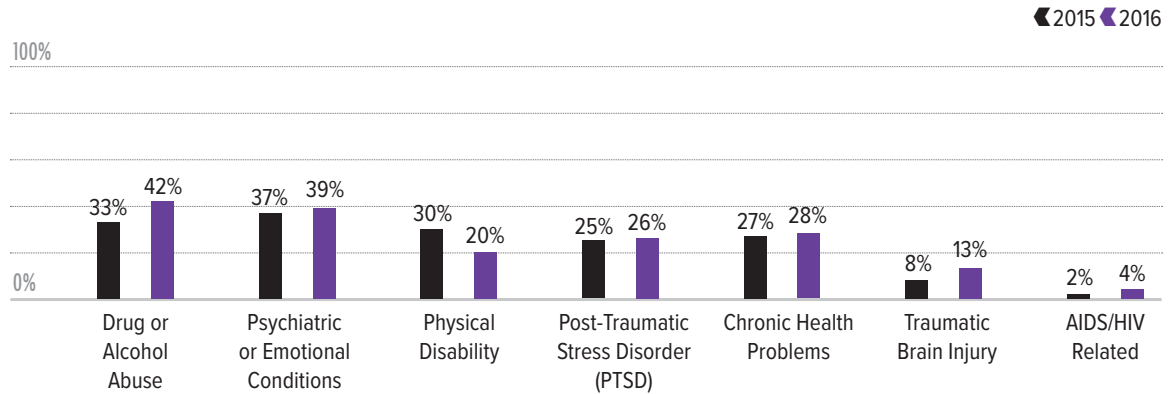
HEALTH

Homelessness continues to be a health issue, as well as a housing issue. The average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Without regular access to health care, individuals suffer preventable illness and often endure longer hospitalizations. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients.²

Over two-thirds (69%) of respondents reported one or more health conditions in 2016 up from 63% in 2015, the most common (42%) of which were drug or alcohol abuse. The next two most common conditions were psychiatric or emotional conditions (39%) and chronic health problems (28%). Twenty-six percent of respondents reported experiencing Post-Traumatic Stress Disorder.

HUD eligible disabling conditions are more narrowly defined as those conditions that result in reduced ability to seek and maintain housing and/or employment. Fifty-two percent of respondents reported a HUD disabling condition in 2016, an increase from 44% in 2015.

FIGURE 44. HEALTH CONDITIONS



2015: Drug or alcohol abuse n:596; Psychiatric or emotional conditions n:597; Physical disability n:598; Post-Traumatic Stress Disorder (PTSD) n:602; Chronic health problems n:599; Traumatic Brain Injury n:596; AIDS/HIV related n:595

2016: Drug or alcohol abuse n:588; Psychiatric or emotional conditions n:594; Physical disability n:603; Post-Traumatic Stress Disorder (PTSD) n:587; Chronic health problems n:596; Traumatic Brain Injury n:595; AIDS/HIV related n:598

Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100 due to rounding.

² Sharon A. Salit, M. E. (1998). Hospitalization Costs Associated with Homelessness in New York City. *New England Journal of Medicine*, 338, 1734-1740.

DOMESTIC/PARTNER VIOLENCE OR ABUSE

The U.S. Department of Housing and Urban Development (HUD) recommends asking about physical, emotional, or sexual abuse over a lifetime in addition to asking about currently experiencing domestic violence. Thirteen percent of all survey respondents reported they were current experience of domestic/partner violence or abuse, down from 19% in 2015 (the wording was changed slightly to fit with HUD recommendations, so caution must be used when interpreting the data). Twenty-four percent of respondents reported experiencing domestic/partner violence or abuse at any point in their past.

FIGURE 45. HISTORY OF DOMESTIC VIOLENCE



2016 n:565

Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

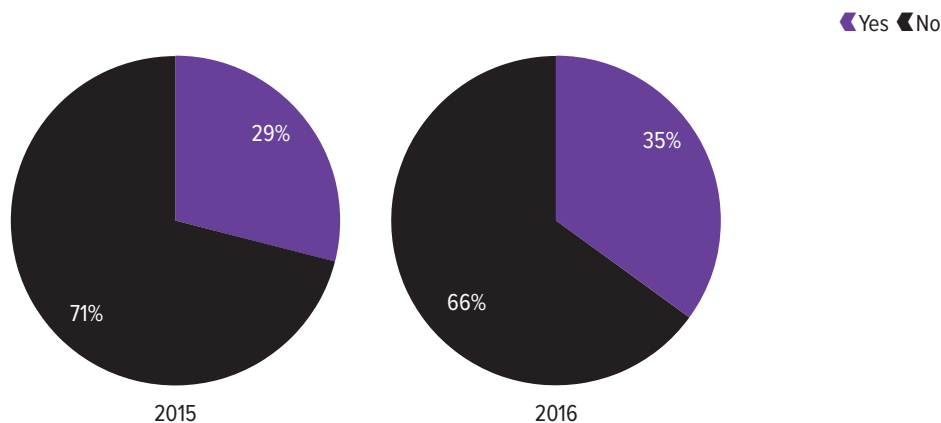
CRIMINAL JUSTICE SYSTEM

Individuals recently released from the criminal justice system often face housing challenges that may contribute to their homelessness.

INCARCERATION

Thirty-five percent of survey respondents reported spending at least one night in jail over the 12 months before they took the survey, up from 2015 (29%). Twenty-four percent of respondents reported they had been arrested at least 3 times in the previous 3 years, while 22% reported they were currently on parole or probation. Nineteen percent of respondents reported being on probation or parole the most recent time they became homeless.

FIGURE 46. SPENT A NIGHT IN JAIL OR PRISON IN THE LAST 12 MONTHS



2015 n:602; 2016 n:574

Source: Applied Survey Research. (2015-2016). Sonoma County Homeless Survey. Watsonville, CA.

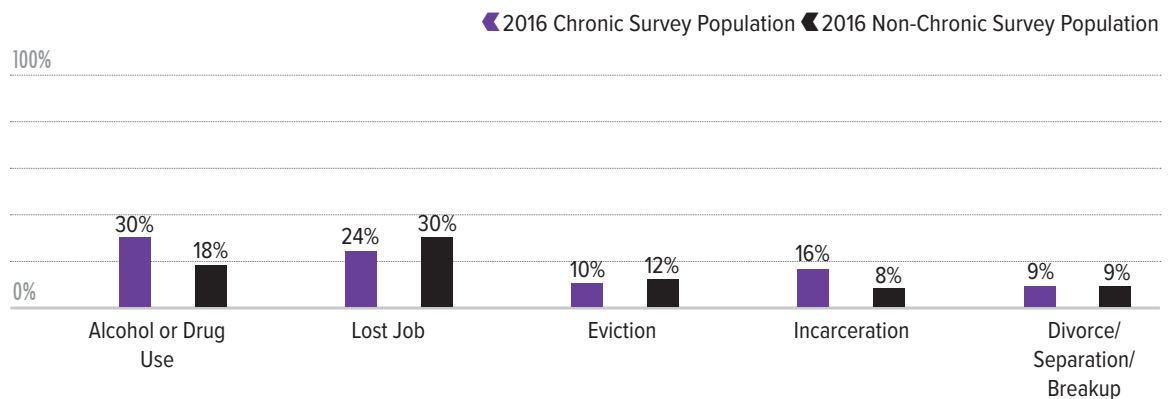
Subpopulations

CHRONICALLY HOMELESS INDIVIDUALS

PRIMARY CAUSE OF HOMELESSNESS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Thirty percent of chronically homeless individuals indicated alcohol or drug use was their primary cause of homelessness, followed by 24% indicated the loss of a job, and another 16% indicated incarceration was the primary cause of their homelessness.

