



SONOMA COUNTY

2017 HOMELESS CENSUS & SURVEY

comprehensive report



REPORT PRODUCED BY ASR



ABOUT THE RESEARCHER

Applied Survey Research (ASR) is a 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.

HOUSING INSTABILITY RESEARCH DEPARTMENT (HIRD)

Department Advisor: Peter Connery

Department Director: Samantha Green

Project Lead: Emmeline Taylor

Department Coordinator: Christina Connery

Research Analysts: Connie Chu, James Connery, John Connery, Audra Eads, Kendra Fisher, Marissa Jaross, and Javier Salcedo

Graphic Design and Layout: Michelle Luedtke and Molly Stene

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



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PROJECT COORDINATORS

Margaret Van Vliet,

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

Chris Alexander

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

Rick Cafferata

Reach for Home

Sue Castellucci

City of Petaluma

Eleanor Grogan

*Community Foundation Sonoma
County*

Jed Heibel

West County Health Centers

Jennielynn Holmes

*Catholic Charities of the Diocese of
Santa Rosa*

Mike Johnson

*Committee on the Shelterless
(COTS)*

Kelli Kuykendall

City of Santa Rosa

Cruz Lopez

Sonoma County Behavioral Health

Laurie Mitchell

Sonoma County Behavioral Health

Kim Seamans

*Sonoma County Economic
Assistance*

TRAINING, DEPLOYMENT & SURVEY DISTRIBUTION SITES

West County Community Services, Guerneville

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YOUTH CENSUS & SURVEY COORDINATORS

Social Advocates for Youth

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Sonoma County Office of Education, Foster Youth Liaison

Special thanks to Debra Sanders

VOICES

Special thanks to Greyson Gunheim

Introduction

Every two years, during the last ten days of January, communities across the country conduct comprehensive counts of the local population experiencing homelessness. Point-in-Time Counts measure the prevalence of homelessness in each community, and collect information on individuals and families residing 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. In an effort to better track trends and align with federal recommendations, Sonoma County opted to conduct an annual unsheltered count beginning in 2015.

The Point-in-Time Count is the only source of nationwide data on sheltered and unsheltered homelessness, and is required by the U.S. Department of Housing and Urban Development (HUD) of all jurisdictions receiving federal funding to provide housing and services for individuals and families experiencing homelessness. Currently, the Sonoma County Continuum of Care (CoC) receives approximately three million dollars in federal funding, a key source of funding for the county's homeless services.

Continuums of Care report the findings of their local Point-in-Time Count annually to HUD. This information ultimately helps the federal government to better understand the nature and extent of homelessness nationwide. Count data also help to inform communities' local strategic planning, capacity building, and advocacy campaigns to prevent and end homelessness.

Sonoma County worked in conjunction with Applied Survey Research (ASR) to conduct the 2017 Sonoma Homeless Point-in-Time Count and Survey. ASR has worked with Sonoma County on their Point-in-Time Counts since 2009, and is a social research firm with extensive experience in homeless enumeration and needs assessment.

The Sonoma Homeless Point-in-Time Count has 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 residing in temporary shelter (e.g. emergency shelter, transitional housing).

The 2017 Sonoma Homeless Point-in-Time Count was a comprehensive community effort. With the support of 77 individuals with lived experience of homelessness, over 120 community volunteers, staff from various city and county departments, and law enforcement, the entire county was canvassed between the hours of 6 a.m. and 12 p.m. on January 27, 2017. This resulted in a peer-informed 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. Shelters and facilities also reported the number of homeless individuals and families who occupied their facilities on the night prior to the day of the count.

Sonoma County also conducted a specialized count of unaccompanied children and transition-age-youth under the age of 25 years. This dedicated count was part of a nationwide effort,

established and recommended by HUD, to improve our understanding of the scope of youth homelessness. Trained youth enumerators who currently or recently experienced homelessness conducted the count in specific areas where homeless youth were known to congregate.¹ This is an important year for national data on young people experiencing homelessness, as HUD will use 2017 youth count results as a baseline for measuring progress toward ending youth homelessness by 2020.

