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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.

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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. 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.

These biennial Point-in-Time counts of sheltered and unsheltered homeless persons are required by the U.S. Department of Housing and Urban Development (HUD) of all jurisdictions receiving federal funding to provide housing and services for homeless individuals and families.

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. The biennial Point-in-Time counts are the main source of nationwide data on sheltered and unsheltered homelessness and form the basis of the U.S. government’s response to homelessness.
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 2015 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 2015 Sonoma County Point-in-Time Count was a county-wide effort. With the support of 183 community volunteers and homeless guides recruited and trained by shelter and ASR staff, the entire county was canvassed between daybreak and noon on January 23, 2015. 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 22, 2015.

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 {TAY} between 18 and 24 years of age).

In the weeks following the street count, an in-depth qualitative survey was administered to 609 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 new 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 and 2013, 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 2015 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.

Point-In-Time Census

The 2015 Point-in-Time count included a complete enumeration of all unsheltered and publicly sheltered homeless persons. The general street count was conducted on January 23, 2015 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 22, 2015) 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. 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. The dedicated youth count methodology was reviewed carefully in 2015 to better ensure unaccompanied children and transition age youth were not included in both the general street count and youth count. For more information regarding the dedicated youth count, deduplication and project methodology, please see Appendix 1.
NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS IN SONOMA COUNTY

The number of individuals counted in the 2015 general street count and shelter count was 3,107. Compared to the count in 2013, it’s a decrease of 27%. From a high of 4,539 in 2011, the number of individuals experiencing homelessness in Sonoma County has been decreasing.

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

<table>
<thead>
<tr>
<th>TOTAL HOMELESS POPULATION: 3,107</th>
</tr>
</thead>
<tbody>
<tr>
<td>33% Sheltered (n=1,037)</td>
</tr>
<tr>
<td>67% Unsheltered (n=2,070)</td>
</tr>
</tbody>
</table>

Sheltered includes: 20% Emergency Shelter, 13% Transitional Housing
Unsheltered includes: 33% On the Street, 3% Abandoned Buildings, 11% Cars/ Vans/ RVs, 20% Encampment Areas


Two-thirds of the homeless population were living on the streets in 2015, a decrease from the 77% who were unsheltered in 2013. The most common sleeping arrangement of unsheltered individuals experiencing homelessness was sleeping on the streets (33%), followed closely by encampments (20%). The percentage of individuals living in abandoned buildings fell from 10% to 3%, while the percentage of homeless individuals living in emergency shelters (20%) and transitional housing (13%) increased, from 12% and 11%, respectively, in 2013. The changes in the numbers of persons staying shelters can be attributed to the increase and decrease of shelter capacity, as well as fewer unsheltered homeless individuals. In addition, to assist with safety efforts as SMART railroad service began, enumeration teams found 80 individuals near rail road tracks in Sonoma County.

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

FIGURE 3.  TOTAL NUMBER OF HOMELESS UNSHELTERED AND SHELTERED PERSONS BY JURISDICTION

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>UNSHELTERED</th>
<th>SHELTERED</th>
<th>TOTAL</th>
<th>NET CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>North County</td>
<td>300</td>
<td>154</td>
<td>49</td>
<td>64</td>
</tr>
<tr>
<td>Cloverdale</td>
<td>97</td>
<td>43</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Healdsburg</td>
<td>24</td>
<td>86</td>
<td>35</td>
<td>58</td>
</tr>
<tr>
<td>Town of Windsor</td>
<td>15</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unincorporated</td>
<td>164</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>South County</td>
<td>828</td>
<td>289</td>
<td>210</td>
<td>234</td>
</tr>
<tr>
<td>Cotati</td>
<td>16</td>
<td>86</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Petaluma</td>
<td>717</td>
<td>136</td>
<td>192</td>
<td>225</td>
</tr>
<tr>
<td>Rohnert Park</td>
<td>31</td>
<td>36</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Unincorporated</td>
<td>64</td>
<td>31</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>West County</td>
<td>297</td>
<td>299</td>
<td>21</td>
<td>40</td>
</tr>
<tr>
<td>Sebastopol</td>
<td>44</td>
<td>98</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unincorporated</td>
<td>253</td>
<td>201</td>
<td>21</td>
<td>40</td>
</tr>
<tr>
<td>Sonoma Valley</td>
<td>203</td>
<td>124</td>
<td>25</td>
<td>34</td>
</tr>
<tr>
<td>Sonoma</td>
<td>52</td>
<td>13</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Unincorporated</td>
<td>151</td>
<td>111</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Central Santa Rosa</td>
<td>1,681</td>
<td>1,204</td>
<td>628</td>
<td>652</td>
</tr>
<tr>
<td>Santa Rosa</td>
<td>1,522</td>
<td>994</td>
<td>628</td>
<td>652</td>
</tr>
<tr>
<td>Unincorporated</td>
<td>159</td>
<td>210</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Confidential</td>
<td>0</td>
<td>0</td>
<td>38</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>3,309</td>
<td>2,070</td>
<td>971</td>
<td>1,037</td>
</tr>
</tbody>
</table>

The number of unsheltered individuals experiencing homelessness in Santa Rosa fell by 47% from 2013 to 2015.