FIGURE 47. PRIMARY CAUSE OF HOMELESSNESS, CHRONIC AND NON-CHRONIC COMPARISON



Chronic Survey Population n:164 respondents offering 228 responses; Non-chronic Survey Population n:412 respondents offering 554 responses

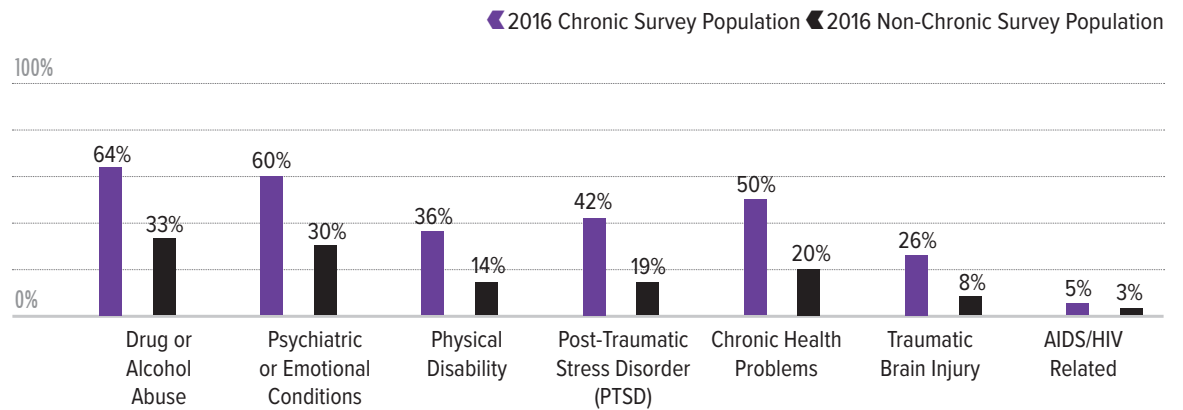
Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

HEALTH CONDITIONS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

The definition of chronic homelessness states all individuals are suffering from at least 1 disabling condition. Sixty-four percent of the chronically homeless were suffering from drug or alcohol abuse, while 60% suffered from a psychiatric or emotional condition, followed by 50% suffering from chronic health problems (these are not mutually exclusive criteria).

FIGURE 48. HEALTH CONDITIONS, CHRONIC AND NON-CHRONIC COMPARISON



Chronic Survey Population: Drug or alcohol abuse n:167; Psychiatric or emotional conditions n:168; Physical disability n:171; Post-Traumatic Stress Disorder (PTSD) n:165; Chronic health problems n:83; Traumatic Brain Injury n:43; AIDS/HIV related n:9; Non-chronic Survey Population: Drug or alcohol abuse n:421; Psychiatric or emotional conditions n:426; Physical disability n:432; Post-Traumatic Stress Disorder (PTSD) n:422; Chronic health problems n:430; Traumatic Brain Injury n:427; AIDS/HIV related n:429

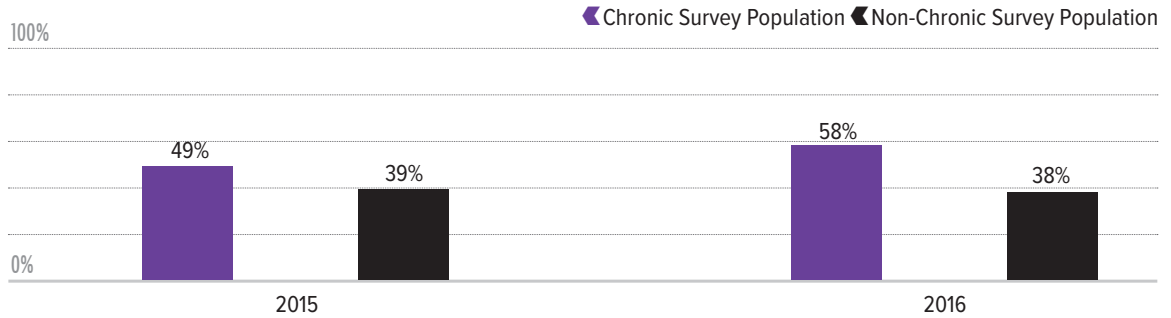
Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

EMERGENCY ROOM USE AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Fifty-eight percent of the chronically homeless population had been in the ER at least once in the last 3 months, while 38% of the non-chronically homeless population had used the ER at least once in the last 3 months.

FIGURE 49. EMERGENCY ROOM USE IN THE LAST THREE MONTHS, CHRONIC AND NON-CHRONIC COMPARISON



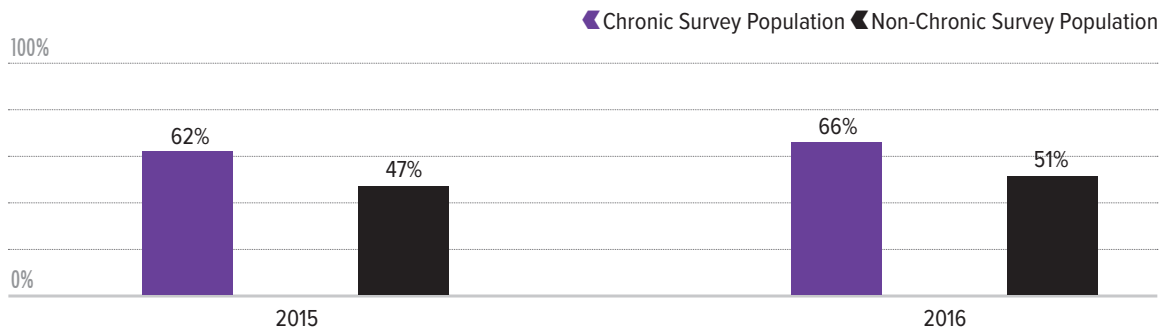
2015- Chronically homeless n:116, Non-chronically homeless n:310; 2016- Chronically homeless n:133, Non-chronically homeless n:269

Source: Applied Survey Research. (2015-2016). Sonoma County Homeless Survey. Watsonville, CA.

INCARCERATION AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Sixty-six percent of the chronically homeless population had been arrested at least once in the previous 3 years, while 51% of the non-chronically homeless population had been arrested at least once over the same time frame. This represents an increase from 2015 when 62% of chronically homeless individuals had been arrested at least once in the previous 3 years compared to 47% of non-chronically homeless individuals.