In the weeks following the street count, an in-depth survey was administered to 687 unsheltered and sheltered homeless adults and transition-age-youth, eighteen years old and older. The survey gathered basic demographic details as well as information on service needs and utilization.

This report provides data regarding the number and characteristics of people experiencing homelessness in Sonoma County on a single night in January. Special attention is given to specific subpopulations, including chronically homeless, veterans, families, unaccompanied children under the age of 18, and transition-age-youth between the ages of 18 and 24.

To better understand the dynamics of homelessness over time, results from previous years, including 2009, 2011, 2013, 2015, and 2016, are provided where available and applicable.

PROJECT OVERVIEW AND GOALS

In order for the 2017 Sonoma Point-in-Time Count and Survey to best reflect the experience and expertise of the community, ASR held regular planning meetings with local community members. These community members were drawn from city and county departments, community-based service providers, and other interested stakeholders. These individuals comprised the 2017 Planning Committee, and were instrumental to ensuring the 2017 Sonoma Homeless Point-in-Time Count and Survey reflected the needs and concerns of the community.

The 2017 Planning Committee identified several important project goals:

- To preserve current federal funding for homeless services and to enhance the ability to raise new funds;
- To improve the ability of policy makers and service providers to plan and implement services that meet the needs of the local homeless population;
- To measure changes in the numbers and characteristics of the homeless population since the 2016 Sonoma Homeless Point-in-Time Count and Survey, and to track progress toward ending homelessness;
- To increase public awareness of overall homeless issues and generate support for constructive solutions; and
- To assess the status of specific subpopulations, including veterans, families, unaccompanied children, transition-age-youth, and those who are chronically homeless.

This report is intended to assist service providers, policy makers, funders, and local, state, and federal government in gaining a better understanding of the population currently experiencing

¹ Significant deduplication efforts were made in 2017 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 A.

homelessness, measuring the impact of current policies and programming, and planning for the future.

FEDERAL DEFINITION OF HOMELESSNESS FOR POINT-IN-TIME COUNTS

In this study, the HUD definition of homelessness for the Point-in-Time Count is used. This definition includes individuals and families:

- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement; 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.

Point-In-Time Census

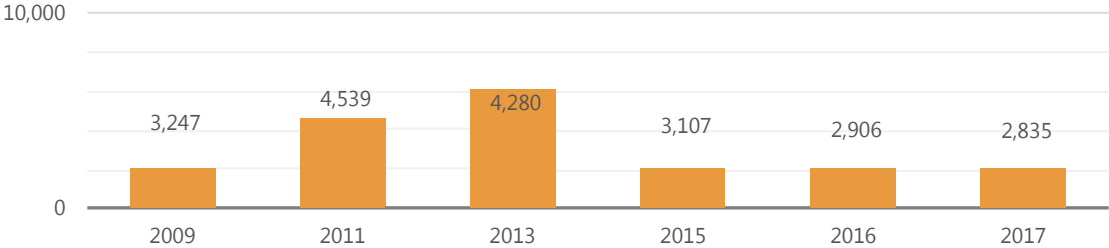
The 2017 Sonoma County Homeless Point-in-Time Count and Survey included a complete enumeration of all unsheltered and publicly or privately sheltered homeless persons. The general street count was conducted on January 27, 2017 from approximately daybreak to noon and covered all of Sonoma County. The shelter count was conducted on the previous evening 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 2016.

The methodology used for the 2017 Homeless Point-in-Time Count and Survey is commonly described as a “blitz count” since it is conducted by a large team over a very short period of time. As this method was conducted in Sonoma County, the result was an observation based count of individuals and families who appeared to be homeless. The homeless occupancy of shelters in Sonoma County was collected for the night of January 26, 2017. All shelter data were gathered either directly from the shelter or from Sonoma County’s “Efforts to Outcomes” Homeless Management Information System. The count was then followed by an in-person representative survey, the results of which were used to profile and estimate the condition and characteristics of the local homeless population. Information collected from the survey is used to fulfill HUD reporting requirements, and to inform local service delivery and strategic planning efforts.

In a continuing effort to improve data on the extent of youth homelessness, Sonoma County also conducted a dedicated youth count similar to the one conducted in 2013, 2015, and 2016. The dedicated youth count methodology was improved in 2017 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 I.