Note: Chart colors change to reflect the comparison between subpopulations rather than years.
FIGURE 6. TOTAL HOMELESS CENSUS POPULATION BY GENDER


Note: 1% of the 2015 homeless population identified as homeless.

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 days. The 2015 Sonoma County annual estimate is 5,574 unique homeless experiences over a year, down from 9,749 unique homeless persons in 2013. The PIT to annual ratio in 2015 was approximately 1.8 times the PIT versus 2.3 in 2013, 2.8 in 2011 and 2.4 in 2009. While 5,574 persons represent a substantial change from 2013’s estimate, it is within normal PIT to annual ratios seen in other counties where 1.5 to 3 times the PIT result is found. This calculation is, of course, also subject to sample size limitations.
Homeless Survey Findings

The methodology used for the 2015 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 2015 Sonoma County Homeless Survey. Surveys were administered to a randomized sample of homeless individuals between February 19 and March 18. This effort resulted in 609 complete and unique surveys. Based on a Point-in-Time count of 3,107, with a randomized survey sampling process, these 609 valid surveys represent a confidence interval of +/- 4% 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 4% percentage point 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.
FIGURE 7. **SURVEY AND CENSUS POPULATIONS**

<table>
<thead>
<tr>
<th></th>
<th>COUNT POPULATION</th>
<th>SURVEY POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 18-24</td>
<td>21%</td>
<td>13%</td>
</tr>
<tr>
<td>Families</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>Sheltered</td>
<td>33%</td>
<td>28%</td>
</tr>
<tr>
<td>Total Population</td>
<td>3,107</td>
<td>609</td>
</tr>
</tbody>
</table>


Note: Only one person per family in a shelter was interviewed.

**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.

**AGE**

The majority (55%) of survey respondents were 41 or older, while only 14% were under the age of 25.

FIGURE 8. **AGE**

2011 n:615; 2013 n:517; 2015 n:609

Over a third (35%) of survey respondents reported being under the age of 25 the first time they experienced homelessness.

**FIGURE 9. AGE AT FIRST EXPERIENCE OF HOMELESSNESS**

![Pie chart showing age at first experience of homelessness with 0-17 years old: 12%, 18-24 years old: 23%, 25 years or older: 65%]

2015 n:605


**GENDER AND SEXUAL ORIENTATION**

Nearly two thirds (61%) of survey respondents identified as male, 38% identified as female and 1% identified as transgender. Slightly more than 16% of survey respondents identified as Lesbian, Gay, Bisexual, Transgender or Queer (LGBTQ). Of those, 38% identified as bisexual, while 29% and 14% identified as gay and lesbian, respectively. Nearly 55% of LGBTQ survey respondents reported being the victims of abuse by a relative or another person they had stayed with, while just 28% of the non-LGBTQ population reported the same.

**FIGURE 10. SEXUAL ORIENTATION AND LGBTQ IDENTITY**

<table>
<thead>
<tr>
<th>Breakout of Respondents Answering Yes</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td>29%</td>
<td>29</td>
</tr>
<tr>
<td>Lesbian</td>
<td>14%</td>
<td>14</td>
</tr>
<tr>
<td>Queer</td>
<td>7%</td>
<td>7</td>
</tr>
<tr>
<td>Bisexual</td>
<td>38%</td>
<td>38</td>
</tr>
<tr>
<td>Transgender</td>
<td>7%</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
<td>11</td>
</tr>
</tbody>
</table>

LGBTQ n:609; Breakout n: 99 respondents offering 106 responses


*Note: Multiple response question. Percentages may not add up to 100 due to rounding.*
RACE/ETHNICITY

The Department of Housing and Urban Development (HUD) gathers data on race and ethnicity in two separate questions, similar to the US Census. When asked about their ethnicity, 18% of survey respondents indicated they were Hispanic or Latino. In regards to race, two thirds (66%) of respondents identified as White, while 6% identified as Black and 6% as American Indian/Alaskan Native and 18% as multi-race.

When compared to the general population, homeless individuals of African-American background were overrepresented. According to the 2010 US Census, individuals identifying as Black made up just 3% of the population, while they were 6% of the homeless population in 2015.

FIGURE 11. HISPANIC OR LATINO ETHNICITY

![Graph showing Hispanic/Latino 18%, Not Hispanic/Latino 81%, and Don't Know/Refuse 1%]

2015 n:601


FIGURE 12. RACE

![Graph comparing 2015 Homeless Survey Population and 2015 Sonoma County General Population]

2015 n:575


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

It has been estimated that one in four former foster youth experience homelessness within four years of exiting the foster care system. 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 2015, 17% of respondents reported a history of foster care. The percentage of youth under the age of 25 who had been in foster care was over double that of age 25 and over adults, at 33% compared to 15%. Nearly 9% of youth under 25 experiencing homelessness had been in foster care immediately before becoming homeless.

FIGURE 13. HISTORY OF FOSTER CARE

2015 n:600


---

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 the most recent time, 86% of the homeless population reported living in Sonoma County, showing a trend towards a more “local” homeless population. In 2013, 80% of the homeless population reported living in Sonoma County, while in 2011 75% reported living in Sonoma County before they became homeless, leading to an increase of 16% from 2011 to 2015. Eleven percent of the population reported living elsewhere in California before they became homeless. Fifty-eight percent of the homeless population reported living in Sonoma County for 10 or more years.