FIGURE 50. ARRESTED IN THE LAST THREE YEARS, CHRONIC AND NON-CHRONIC COMPARISON



2015- Chronically homeless n:122, Non-chronically homeless n:321; 2016- Chronically homeless n:130, Non-chronically homeless n:339

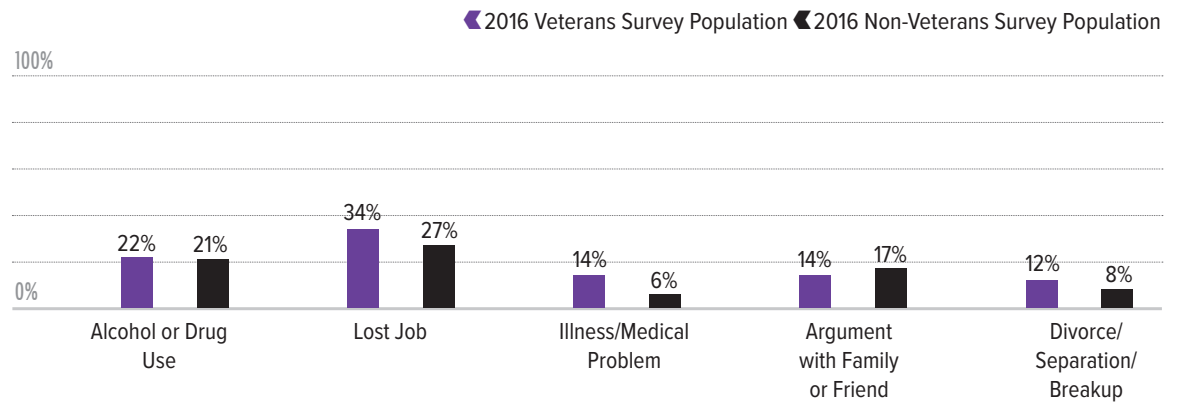
Source: Applied Survey Research. (2015-2016). Sonoma County Homeless Survey. Watsonville, CA.

HOMELESS VETERAN STATUS

PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS VETERANS

Thirty-four percent of veterans reported job loss as the primary cause of their homelessness, compared to 27% of non-veteran homeless population. Twenty-two percent of veterans reported alcohol or drug use as the primary cause of their homelessness, down from the 29% reported in the 2015 survey, while 14% of veteran respondents indicated that an illness or medical problem was the primary cause of their homelessness.

FIGURE 51. PRIMARY CAUSE OF HOMELESSNESS, VETERAN AND NON-VETERAN COMPARISON



Homeless veteran population n:65 respondents offering 60 responses; Non-homeless veteran population n:511 respondents offering 690 responses

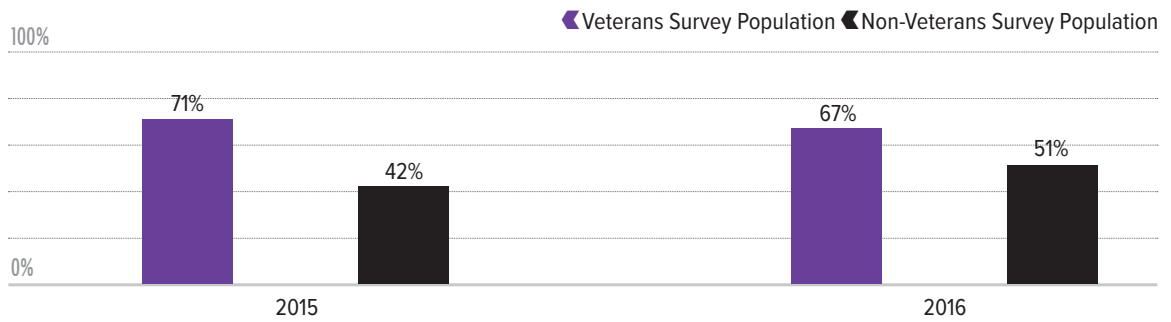
Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

DISABLING CONDITIONS AMONG HOMELESS VETERANS

Sixty-seven percent of homeless veterans reported suffering from a disabling condition, compared to 51% of non-veterans reported suffering from PTSD compared to 22% of non-veteran respondents. More than half of veteran respondents also indicated that they abuse drug drugs or alcohol and/or experience psychiatric or emotional conditions. Fifty-five percent of veteran respondents reported they were suffering from PTSD compared to 22% of the non-veteran population.

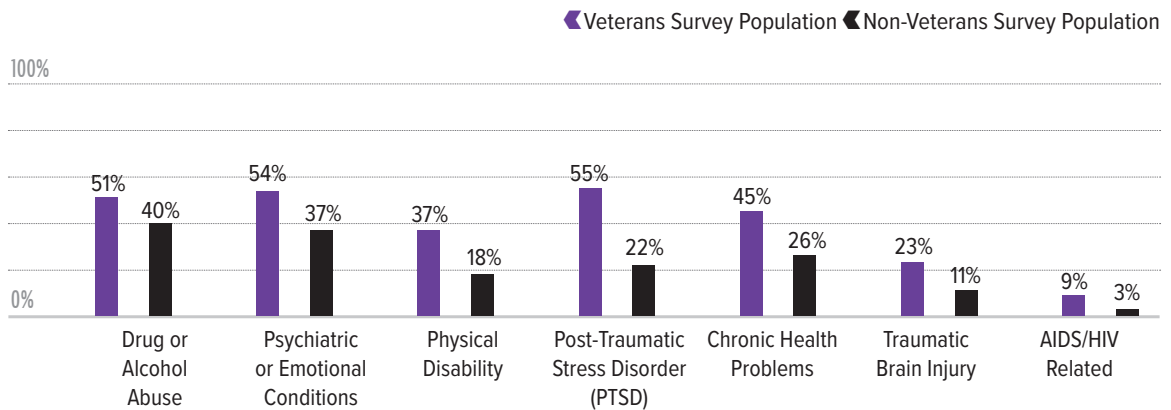
FIGURE 52. DISABLING CONDITIONS AMONG HOMELESS VETERANS, VETERAN AND NON-VETERAN COMPARISON



2015: Homeless veteran population n:49; Non-homeless veteran population n:560; 2016: Homeless veteran population n:69; Non-homeless veteran population n:536

Source: Applied Survey Research. (2015-2016). Sonoma County Homeless Survey. Watsonville, CA.