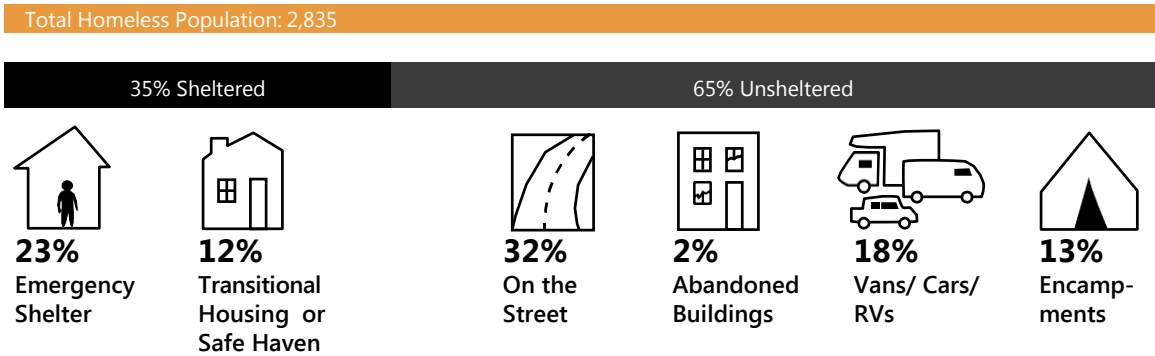
NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS IN SONOMA COUNTY

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



Source: Applied Survey Research. (2009-2017). Sonoma County Homeless Census.