FIGURE 14. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS

86%
Sonoma County

11%
Other County in California

3%
Out of State

2015 n: 598.

Prior Living Arrangements

Immediately before becoming homeless, most respondents reported living in a home they or their partner owned or rented (41%), or staying with friends or family (35%). These percentages are similar to past years, though the percentage of respondents who reported living at a home owned or rented by them or a partner decreased from 49% in 2013 to 41% in 2015.

**FIGURE 15.** LIVING ARRANGEMENTS IMMEDIATELY PRIOR TO BECOMING HOMELESS THIS TIME (TOP FIVE RESPONSES)


CURRENT LIVING ARRANGEMENTS

Forty percent of survey respondents reported living outdoors, either on the streets or in parks or encampments. The percentage of homeless individuals staying in shelters is up from 20% to 28%, while the percentage of homeless individuals sleeping outdoors fell from 57% to 40%. These percent changes reflect the relatively small change in sheltered homeless individuals and the reduction of unsheltered homeless individuals. The 2015 shelter count increased by 66 persons from 2013.

FIGURE 16. USUAL PLACES TO SLEEP AT NIGHT

2011 n:615; 2013 n:533; 2015 n:586


Note: 2013 response option specified that motel/hotel was paid for by an agency.
DURATION AND RECURRENCE OF HOMELESSNESS

Unstable living conditions often lead to individuals falling in and out of homelessness and challenges in receiving supportive services. Almost two thirds (61%) of 2015 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 39% in 2015. This indicator of homeless prevention efforts shows consistent improvement since 2011. Including the current incidence of homelessness, 60% of respondents reported that this was only their first or second time experiencing homelessness in the past three years. Seventeen percent reported experiencing homelessness 5 or more times in the last three years.

FIGURE 17. FIRST TIME HOMELESS (RESPONDENTS ANSWERING ‘YES’)


**Recurrence of Homelessness**

Forty-five percent of respondents reported their current occurrence of being homeless lasting for a year or more, down slightly from 51% in 2013. Just 7% reported being homeless for a month or less.

**FIGURE 18. Length of Current Episode of Homelessness**

2011 n: 610; 2013 n: 523; 2015 n: 608

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, though it was down slightly in 2015 (29%) from 2013 (32%). Nineteen 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 increased from 9% in 2013 to 17% in 2015, while the percentage who indicated it was an argument with family or friends or that they were asked to leave decreased from 19% to 13%. While these are self-assessments of primary causes, the results are consistent with other homeless research.

FIGURE 19. PRIMARY CAUSE OF HOMELESSNESS (TOP FIVE RESPONSES IN 2015)


Note: Multiple response question (Years 2013, 2015). Percentages may not add up to 100 due to rounding.
Note: “Evicted” was added as a response option in 2013.
Note: Caution should be used when comparing data across years due to changes in question format.
OBSTACLES TO OBTAINING PERMANENT HOUSING

The lack of affordable housing is a key factor in the prevalence of homelessness. In 2015, 67% of survey respondents indicated their inability to afford rent as the number one obstacle to them being able to obtain housing, an increase from 53% in 2013. Thirty percent of respondents indicated they lacked the income necessary to move, while 23% indicated a lack of housing availability as an obstacle to them obtaining housing, an increase from 10% in 2011.

FIGURE 20. OBSTACLES TO OBTAINING PERMANENT HOUSING (TOP FIVE RESPONSES)


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

Two-thirds of respondents (66%) indicated they received some form of government assistance, of which the most common was respondents who received Food Stamps/SNAP/WIC/CalFresh. However, the number of respondents who did not receive any form of assistance increased from 24% in 2013 to 34% in 2015, while those receiving Food Stamps/SNAP/WIC/CalFresh fell from 75% in 2013 to 47% in 2015. The percentage of those receiving Social Security almost doubled, from 8% in 2013 to 15% in 2015.

FIGURE 21. GOVERNMENT ASSISTANCE RECEIVED (TOP FIVE RESPONSES)


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

Note: The “Food Stamps/SNAP/WIC/CalFresh” response option was modified in 2013 by combining several response options from 2009 and 2011.
The most common reason for not obtaining government assistance was respondents who did not think they were eligible. The number of respondents who indicated they had never applied for assistance fell from 37% in 2013 to 18% in 2015. Paperwork posed a greater difficulty than in past years, as 13% indicated the paperwork involved with government assistance was too difficult, an increase from 6% in 2013.

FIGURE 22. REASONS FOR NOT RECEIVING GOVERNMENT ASSISTANCE (TOP FIVE RESPONSES IN 2015)


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

Note (*): Between 2011 and 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 (74%), shelter day services (35%), and bus passes (35%). The percentage of respondents who used shelter day services fell dramatically, from 63% in 2013 to 35% in 2015. Fifteen percent of respondents indicated they did not receive any services or use any programs.