FIGURE 53. HEALTH CONDITIONS, VETERAN AND NON-VETERAN COMPARISON



Homeless veteran population: Drug or alcohol abuse n:67; Psychiatric or emotional conditions n:37; Physical disability n:25; Post-Traumatic Stress Disorder (PTSD) n:34; Chronic health problems n:31; Traumatic Brain Injury n:69; AIDS/HIV related n:69

Non-homeless veteran population: Drug or alcohol abuse n:521; Psychiatric or emotional conditions n:193; Physical disability n:97; Post-Traumatic Stress Disorder (PTSD) n:89; Chronic health problems n:136; Traumatic Brain Injury n:526; AIDS/HIV related n:529

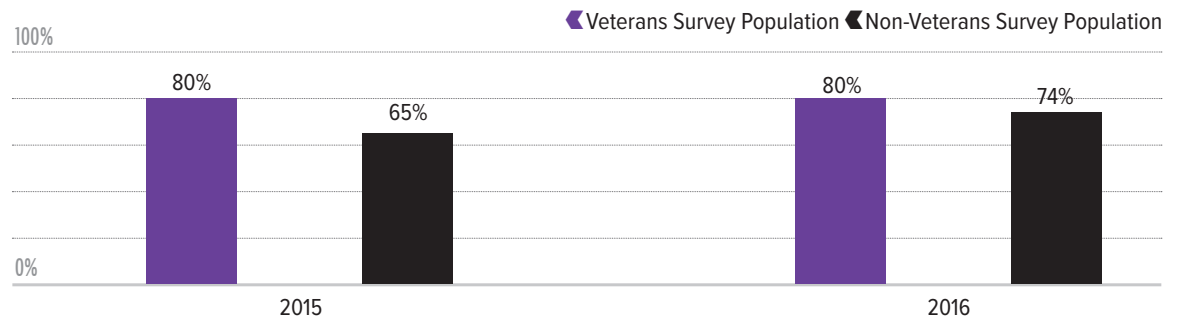
Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

ACCESS TO SERVICES AMONG VETERANS

Eighty percent of homeless veteran survey respondents reported receiving some form of governmental assistance, while 74% of the non-veteran reported receiving governmental assistance. The most common form of government assistance was food stamps (46%), social security (33%), and disability compensation (17%). Only 7% of veteran respondents reported receiving VA benefits.

FIGURE 54. ACCESS TO SERVICES, VETERAN AND NON-VETERAN COMPARISON



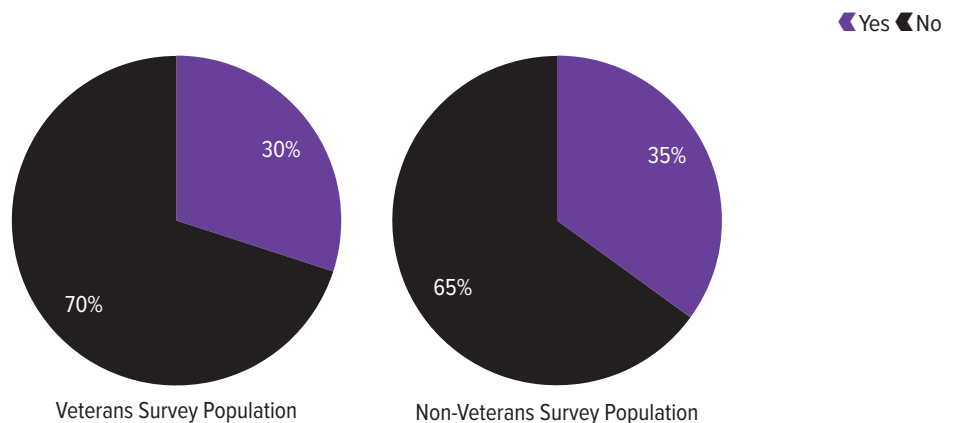
2015: Homeless veteran population n:45; Non-homeless veteran population n:533; 2016: Homeless veteran population n:60; Non-homeless veteran population n:415

Source: Applied Survey Research. (2015-2016). Sonoma County Homeless Survey. Watsonville, CA.

INCARCERATION AMONG HOMELESS VETERANS

Thirty percent of veteran respondents indicated they had spent at least 1 day in jail in the past 12 months, while 35% of non-veteran respondents indicated the same. Sixteen percent of veteran survey respondents were currently on probation or parole, while 18% were on probation or parole when the most recently became homeless.

FIGURE 55. A NIGHT SPENT IN JAIL OR PRISON IN THE LAST 12 MONTHS, VETERAN AND NON-VETERAN COMPARISON



Homeless veteran population n:66; Non-homeless veteran population n:508

Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

HOMELESS FAMILIES WITH CHILDREN

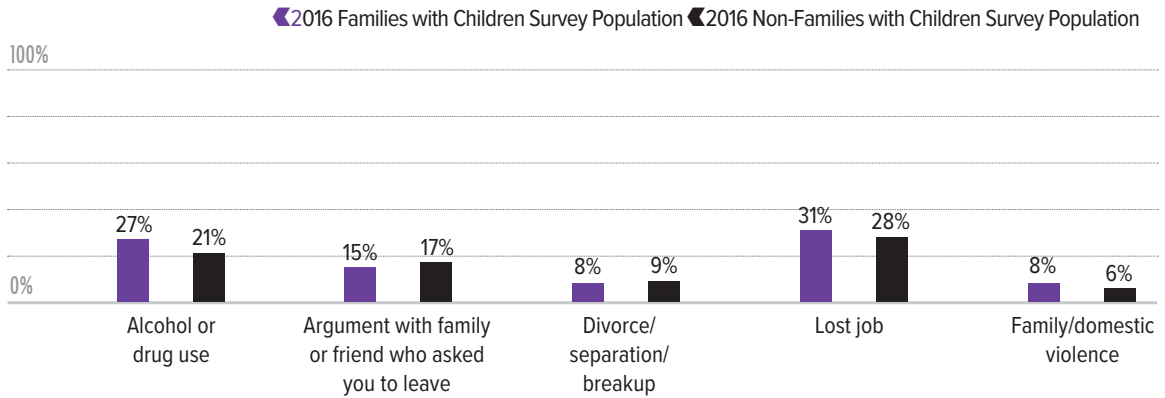
PLACE OF RESIDENCE AMONG HOMELESS FAMILIES WITH CHILDREN

Eighty-nine percent of survey respondents in homeless families reported living in Sonoma County before becoming homeless, greater than non-family respondents at 82%. By comparison, in 2015 92% of survey respondents in homeless families indicated that they lived in Sonoma County prior to experiencing homelessness.

PRIMARY CAUSE OF HOMELESS AMONG FAMILIES WITH CHILDREN

When asked about the cause of their homelessness, 31% of survey respondents in homeless families reported that job loss was the primary cause, followed by 27% reporting alcohol or drug use.

FIGURE 56. PRIMARY CAUSE OF HOMELESSNESS, FAMILIES WITH CHILDREN AND NON-FAMILIES WITH CHILDREN COMPARISON



Homeless families with children population n:26 respondents offering 33 responses; Non-homeless families with children population n:550 respondents offering 749 responses