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



Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

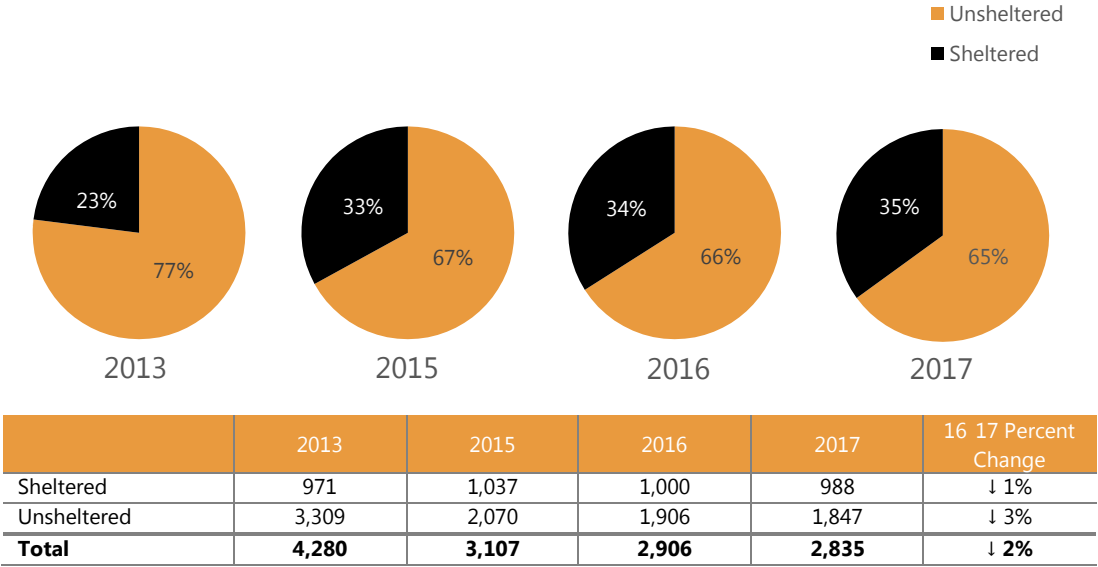
FIGURE 3. TOTAL NUMBER OF HOMELESS PERSONS BY JURISDICTION AND SHELTER STATUS

JURISDICTION	UNSHelterED			SHelterED			TOTAL		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
North County	154	137	227	64	46	46	218	183	273
Cloverdale	43	53	28	6	11	4	49	64	32
Healdsburg	86	55	69	58	35	42	144	90	111
Town of Windsor	13	7	46	0	0	0	13	7	46
Unincorporated	12	22	84	0	0	0	12	22	84
South County	289	285	219	234	213	178	523	498	397
Cotati	86	3	9	0	0	0	86	3	9
Petaluma	136	85	113	225	213	170	361	298	283
Rohnert Park	36	126	76	9	0	8	45	126	84
Unincorporated	31	71	21	0	0	0	31	71	21
West County	299	204	279	40	46	40	339	250	319
Sebastopol	98	44	71	0	0	0	98	44	71
Unincorporated	201	160	208	40	46	40	241	206	248
Sonoma Valley	124	64	156	34	22	33	158	86	189
Sonoma	13	15	78	14	6	13	27	21	91
Unincorporated	111	49	78	20	16	20	131	65	98
Santa Rosa	1,204	1,216	966	652	661	672	1,856	1,877	1,638
Santa Rosa	994	979	769	652	661	656	1,646	1,640	1,425
Unincorporated	210	237	197	0	0	16	210	237	213
Confidential	0	0	0	13	12	19	13	12	19
Total	2,070	1,906	1,847	1,037	1,000	988	3,107	2,906	2,835

Source: Applied Survey Research. (2015-2017). Sonoma County Homeless Census.

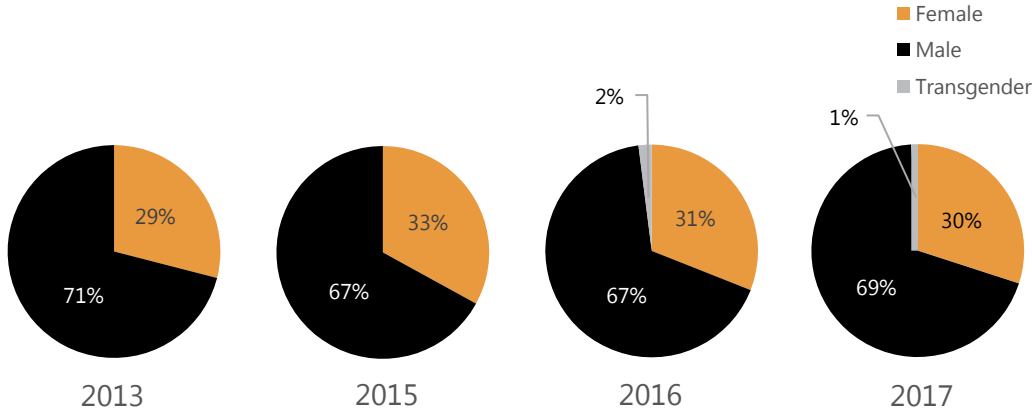
There was a 2.4% decrease in the number of homeless individuals enumerated in Sonoma County between 2016 and 2017. While the overall difference is relatively small, there are often greater differences when reviewing the results at a jurisdictional and regional level. These differences may be the result of a variety of factors, including local policy, law and code enforcement, and other initiatives. For example, the removal of homeless encampments can have a large impact on jurisdictional level data. Conversely, recruitment of more knowledgeable homeless guides and volunteers can also result in significant increases.

FIGURE 4. TOTAL HOMELESS CENSUS POPULATION BY SHELTER STATUS



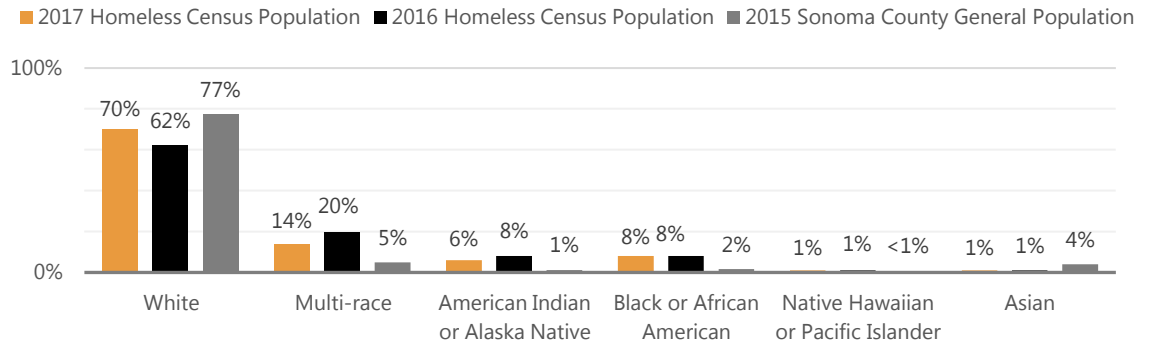
Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

FIGURE 5. TOTAL HOMELESS CENSUS POPULATION BY GENDER



Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.
 Notes: Percentages may not add to 100 due to rounding.