FIGURE 23. SERVICES OR ASSISTANCE (TOP FIVE RESPONSES IN 2015)

2009 n: 541 respondents offering 1,622 responses; 2011 n: 544 respondents offering 1,453 responses; 2013 n: 479 respondents offering 1,358 responses; 2015 n: 513 respondents offering 1,010 responses.


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

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

EMPLOYMENT

The unemployment rate for Sonoma County in January of 2015 was 5.3%. However, labor market data shows current labor trends in the Bay Area favoring high-end technical employment. It is also important to recognize that the unemployment rate represents only those who are unemployed and actively seeking employment. It doesn’t represent all joblessness. The unemployment rate for homeless respondents was 87%, a slight increase from 82% in 2013.

INCOME

Income, from all sources, varied between those with regular employment and those who were unemployed. Half (50%) of all survey respondents reported their monthly income as less than $450. Fifty-seven percent of unemployed individuals experiencing homelessness reported earning less than $450/month, while only 18% of employed individuals reported earning less than $450. Twenty-six percent of employed respondents reported making over $1,100 a month, while just 4% of unemployed respondents reported making that much. Unemployed income is typically from government services, benefits, recycling, or panhandling.

FIGURE 24. EMPLOYMENT AND MEAN MONTHLY INCOME

<table>
<thead>
<tr>
<th></th>
<th>EMPLOYED</th>
<th>UNEMPLOYED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-$99</td>
<td>5% 2</td>
<td>19% 37</td>
</tr>
<tr>
<td>$100-$449</td>
<td>13% 5</td>
<td>38% 76</td>
</tr>
<tr>
<td>$450-$749</td>
<td>19% 7</td>
<td>15% 30</td>
</tr>
<tr>
<td>$750-$1,099</td>
<td>37% 14</td>
<td>24% 48</td>
</tr>
<tr>
<td>$1,100-$1,499</td>
<td>13% 5</td>
<td>2% 4</td>
</tr>
<tr>
<td>$1,500-$3,000</td>
<td>13% 5</td>
<td>2% 5</td>
</tr>
<tr>
<td>More than $3,000</td>
<td>0% 0</td>
<td>0% 0</td>
</tr>
</tbody>
</table>

2015 employment status n:514; Income employed n:38; Income unemployed n:200


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.4

PHYSICAL ILLNESS AND DISABILITIES

Nearly two-thirds (63%) of respondents reported one or more health conditions in 2015, the most common (37%) of which were psychiatric or emotional conditions. The next two most common conditions were drug and alcohol abuse (33%) and physical disability (30%). Two percent of respondents reported experiencing HIV/AIDS.

HUD eligible disabling conditions are more narrowly defined as those conditions that result in reduced ability to seek and maintain housing and/or employment. Forty-four percent of respondents reported a HUD disabling condition in 2015, a decrease from 63% in 2013.

FIGURE 25. HEALTH CONDITIONS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug or Alcohol Abuse</td>
<td>33%</td>
</tr>
<tr>
<td>Psychiatric or Emotional Conditions</td>
<td>37%</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>30%</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>25%</td>
</tr>
<tr>
<td>Chronic Health Problems</td>
<td>27%</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>8%</td>
</tr>
<tr>
<td>AIDS/HIV Related</td>
<td>2%</td>
</tr>
</tbody>
</table>

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


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

Fifty-nine percent of survey respondents indicated they smoked cigarettes at the time of the survey, very similar to 2013 when 60% reported smoking. Of those, 24% reported smoking fewer than 5 cigarettes a day, 35% smoked between 6-10 cigarettes a day, while 41% reported smoking more than 10 cigarettes a day.

Slightly more than a quarter (26%) of respondents indicated they had needed medical care in the last 12 months and been unable to receive it, reversing a downward trend in 2013, when it had reached 18%. Thirty-five percent reported needing dental care and being unable to receive it, an increase from 2013 when 21% reported being unable to access dental care.

**FOOD SECURITY**

Food insecurity is associated with adverse health outcomes. It is associated with the increased prevalence of chronic health conditions and prevents those with current health issues from improving health outcomes. Sixty-five percent of respondents reported not getting enough to eat, down from 78% in 2013.

**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. Nineteen percent of all survey respondents reported they were currently experiencing domestic/partner violence or abuse, a significant increase from 7% in 2013 (the wording was changed slightly to fit with HUD recommendations, so caution must be used when interpreting the data). Thirty-three percent of respondents reported experiencing domestic/partner violence or abuse at any point in their past.

**FIGURE 26. HISTORY OF DOMESTIC VIOLENCE**

| 33% Yes | 11% Decline to state | 56% No |

2015 n:577

CRIMINAL JUSTICE SYSTEM

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

INCARCERATION

Twenty-nine percent of survey respondents reported spending at least one night in jail over the 12 months before they took the survey, similar to 2013 (27%). Twenty-one percent of respondents reported they had been arrested at least 3 times in the previous 3 years, while 19% reported they were currently on parole or probation. Fifteen percent of respondents reported being on probation or parole the most recent time they became homeless.