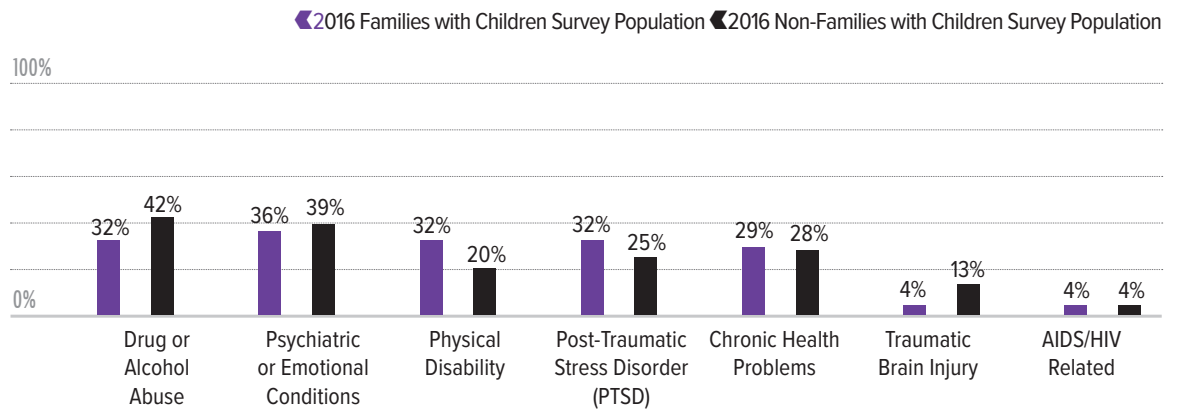
Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

HEALTH CONDITIONS AMONG HOMELESS FAMILIES WITH CHILDREN

The most common health condition among homeless families with children was psychiatric or emotional conditions (36%). A lower percentage (32%) of homeless families with children reported drug or alcohol abuse than non-family homeless respondents.

FIGURE 57. HEALTH CONDITIONS, FAMILIES WITH CHILDREN AND NON-FAMILIES WITH CHILDREN COMPARISON



Homeless families with children survey population: Drug or alcohol abuse n:28; Psychiatric or emotional conditions n:28; Physical disability n:28; Post-Traumatic Stress Disorder (PTSD) n:28; Chronic health problems n:28; Traumatic Brain Injury n:28; AIDS/HIV related n:28

Non-homeless families with children survey population: Drug or alcohol abuse n:560; Psychiatric or emotional conditions n:566; Physical disability n:575; Post-Traumatic Stress Disorder (PTSD) n:559; Chronic health problems n:568; Traumatic Brain Injury n:567; AIDS/HIV related n:570

Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

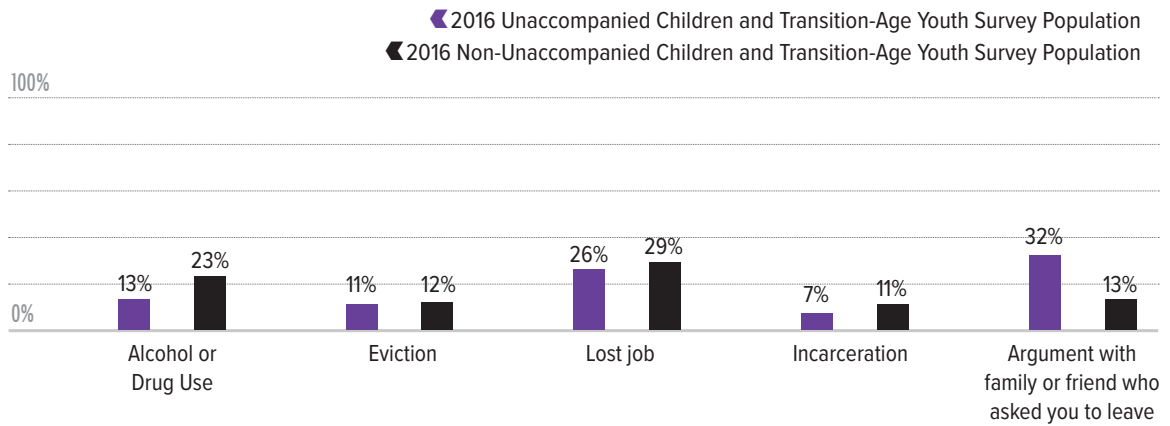
Note: Multiple response question. Percentages may not add up to 100.

UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

PRIMARY CAUSE OF HOMELESSNESS AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

About a third (32%) of youth respondents reported an argument with family or friends led to them becoming homeless, much greater than the non-youth population (13%). In terms of housing, sixteen percent of youth survey respondents indicated that they stayed with a boyfriend/girlfriend/sexual partner out of a necessity for housing, while 37% of youth survey respondents attempted to move back in with their parents/family since becoming homeless. Fewer youth survey respondents indicated that drug or alcohol use was the primary cause of their homelessness when compared to adult respondents (23%). Twenty-two percent of youth respondents indicated that they had been involved in the justice system prior to turning 18. Five percent of respondents reported that aging out of the foster care system led to their homelessness, compared to 1% of adult respondents.

FIGURE 58. PRIMARY CAUSE OF HOMELESSNESS, UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH AND NON-UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH COMPARISON



Unaccompanied Children and Transition-Age Youth survey population n:105 respondents offering 121 responses; Non-Unaccompanied Children and Transition-Age Youth survey population n:471 respondents offering 661 responses

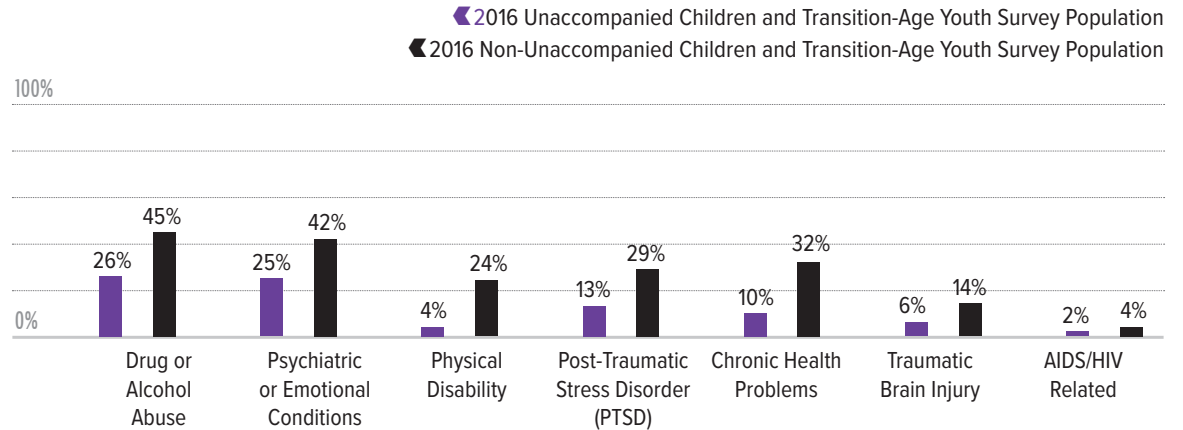
Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

HEALTH CONDITIONS AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

Health is still an issue for homeless youth, though across the board they have fewer health conditions than the general homeless population.