FIGURE 6. TOTAL HOMELESS CENSUS POPULATION BY RACE



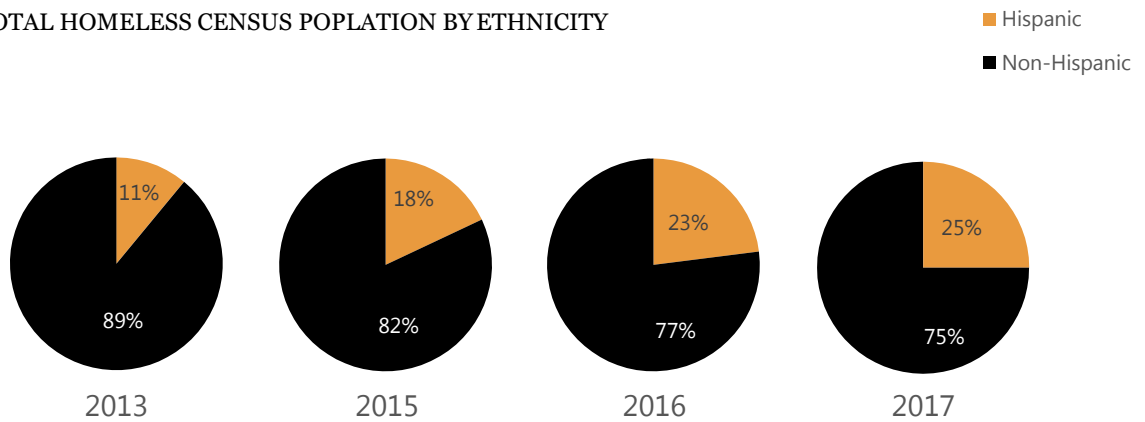
2015 n=3,107; 2016 n= 2,906; 2017 n=2,835

Source: Applied Survey Research. (2016-2017). Sonoma County Homeless Census.

U.S. Census Bureau. (January 2017). American Community Survey 2015 5-Year Estimates, Table DP05: ACS Demographic and Housing Estimates. Retrieved from <http://factfinder2.census.gov>

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

FIGURE 7. TOTAL HOMELESS CENSUS POPULATION BY ETHNICITY



2013 n= 523; 2015 n= 601; 2016 n= 2,906; 2017 n=2,835

Source: Applied Survey Research. (2016-2017). Sonoma County Homeless Census.

Note: Beginning in 2015, survey respondents were asked to identify their ethnicity as Hispanic/Latino in a separate question from race, which could account for the shift in the percentage of respondents identifying as Hispanic or Latino.

SUBPOPULATIONS

CHRONICALLY HOMELESS INDIVIDUALS

The U.S. Department of Housing and Urban Development 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 totaling 12 months in the last three years, and also has a disabling condition that prevents them from maintaining work or housing. This definition applies to individuals as well as heads of household who meet the definition.

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 that of the general population.² Data from communities across the country show that public costs incurred by those experiencing extended periods of homelessness include emergency room visits, interactions with law enforcement, incarceration, and 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.