FIGURE 27. SPENT A NIGHT IN JAIL OR PRISON IN THE LAST 12 MONTHS

2015 n:602

Homeless Subpopulations

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness outlines national objectives and evaluative measures for ending homelessness in the United States. In order to adequately address the diversity within the population experiencing homelessness, the federal government identified four subpopulations with particular challenges or needs. The following sections look at each of these populations to identify the number of people counted during the Point-in-Time count on January 23 and the characteristics of each population.

The following section details the number and characteristics of individuals included in the Sonoma County Point-in-Time Count and Survey who meet the definition of each subpopulation.
**CHRONICALLY HOMELESS INDIVIDUALS AND FAMILIES**

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 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.

The United States Interagency Council on Homelessness (USICH) reported that roughly 15% of the national homeless population was chronically homeless in 2014, for a total of 84,291 chronically homeless individuals. Chronic homelessness has been on the decline in recent years, as communities across the country increase the capacity of permanent supportive programs and prioritize those with the greatest barriers to housing stability. While the decrease in national chronic homelessness seems promising, federal budget constraints have limited the amount of money available to support housing programs and services. As a result, Opening Doors, which began with a goal of ending chronic homelessness by 2015, has extended that goal until 2017.

**FIGURE 28. CHRONIC HOMELESSNESS POPULATION ESTIMATES**

<table>
<thead>
<tr>
<th>TOTAL POPULATION OF CHRONICALLY HOMELESS INDIVIDUALS: 702</th>
</tr>
</thead>
<tbody>
<tr>
<td>16% Sheltered</td>
</tr>
<tr>
<td>84% Unsheltered</td>
</tr>
</tbody>
</table>

**HUD DEFINITION:** An adult with a disabling condition or a family with at least one adult member 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.


---

FIGURE 29. ESTIMATED NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS


Note (*): Percentage is of the total PIT population.

Prevalence of Chronic Homelessness

There were a total of 702 chronically homeless individuals in Sonoma County in 2015, a decrease of 39% from 1,148 in 2013. Despite the percent decline, chronically homeless people still represents almost 23% of the total homeless population. In addition, data from this year’s Point-in-Time count and survey indicate there are no chronically homeless families in Sonoma County, a drop from 7 in 2013.
DEMOCRACIES OF CHRONICALLY HOMELESS INDIVIDUALS

Three quarters of chronically homeless individuals identified as white, followed by 13% who identified as American Indian or Alaskan Native. When comparing to the general homeless population, we see that American Indian or Alaskan Native make up 6% of the general homeless population, and 13% of the chronically homeless population. Sixty-one percent of chronically homeless individuals were male, similar to the general homeless population.

FIGURE 30. RACE AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>75%</td>
</tr>
<tr>
<td>Black or African-American</td>
<td>5%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>11%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>13%</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>3%</td>
</tr>
</tbody>
</table>

2015 n:158


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

PRIMARY CAUSE OF HOMELESSNESS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Alcohol or drug use was the most common response among the chronically homeless when asked for primary cause of their homelessness. Twenty-nine percent indicated alcohol or drug use, followed by 21% indicating the loss of a job, and another 20% indicated eviction was the primary cause of their homelessness.

FIGURE 31. PRIMARY CAUSE OF HOMELESSNESS (TOP FIVE RESPONSES) AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol or Drug Use</td>
<td>29%</td>
</tr>
<tr>
<td>Lost Job</td>
<td>21%</td>
</tr>
<tr>
<td>Eviction</td>
<td>20%</td>
</tr>
<tr>
<td>Illness/Medical Problem</td>
<td>9%</td>
</tr>
<tr>
<td>Mental Health Issues</td>
<td>9%</td>
</tr>
</tbody>
</table>

2015 n:163 respondents offering 207 responses


Note: Multiple response question. Percentages may not add up to 100 due to rounding.
HEALTH CONDITIONS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

The definition of chronic homelessness states all individuals are suffering from at least 1 disabling condition. Fifty-eight percent of the chronically homeless were suffering from a physical disability, while 56% suffered from a psychiatric or emotional condition, followed by 55% suffering from drug or alcohol abuse (these are not mutually exclusive criteria).

FIGURE 32. HEALTH CONDITIONS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug or alcohol abuse</td>
<td>55%</td>
</tr>
<tr>
<td>Psychiatric or emotional conditions</td>
<td>56%</td>
</tr>
<tr>
<td>Physical disability</td>
<td>58%</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>37%</td>
</tr>
<tr>
<td>Chronic health problems</td>
<td>49%</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>18%</td>
</tr>
<tr>
<td>AIDS/HIV related</td>
<td>4%</td>
</tr>
</tbody>
</table>

Drug or alcohol abuse n:163; Psychiatric or emotional conditions n:163; Physical disability n:163; Post-Traumatic Stress Disorder (PTSD) n:163; Chronic health problems n:163; Traumatic Brain Injury n:163; AIDS/HIV related n:164


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

EMERGENCY ROOM USE AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Forty-nine percent of the chronically homeless population had been in the ER at least once in the last 3 months, while 39% of the non-chronically homeless population had used the ER at least once in the last 3 months.

FIGURE 33. EMERGENCY ROOM USE IN THE LAST THREE MONTHS, CHRONIC AND NON-CHRONIC COMPARISON

Chronically homeless n:116; Non-chronically homeless n:310

ACCESS TO SERVICES AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Chronically homeless individuals are using services at nearly the same rate as the non-chronically homeless. Nearly 79% were using free meals, 39% were using shelter day services, and one-third were using bus passes.