FIGURE 59. HEALTH CONDITIONS, UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH AND NON-UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH COMPARISON



Unaccompanied Children and Transition-Age Youth survey population: Drug or alcohol abuse n:109; Psychiatric or emotional conditions n:114; Physical disability n:115; Post-Traumatic Stress Disorder (PTSD) n:111; Chronic health problems n:115; Traumatic Brain Injury n:112; AIDS/HIV related n:113
Non-Unaccompanied Children and Transition-Age Youth survey population: Drug or alcohol abuse n:479; Psychiatric or emotional conditions n:480; Physical disability n:488; Post-Traumatic Stress Disorder (PTSD) n:476; Chronic health problems n:481; Traumatic Brain Injury n:483; AIDS/HIV related n:485

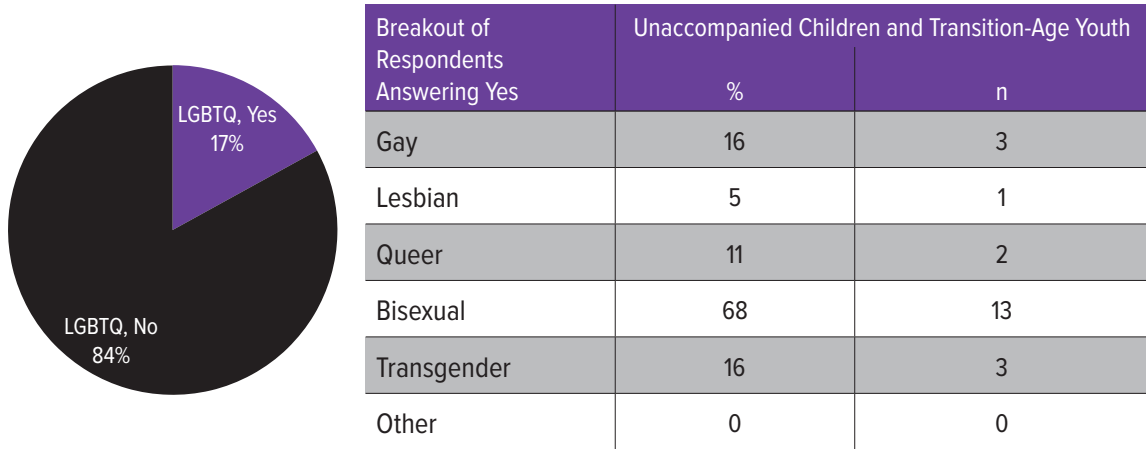
Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

SEXUAL ORIENTATION AND LGBTQ IDENTITY

Seventeen percent of unaccompanied children and transition-age youth identified as LGBTQ in 2016, lower than 2015 when a quarter of unaccompanied children and transition-age youth identified as LGBTQ. Of 2015 respondents, 68% identified as bisexual, while 32% identified as gay, lesbian, or queer. An additional 16% of LGBTQ respondents identified as transgender.

FIGURE 60. SEXUAL ORIENTATION AND LGBTQ IDENTITY AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH



LGBTQ n:115; Breakout n: 19 respondents offering 22 responses

Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

FOSTER CARE AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

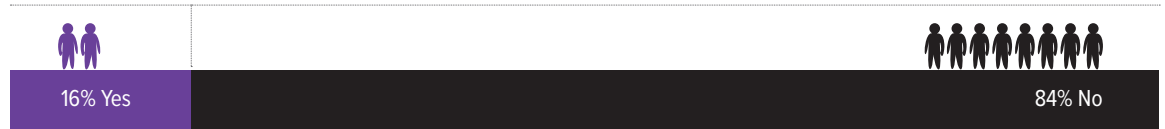
Nearly a third (31%) of unaccompanied children and youth reported having been in foster care, while only 16% of the adult homeless population reported being in foster care in 2016. Five percent of all homeless youth respondents indicated that aging out of foster care was the primary event that led to their homelessness.

FIGURE 61. HISTORY OF FOSTER CARE, UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH AND NON-UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH COMPARISON

2016 UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH SURVEY POPULATION



2016 NON-UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH SURVEY POPULATION



Unaccompanied Children and Transition-Age Youth survey population n:101, Non-Unaccompanied Children and Transition-Age Youth survey population n:462

Source: Applied Survey Research. (2016). Sonoma County Homeless Survey. Watsonville, CA.



Conclusion

The 2016 Sonoma County Homeless Census and Survey were performed using HUD-recommended practices for counting and surveying the homeless population. The 2016 point-in-time count identified 2,906 homeless persons residing in Sonoma County. This represents a slight decrease of 7% from the count conducted in 2015. While the count can be considered conservative (even with the most thorough methodology, many homeless persons stay in hidden, difficult to enumerate locations, especially on rainy days like what was experienced on the day of the count). There is little doubt that the number of individuals experiencing homelessness in Sonoma County is decreasing and continuing the downward trend from 2011 to present day.

There are numerous interpretations for the cause(s) of the decrease. These include the continued, successful efforts of Sonoma County's local service providers to assist homeless individuals find permanent supportive housing in the county, special initiatives for veterans, youth and families, the improved local and national economy, as well as numerous other factors. Despite the decrease noted in this report, it is worth mentioning that the Sonoma-Marín Area Rail Transit (SMART) has led to an increase in visibility of homelessness. Nonetheless, it is clear that there is positive momentum within the County and the results indicate that the Continuum of Care is making great strides towards reducing homelessness in Sonoma County. The 2016 Sonoma County Homeless Census and Survey revealed a diverse population with many different trends and needs. There are many valuable insights into the Sonoma County homeless population from the data collected in this report:

- 66% are unsheltered
- 39% live on the streets or in encampments; 20% in vehicles; 7% in abandoned buildings
- 53% have been homeless for a year or more; 38% 1-11 months; 8% for 30 days or less
- 35% are experiencing homeless for the first time

- 19% have had a foster care experience
- 14% of the population identified as LGBTQ
- 82% of homeless individuals lived in Sonoma County before becoming homeless
- 67% claimed affordable rent is the primary obstacle for obtaining permanent housing
- 69% reported one or more health condition
- 699 chronically homeless individuals, 274 veterans, 156 families and 663 unaccompanied children (<18) and youth (18-24) were enumerated during the Sonoma County PIT Count

In summary, there are still plenty of challenges to overcome in the goal of eliminating homelessness in Sonoma County and helping homeless individuals and families access necessary services and support. It seems clear that Sonoma County is on a positive path towards reducing and eliminating homelessness. The 2016 Sonoma County Census and Survey provides valid and useful data which helps create a more comprehensive profile of those experiencing homelessness. The sharing and evaluation of this enumeration and survey effort will help the Continuum of Care and all Sonoma County stakeholders continue to produce and refine constructive and innovative solutions to end homelessness and make it a rare, brief and one-time occurrence. Through innovative and effective housing programs and services, Sonoma County remains committed to moving homeless persons into permanent housing. The completion of the 2016 Homeless Point-in-Time Count provides required data for federal funding for the Continuum of Care. The data presented in the 2016 Homeless Point-in-Time Count & Survey report will continue to be used by planning bodies in Sonoma County and other organizations to inform additional outreach, service planning, and policy decision-making over the next two years as they continue to address homelessness.



Appendix 1: Methodology

OVERVIEW

The purpose of the 2016 Sonoma County Homeless Point-in-Time (PIT) Census & Survey was to produce a Point-in-Time estimate of people who experience homelessness in Sonoma County, a region which covers approximately 1,768 square miles. The results of the street counts were combined with the results from the shelter count to produce the total estimated number of persons experiencing homelessness in Sonoma County on a given night using a HUD PIT Count definition of homelessness. The subsequent, in-depth qualitative survey was used to gain a more comprehensive understanding of the experiences and demographics of those counted. A more detailed description of the methodology follows.