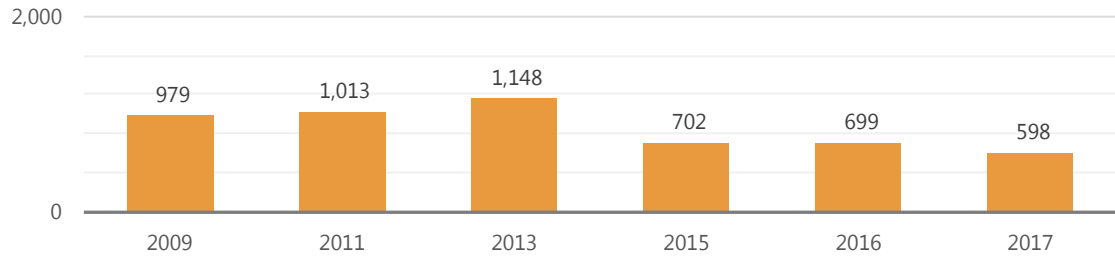
The U.S. Department of Housing and Urban Development reported that roughly 22% of the national homeless population was chronically homeless in 2016, representing 77,486 individuals.³ Chronic homelessness has been on the decline in recent years as communities across the country increase the capacity of their permanent supportive housing programs and prioritize those with the greatest barriers to housing stability. While the national decrease in chronic homelessness seems promising, federal budget constraints limit the amount of money available to support housing programs and services. As a result, *Opening Doors*, a federal strategic plan outlining national objectives for ending chronic homelessness by 2016, has extended the goal to 2017.⁴

² United States Interagency Council on Homelessness. (2010). Supplemental Document to the Federal Strategic Plan to Prevent and End Homelessness: June 2010. Retrieved 2017 from https://www.usich.gov/resources/uploads/asset_library/BkgrdPap_ChronicHomelessness.pdf

³ Department of Housing and Urban Development. (2016). Annual Assessment Report to Congress. Retrieved 2017 from <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>

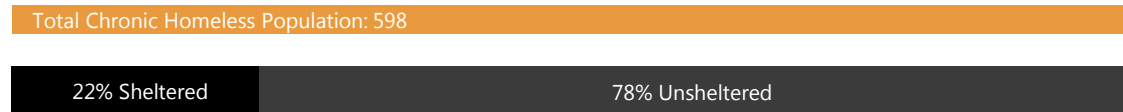
⁴ Cavallaro, E. (2017). Ending Chronic Homelessness, Now in 2017. National Alliance to End Homelessness. Retrieved 2017 from <http://www.endhomelessness.org>

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



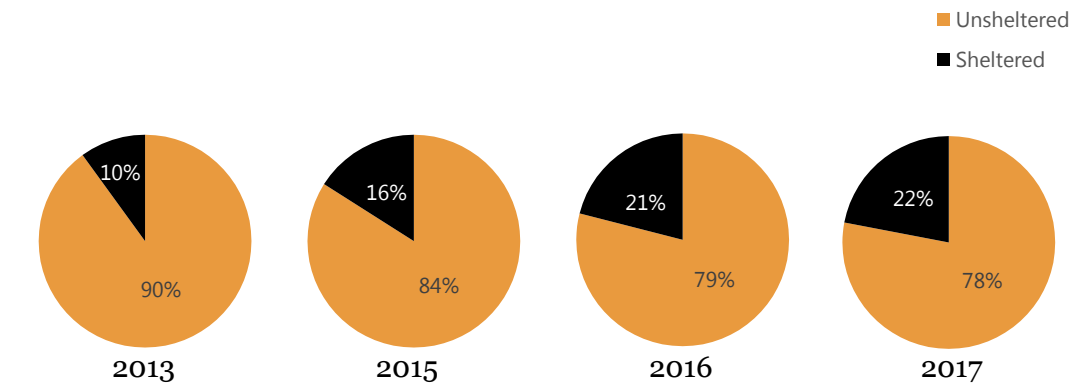
Source: Applied Survey Research. (2009-2017). Sonoma County Homeless Census.