INCARCERATION AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Sixty-two percent of the chronically homeless population had been arrested at least once in the previous 3 years, while 47% of the non-chronically homeless population had been arrested at least once over the same time frame.

FIGURE 34. INCARCERATION IN THE LAST THREE YEARS, CHRONIC AND NON-CHRONIC COMPARISON

Chronically homeless n:122; Non-chronically homeless n:321

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, 49,933 veterans experienced homelessness on a single night in January 2014.

FIGURE 35. HOMELESS VETERAN POPULATION ESTIMATES

TOTAL POPULATION OF VETERANS: 217 INDIVIDUALS

<table>
<thead>
<tr>
<th></th>
<th>37% Sheltered</th>
<th>63% Unsheltered</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD DEFINITION:</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>


NUMBER OF HOMELESS VETERANS

The estimated number of homeless veterans in Sonoma County decreased between 2013 and 2015. There were an estimated 217 homeless veterans in 2015, a decrease of 46% from the 400 found in 2013. Sixty-three percent of these veterans were living on the streets in 2015, down from 86% in 2013. This represents just under 7% of the total homeless population and offers evidence that Sonoma County’s efforts to end veteran homelessness are working.
DEMOGRAPHICS OF HOMELESS VETERANS

Seventy percent of veteran homeless survey respondents identified as White in 2015, while 11% identified as Black/African-American and American Indian or Alaskan Native.

Three quarters of the veteran homeless population were living in Sonoma County at the time they became homeless, less than the non-veteran population at 87%.

Immediately before becoming homeless, 55% of homeless veterans were living in a home owned or rented by them or their partner, greater than the non-veteran population at 40%.

FIGURE 36. AGE AMONG HOMELESS VETERANS

2013 n:59; 2015 n:49


FIGURE 37. RACE AMONG HOMELESS VETERANS

2015 homeless veterans n:47; 2015 homeless survey population n:575


Note: Multiple response question. Percentages may not add up to 100 due to rounding.
Primary Cause of Homelessness among Homeless Veterans

Twenty-nine percent of veterans reported alcohol or drug use as the primary cause of their homelessness, followed by losing a job as the next most common (22%) response. Eighteen percent of the non-veteran population reported alcohol or drug use as the primary cause of their homelessness.

**FIGURE 38.** PRIMARY CAUSE OF HOMELESSNESS (TOP FIVE RESPONSES) AMONG HOMELESS VETERANS

*2015 n:49 respondents offering 60 responses

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

Disabling Conditions Among Homeless Veterans

Seventy one percent of homeless veterans reported suffering from a disabling condition, while only 42% of non-veterans reported suffering from a disabling condition. Fifty-one percent of homeless veterans reported suffering from psychiatric or emotional conditions, followed by 45% suffering from drug or alcohol abuse. Thirty-nine percent of homeless veterans reported suffering from PTSD, compared to 24% of non-veteran homeless.

**FIGURE 39.** DISABLING CONDITIONS AMONG HOMELESS VETERANS, VETERAN AND NON-VETERAN COMPARISON

*Homeless veteran n:49; Homeless non-veteran n:560
FIGURE 40. HEALTH CONDITIONS AMONG HOMELESS VETERANS, VETERAN AND NON-VETERAN COMPARISON

Homeless veterans: Drug or alcohol abuse n:49; Psychiatric or emotional conditions n:49; Physical disability n:49; Post-Traumatic Stress Disorder (PTSD) n:49; Chronic health problems n:48; Traumatic Brain Injury n:49; AIDS/HIV related n:49
Homeless non-veterans: Drug or alcohol abuse n:547; Psychiatric or emotional conditions n:548; Physical disability n:549; Post-Traumatic Stress Disorder (PTSD) n:553; Chronic health problems n:551; Traumatic Brain Injury n:547; AIDS/HIV related n:546


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

ACCESS TO SERVICES AMONG VETERANS

Eighty percent of homeless veterans reported receiving some form of governmental assistance, while 65% of the non-veteran reported receiving governmental assistance. Nearly 30% were receiving VA benefits. Amongst those who did not receive any benefits, 38% responded that they had never applied for any benefits.

FIGURE 41. ACCESS TO SERVICES AMONG HOMELESS VETERANS, VETERAN AND NON-VETERAN COMPARISON

Homeless veteran n:45; Homeless non-veteran n:533

**Incarceration Among Homeless Veterans**

When asked if they had been arrested at any point in the last 3 years, 73% of veteran respondents indicated they had, compared to 49% of non-veterans. Thirty-five percent of veteran respondents indicated they had spent at least 1 day in jail in the past 12 months, while 28% of non-veteran respondents indicated the same.

**FIGURE 42.** A NIGHT SPENT IN JAIL OR PRISON IN THE LAST 12 MONTHS AMONG HOMELESS VETERANS

2015 n:49

HOMELESS FAMILIES WITH CHILDREN

National Data from 2014 suggest that 37% of all people experiencing homelessness are person 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. 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.