COMPONENTS OF THE HOMELESS CENSUS METHOD

The Point-in-Time count methodology had three primary components:

- The general street count between the hours of daybreak to noon – an enumeration of unsheltered homeless individuals
- The youth street count between the hours of 4 PM and 8 PM – a targeted enumeration of unsheltered youth under the age of 25
- The shelter count on the night before the street count – an enumeration of sheltered homeless individuals.

The unsheltered count was designed to take place before most shelters let their population out. In areas with shelters, the immediate area surrounding the shelter was prioritized to eliminate potential double counting.

THE PLANNING PROCESS

To ensure the success of the count, many county and community agencies collaborated in community outreach, volunteer recruitment, logistical planning, methodological decision-making, and interagency coordination efforts. Applied Survey Research (ASR), a non-profit social research firm, provided technical assistance with these aspects of the planning process. ASR has over 16 years of experience conducting homeless counts and surveys throughout California and across the nation. Their work is featured as a best practice in HUD's publication: *A Guide to Counting Unsheltered Homeless People*.

COMMUNITY INVOLVEMENT

Local homeless service providers and advocates have been active and valued partners in the planning and implementation of this and previous homeless counts. Thanks to local efforts, the count was able to include enumerators with knowledge of the homeless population that live in their vehicles, of those who regularly stay in encampments, and those with first-hand knowledge of areas frequented by homeless individuals.

STREET COUNT METHODOLOGY

DEFINITION

For the purposes of this study, the HUD definition of unsheltered homeless persons was used:

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

METHODOLOGICAL IMPROVEMENTS

The 2016 street count methodology followed a mature, HUD approved methodology used in the 2009, 2011, 2013, and 2015 counts, with the addition of dedicated youth outreach since 2009.

VOLUNTEER AND GUIDE RECRUITMENT AND TRAINING

Many individuals who live and/or work in Sonoma County turned out to support the County's effort to enumerate the local homeless population. More than 180 community volunteers and homeless guides participated in the 2016 general street count. Extensive outreach efforts were conducted, targeting local nonprofits that serve the homeless and local volunteer programs. Local shelters and service providers recruited and recommended the most knowledgeable and reliable homeless individuals to participate in the count. Homeless guides were paid \$10 for attending the one hour training as well as \$10 per hour worked on the day of the count.

Dozens of volunteers and guides served as enumerators on the morning of the count, canvassing the county in teams to visually count homeless persons. County and ASR staff supported each of the five dispatch centers (Santa Rosa, Petaluma, Guerneville, Healdsburg, and Sonoma Valley), greeting volunteers and guides, distributing instructions, maps, and supplies to enumeration teams, and collecting data sheets from returning teams.

In order to participate in the count, all volunteers were requested to attend an hour of training before the count of January 29, 2016. Trainings were held in multiple locations throughout the county. This training covered all aspects of the count, including the definition of homelessness and how to recognize homeless individuals, potential locations where homeless individuals may be located, how to safely and respectfully approach them, how to use the tally census sheets and maps to ensure the entirety of the assigned area was covered, as well as other tips to help ensure an accurate count.

SAFETY PRECAUTIONS

Every effort was made to minimize potentially hazardous situations. Law enforcement agencies were notified of pending street count activity in their jurisdictions. In census tracts with a high concentration of homeless encampments, specialized teams with knowledge of those encampments were identified and assigned to those areas. Enumeration teams were advised to take all safety precautions possible, including bringing flashlights and maintaining safe distance from those they were counting. No official reports were received in regards to unsafe or at-risk situations occurring during the street count in any area of the county.

STREET COUNT DISPATCH CENTERS

To achieve complete coverage of the county within the morning timeframe, the planning team identified five areas for the placement of dispatch centers on the morning of the count – Santa Rosa, Petaluma, Guerneville, Healdsburg, and Sonoma Valley. Volunteers selected their dispatch center at the time of registration, based on familiarity with the area or their convenience. The planning team divided up the enumeration routes and assigned them to the dispatch center closest or most central to the coverage area to facilitate the timely deployment of enumeration teams into the field.

LOGISTICS OF ENUMERATION

On the morning of the street count, teams of two or more persons were created to enumerate designated areas of the county for the street count. Each team was, ideally, composed of one trained volunteer and one trained homeless guide, and they were provided with their assigned census tract map area, tally sheet, training guidelines and other supplies. All accessible streets, roads, parks and highways in the enumerated tracts were traveled by foot or car. Homeless enumerators were instructed to include themselves on their tally sheets for the street count if they were not going to be counted by the shelter count. Dispatch center volunteers provided each team with tally sheets to record the number of homeless persons observed and basic demographic and location information. Dispatch center volunteers also verified that at least one person on each team had a cell phone available for their use during the count and recorded the number on the volunteer deployment log sheet. Teams were asked to cover the entirety of their assigned areas, staying out for as long as it took to cover all the assigned territory.

POINT-IN-TIME UNDERCOUNT

For a variety of reasons, homeless persons generally do not want to be seen, and make concerted efforts to avoid detection. Regardless of how successful outreach efforts are, an undercount of the homeless population will result, especially of hard-to-reach subpopulations such as families and youth.

In a non-intrusive visual homeless enumeration, the methods employed, while academically sound, have inherent biases and shortcomings. Even with the assistance of dedicated homeless service providers and currently homeless guides the methodology cannot guarantee 100% accuracy. Many factors may contribute to missed opportunities, for example:

- It is difficult to identify homeless persons who may be sleeping in vans, cars, recreational vehicles, abandoned buildings or structures unfit for human habitation.
- Homeless families with children often seek opportunities to stay on private property, rather than sleep on the streets, in vehicles, or makeshift shelters.

Even though the Point-in-Time Count is most likely to be an undercount of the homeless population, the methodology employed, coupled with the homeless survey, is the most comprehensive approach available.

YOUTH STREET COUNT METHODOLOGY

GOAL

The goal of the 2016 dedicated youth count was similar to that of the 2013 and 2015 youth counts. The count was developed in order to be more inclusive of homeless children and youth, under the age of 25. Many homeless children and youth do not use homeless services, are unrecognizable to adult street count volunteers and may be in unsheltered locations that are difficult to find. Therefore, traditional street count efforts are not as effective in reaching youth.

RESEARCH DESIGN

As in all years, planning for the 2016 supplemental youth count included youth homeless service providers. Local providers identified locations where homeless youth were known to congregate. Local service providers also identified youth currently experiencing homelessness with knowledge of where to locate and enumerate youth experiencing homelessness. Late afternoon and early evening enumeration was the recommended time suggested by advocates.

Social Advocates for Youth's (SAY) Lisa Fatu and VOICES Sonoma took the lead on recruiting 18 youth to work as peer enumerators, counting homeless youth in the identified areas of Sonoma County on January 29, 2016. Youth workers were paid \$10 per hour for their time, including the training conducted prior to the count. Youth were trained on where and how to identify homeless youth as well as how to record the data.