FIGURE 9. CHRONIC HOMELESSNESS POPULATION ESTIMATES



Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

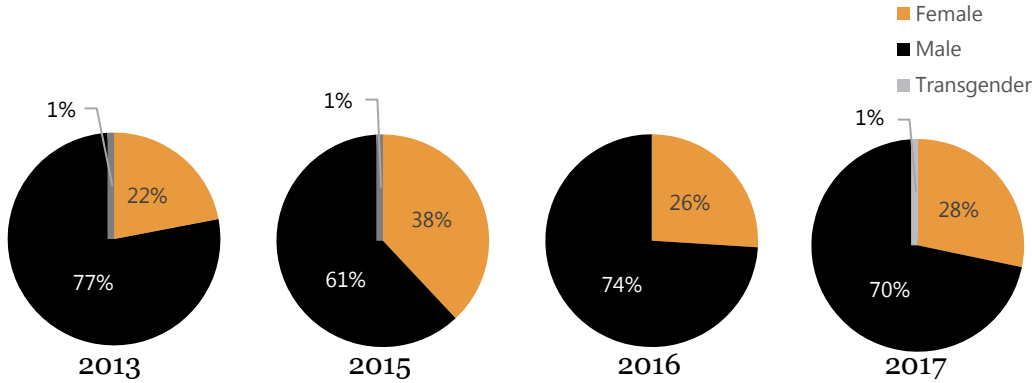
FIGURE 10. CHRONIC HOMELESS CENSUS POPULATION BY SHELTER STATUS



	2013	2015	2016	2017	16 17 Percent Change
Sheltered	119	114	150	134	↓ 11%
Unsheltered	1,029	591	549	464	↓ 15%
Total	1,148	702	699	598	↓ 14%

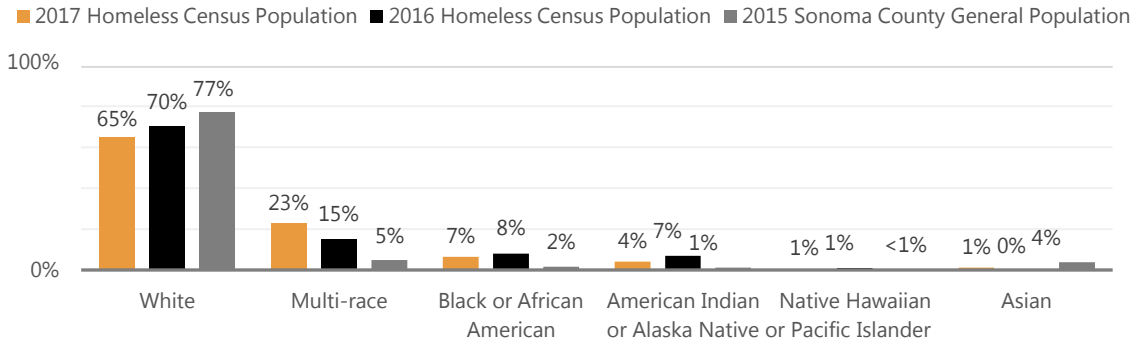
Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

FIGURE 11. TOTAL CHRONIC HOMELESS CENSUS POPULATION BY GENDER



Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.
 Note: Percentages may not add to 100 due to rounding.

FIGURE 12. TOTAL CHRONIC HOMELESS CENSUS POPULATION BY RACE



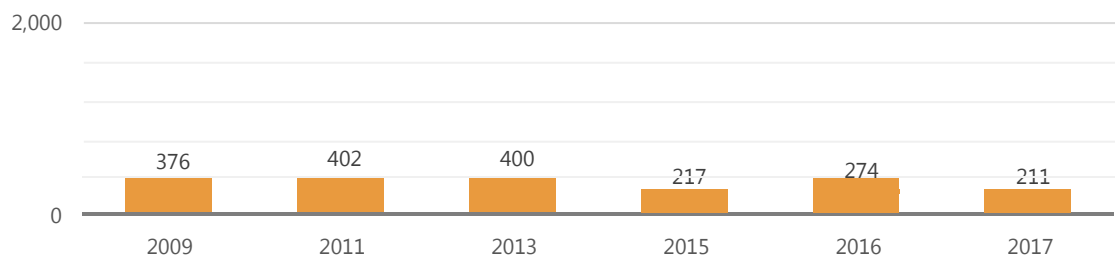
2016 n=159; 2017 n=170
 Source: Applied Survey Research. (2017). Sonoma County Homeless Census.
 U.S. Census Bureau. (January 2017). American Community Survey 2015 1-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved from <http://factfinder2.census.gov>.
 Note: Percentages may not add up to 100 due to rounding.