FIGURE 43. HOMELESS FAMILIES WITH CHILDREN POPULATION ESTIMATES

TOTAL POPULATION OF FAMILIES: 127 FAMILIES WITH 367 FAMILY MEMBERS

94% Sheltered

6% Unsheltered

HUD DEFINITION: A household with at least one adult member (persons 18 or older) and at least one child member (persons under 18).


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.

NUMBER OF HOMELESS FAMILIES WITH CHILDREN

There were 127 families experiencing homelessness in Sonoma County in 2015, a decrease of 16% from 2013 when there were 152 families experiencing homelessness and continues a downward trend from 2011 to 2013, which saw a decrease of 20%. This change most likely reflects efforts by Sonoma County homeless service providers to increase their ability to rapidly rehouse homeless families. There were 367 people in those families, and only 6% of them were living on the street. Although they do not meet the HUD definition of homelessness, data from www.kidsdata.org indicate that there are 1,405 students living in “double-up” situations with friends and family in Sonoma County.

**Demographics of Homeless Families with Children**

According to survey responses from homeless families, 63% identified as white, followed by 21% as American Indian or Alaskan Native. Thirty percent identified as Hispanic or Latino.

**FIGURE 44. RACE AMONG HOMELESS FAMILIES WITH CHILDREN**

![Racial distribution chart]

2015 n:24  
*Note: Multiple response question. Percentages may not add up to 100 due to rounding.*

**Place of Residence Among Homeless Families with Children**

Ninety-two percent of survey respondents in homeless families reported living in Sonoma County before becoming homeless, greater than single respondents at 85%.
PRIMARY CAUSE OF HOMELESS AMONG FAMILIES

When asked about the cause of their homelessness, 31% of survey respondents in homeless families reported alcohol or drug abuse as the primary cause, followed by 23% reporting eviction as the primary cause. While only 8% reported domestic violence as the primary cause of their homelessness, nearly half (48%) reported experiencing domestic violence at some point in their lives.

FIGURE 45. PRIMARY CAUSE OF HOMELESSNESS (TOP FIVE RESPONSES) AMONG HOMELESS FAMILIES WITH CHILDREN

2015 n:26 respondents offering 29 responses


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

HEALTH CONDITIONS AMONG HOMELESS FAMILIES WITH CHILDREN

Thirty percent of respondents in homeless families were experiencing at least one health condition, the most common of which was PTSD (33%).

FIGURE 46. HEALTH CONDITIONS AMONG HOMELESS FAMILIES WITH CHILDREN

Drug or alcohol abuse n:27; Psychiatric or emotional conditions n:27; Physical disability n:27; Post-Traumatic Stress Disorder (PTSD) n:27; Chronic health problems n:27; Traumatic Brain Injury n:27; AIDS/HIV related n:27


Note: Multiple response question. Percentages may not add up to 100 due to rounding.
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 47. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH POPULATION ESTIMATES

<table>
<thead>
<tr>
<th>TOTAL POPULATION OF UNACCOMPANIED CHILDREN: 48 INDIVIDUALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD DEFINITION: “Unaccompanied Children” are children under the age of 18 who are homeless and living independent of a parent or legal guardian.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL POPULATION OF TRANSITION-AGE YOUTH: 630 INDIVIDUALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6% Sheltered 94% Unsheltered</td>
</tr>
<tr>
<td>HUD DEFINITION: Homeless youth are defined as individuals between the ages of 18 and 24 years old.</td>
</tr>
</tbody>
</table>


PREVALENCE OF UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

There were 48 unaccompanied children living on the streets of Sonoma County and 630 transition age youth (18-24) in Sonoma County, 94% of whom were living on the streets. In 2013 there were 277 unaccompanied children and 851 transition age youth (TAY) in Sonoma County, representing a large drop in numbers in 2015. Twenty-two percent of the county’s 2015 homeless are unaccompanied children and transition-age youth, down from 26% in 2013.
Homeless Subpopulations

Demographics of Unaccompanied Homeless Children and Transition-Age Youth

When asked what race they identify as, 57% of unaccompanied children and youth identified as White, followed by 20% as African-American. Thirty-four percent choose Hispanic/Latino as their ethnicity. Fifty-two percent of respondents identified as male, 45% identified as female, while 3% identified as transgender.

FIGURE 48. RACE AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>57%</td>
<td>66%</td>
<td>82%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>17%</td>
<td>18%</td>
<td>12%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>15%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Black or African-American</td>
<td>20%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Asian</td>
<td>7%</td>
<td>1%</td>
<td>5%</td>
</tr>
</tbody>
</table>

2015 unaccompanied children and transition-age youth n:69; 2015 homeless survey population n:506


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

Sexual Orientation and LGBTQ Identity

A quarter of unaccompanied children and transition-age youth identified as LGBTQ in 2015, larger than the non-youth population at 15%.

Foster Care Among Unaccompanied Homeless Children and Transition-Age Youth

A third of unaccompanied children and youth reported having been in foster care, while only 15% of the adult homeless population reported being in foster care. In 2013, only 20% of unaccompanied children and youth reported having been in foster care.