It has been recognized by the Department of Housing and Urban Development, as well as the United States Interagency Council on Homelessness, that youth do not commonly come along with homeless adults and are not easily identified by non-youth. For this reason, they have accepted and recommended that communities count youth at times when they can be seen, rather than during general outreach times.

DATA COLLECTION

It was determined that homeless youth would be more prominent on the street during daylight hours, rather than in the early morning when the general count was conducted. The youth count was conducted from approximately 4 PM to 8 PM on January 29, 2016. Youth worked in teams of two to four, with teams coordinated by youth street outreach workers.

SHELTER COUNT METHODOLOGY

GOAL

The goal of the shelter count was to gain an accurate count of persons temporarily housed in shelters across Sonoma County. These data were vital to gaining an accurate overall count of the homeless population and understanding where homeless persons received shelter.

DEFINITION

- Individuals and families living in a supervised publicly or privately operated shelter or transitional housing designated to provide temporary living arrangements.

RESEARCH DESIGN

The homeless occupancy of the shelters in Sonoma County was collected for the night of January 28, 2016. All sheltered data was gathered from the Sonoma County “Efforts to Outcomes” Homeless Management Information System.

CHALLENGES

There are many challenges in any homeless enumeration, especially when implemented in a community as large and diverse as Sonoma County. Point-in-Time counts are “snapshots” that quantify the size of the homeless population at a given point during the year. Hence, the count may not be representative of fluctuations and compositional changes in the homeless population seasonally over time, or from a specific local event.

SURVEY METHODOLOGY

PLANNING AND IMPLEMENTATION

The survey of 605 homeless persons was conducted in order to yield qualitative data about the homeless community in Sonoma County. These data are used for the Continuum of Care Homeless Assistance funding application and are important for program development and planning. The survey elicited information such as gender, family status, military service, length and recurrence of homelessness, usual nighttime accommodations, causes of homelessness, and access to services through open-ended, closed-ended, and multiple response questions. The survey data also bring greater perspective to current issues of homelessness and to the provision and delivery of services.

Surveys were conducted by homeless workers and shelter team members, who were trained by Applied Survey Research. Training sessions led potential interviewers through a comprehensive orientation that included project background information and detailed instruction on respondent eligibility, interviewing protocol, and confidentiality. Homeless workers were compensated at a rate of \$5 per completed survey.

It was determined that survey response rates would improve if an incentive gift was offered to respondents in appreciation for their time and participation. Beanies, socks, and giftcards were given as an incentive for participating in the 2016 homeless survey. The beanies, socks, and giftcards were easy to obtain and distribute, were thought to have wide appeal, and could be provided within the project budget. This approach enabled surveys to be conducted at any time during the day. The gift proved to be a great incentive and was widely accepted among survey respondents.

SURVEY ADMINISTRATION DETAILS

- The 2016 Sonoma County Homeless Survey was administered by the trained survey team between January 29 and March 25, 2016.
- In all, the survey team collected 605 unique surveys.

SURVEY SAMPLING

The planning team recommended approximately 605 surveys for 2016, based on a Point-in-Time estimate of 2,906 homeless persons, with a randomized survey sampling process, the 605 valid surveys represent a confidence interval of +/- 5% with a 95% confidence level when generalizing the results of the survey to the estimated population of homeless individuals in Sonoma County. All reasonable attempts at randomizing respondent selection were made.

Survey quotas were created to reach individuals and heads of family households living in transitional programs. Individuals residing in emergency shelters were reached through street surveys.

Strategic attempts were made to reach individuals in various geographic locations and of various subset groups such as homeless youth, minority ethnic groups, military veterans, domestic violence victims, and families. One way to increase the participation of these groups was to recruit peer survey workers from these groups.

In order to increase randomization of sample respondents, survey workers were trained to employ an “every third encounter” survey approach. Survey workers were instructed to approach every third person they encountered whom they considered to be an eligible survey respondent. If the person declined to take the survey, the survey worker could approach the next eligible person they encountered. After completing a survey, the randomized approach was resumed. It is important to recognize that while efforts are made to randomize the respondents, it is not a random sample methodology.

DATA COLLECTION

Care was taken by interviewers to ensure that respondents felt comfortable regardless of the street or shelter location where the survey occurred. During the interviews, respondents were encouraged to be candid in their responses and were informed that these responses would be framed as general findings, would be kept confidential, and would not be traceable to any one individual.

DATA ANALYSIS

To avoid potential duplication of respondents, the survey requested respondents’ initials and date of birth, so that duplication could be avoided without compromising the respondents’ anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate duplicates. This process examined respondents’ date of birth, initials, gender, ethnicity, and length of homelessness, and consistencies in patterns of responses to other questions on the survey.

SURVEY CHALLENGES AND LIMITATIONS

There may be some variance in the data that the homeless individuals self-reported. However, using a peer interviewing methodology is believed to allow the respondents to be more candid with their answers and may help reduce the uneasiness of revealing personal information. Further, service providers recommended individuals who would be the best to conduct interviews and they received comprehensive training about how to conduct interviews. The service providers also reviewed the surveys to ensure quality responses. Surveys that were considered incomplete or containing false responses were not accepted.



Appendix 2: Definitions & Abbreviations

- Chronic homelessness is defined by the U.S. Department of Housing and Urban Development, the U.S. Department of Health and Human Services, and the U.S. Department of Veterans Affairs as “an unaccompanied homeless individual or family member with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years (for a cumulative total of 12 months or more).”
- Disabling condition, for the purposes of this study, is defined as a physical disability, mental illness, depression, alcohol or drug abuse, chronic health problems, HIV/AIDS, Post-traumatic Stress Disorder (PTSD), or a developmental disability. A health condition has an impact on housing stability or employment.
- Emergency shelter is the provision of a safe alternative to the streets in a shelter facility. Emergency shelter is short-term, usually for 180 days or fewer. Domestic violence shelters are typically considered a type of emergency shelter, as they provide safe, immediate housing for victims and their children.
- Family is defined as a household with at least one adult and one child under 18.
- Homeless under the category 1 definition of homelessness in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, includes individuals and families living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements, or with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.
- HUD is the abbreviation for the U.S. Department of Housing and Urban Development.
- Sheltered homeless individuals are those homeless individuals who are living in emergency shelters or transitional housing programs.
- Single individual refers to an unaccompanied adult or youth, age 18 and over.
- Transition-Age Youth (TAY) refers to an unaccompanied youth aged 18-24 years.
- Transitional housing facilitates the movement of homeless individuals and families to permanent housing. It is housing in which homeless individuals may live up to 24 months and receive supportive services that enable them to live more independently. Supportive services – which help promote residential stability, increased skill level or income, and greater self-determination – may be provided by the organization managing the housing, or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site, or in multiple structures at scattered sites.
- Unaccompanied refers to children under the age of 18 who do not have a parent or guardian present.
- Unsheltered homeless individuals are those homeless individuals who are living on the streets, in abandoned buildings, storage structures, vehicles, encampments, or any other place unfit for human habitation.



SONOMA COUNTY

HOMELESS

POINT-IN-TIME CENSUS & SURVEY

COMPREHENSIVE REPORT

2016