FIGURE 49. HISTORY OF FOSTER CARE AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH

<table>
<thead>
<tr>
<th>Foster Care Experienced</th>
<th>2015 n:79</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>33%</td>
</tr>
<tr>
<td>No</td>
<td>67%</td>
</tr>
</tbody>
</table>

**Homeless Subpopulations**

**Education and School Enrollment Among Unaccompanied Homeless Children and Transition-Age Youth**

Thirty-one percent (31%) of unaccompanied children and youth had not completed high school, and none had finished college. Eighty-three percent of unaccompanied children and youth reported not being currently enrolled in school.

**Place of Residence Among Unaccompanied Homeless Children and Transition-Age Youth**

Roughly the same percentage of unaccompanied children and youth had been in Sonoma County before becoming homeless as the general population of individuals experiencing homelessness.

**Primary Cause of Homelessness Among Unaccompanied Homeless Children and Transition-Age Youth**

Over a third of youth respondents reported an argument with family or friends led to them becoming homeless, much greater than the non-youth population (10%). Five percent replied that aging out of the foster care system led to them becoming homeless. When asked if physical, emotional or sexual abuse contributed to their homelessness, 37% reported that it had.

*FIGURE 50. PRIMARY CAUSE OF HOMELESSNESS (TOP FIVE RESPONSES) AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH*

2015 n: 80 respondents offering 105 responses


*Note: Multiple response question. Percentages may not add up to 100 due to rounding.*
**Health Conditions Among Unaccompanied Homeless Children and Transition-Age Youth**

Health is still an issue for homeless youth, though it is better than the general homeless population. Fifty-nine percent of youth reported their physical health was “good” or “very good,” down from 79% in 2013. Forty-eight percent of youth respondents indicated they suffered from domestic violence, compared to 29% of the general homeless population.

**FIGURE 51.** HEALTH CONDITIONS AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH

Drug or alcohol abuse n:80; Psychiatric or emotional conditions n:80; Physical disability n:80; Post-Traumatic Stress Disorder (PTSD) n:80; Chronic health problems n:80; Traumatic Brain Injury n:80; AIDS/HIV related n:80


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

**Violence and Crime Among Unaccompanied Homeless Children and Transition-Age Youth**

A third (33%) of youth respondents reported trading drugs or sex for a place to stay. The same amount of youth respondents (31%) reported their safety feeling threatened in the 30 days previous to taking the survey. A third of youth respondents indicated they were involved with the justice system before they turned 18. Finally, 39% of youth respondents reported spending at least 1 night in jail in the previous 12 months, compared to 27% of adult respondents.
Conclusion

The 2015 Sonoma County Homeless Census and Survey were performed using HUD-recommended practices for counting and surveying the homeless population. The 2015 point-in-time count identified 3,107 homeless persons residing in Sonoma County. This represents a significant decrease of 27% from the count in 2013. While the count can be considered conservative (even with the most thorough methodology, many homeless persons stay in hidden, difficult to enumerate locations), there is little doubt that the number of individuals experiencing homelessness in Sonoma County is decreasing and continuing the downward trend from 2011 to 2013 when a 6% decrease was observed.

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. It is beyond the scope of the Census and Survey effort to fully explain these cause and effect relationships, but it is clear that there is positive momentum in the Continuum of Care. Other counties in the Bay Area are also seeing decreases in the number of homeless persons though this data is not public at this time.

The 2015 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:

- 67% are unsheltered
- 53% live on the streets or in encampments; 10% in vehicles; 3% in abandoned buildings
- 45% have been homeless more than a year; 48% 1-11 months; 7% less than 30 days
- 39% are experiencing homeless for the first time
- 17% have had a foster care experience
Conclusion

- 16% of the population identified as LGBTQ
- 86% of homeless individuals lived in Sonoma County before becoming homeless
- 67% claimed affordable rent is the primary obstacle for obtaining permanent housing
- 44% reported a disabling health condition
- 702 chronically homeless individuals, 217 veterans, 127 families and 678 unaccompanied children (<18) and youth (18-24) in Sonoma County
- 86% said they wanted safe, affordable, permanent housing if available

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 2015 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.
Appendix 1: Methodology

Overview

The purpose of the 2015 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.
Appendix 1: Methodology

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

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 2015 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 23, 2015. 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.
Appendix 1: Methodology

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 2015 dedicated youth count was similar to that of the 2013 youth count. 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 2015 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 23, 2015. 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 comingle 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 23, 2015. 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 22, 2015. 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 609 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. Socks were given as an incentive for participating in the 2015 homeless survey. The socks 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 2015 Sonoma County Homeless Survey was administered by the trained survey team between February 19 and March 18, 2015.
- In all, the survey team collected 609 unique surveys.

SURVEY SAMPLING

The planning team recommended approximately 609 surveys for 2015, based on a Point-in-Time estimate of 3,107 homeless persons, with a randomized survey sampling process, the 609 valid surveys represent a confidence interval of +/- 4% 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

The wording for questions relating to Domestic Violence have gone through changes from 2013 to 2015. Following HUD’s recommendations, the question was changed to indicate if the survey subject had ever experienced domestic or partner violence, rather than currently experiencing violence as it was in 2013. Readers should use caution when interpreting the apparent changes.

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
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.”

- **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 2015