HOMELESS VETERANS

Many U.S. veterans experience conditions that place them at increased risk for homelessness. Veterans experience 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 involve different forms of financial assistance, including monthly cash payments to disabled veterans, health care, education, and housing benefits. In addition to these supports, the VA and HUD partner to provide additional housing and support services to veterans currently experiencing homelessness or at risk of experiencing homeless.

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



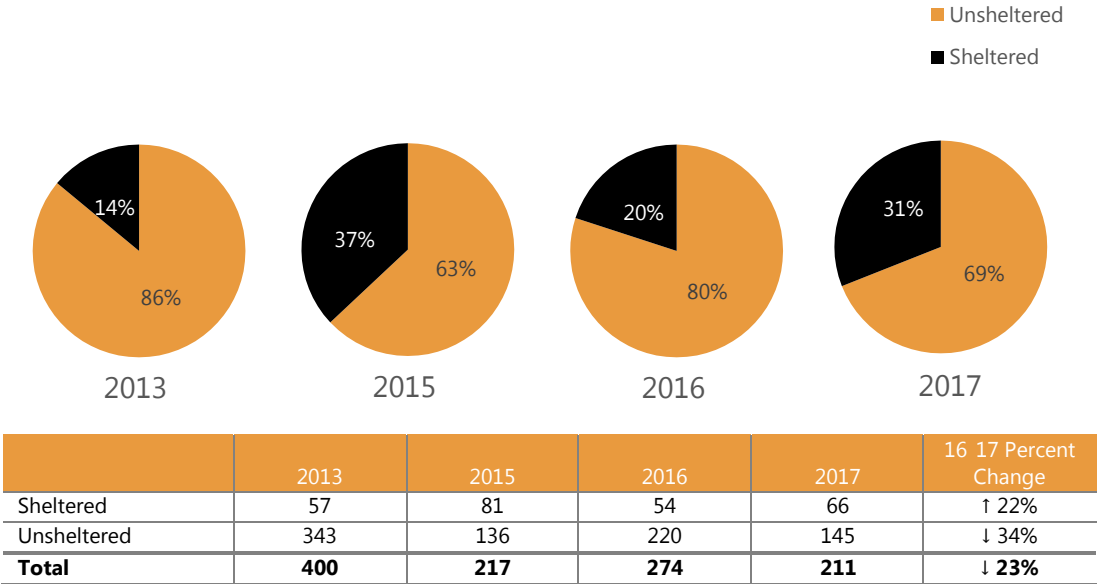
Source: Applied Survey Research. (2009-2017). Sonoma County Homeless Census.

FIGURE 14. HOMELESS VETERAN POPULATION ESTIMATES



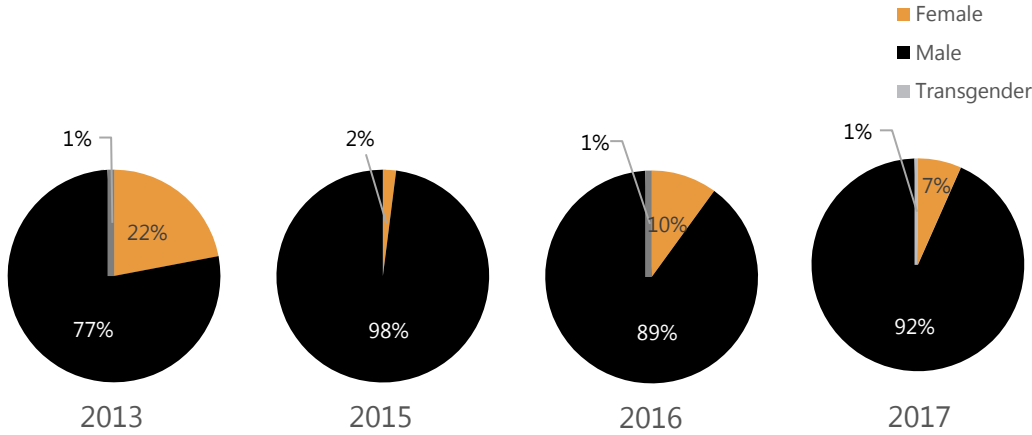
Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

FIGURE 15. HOMELESS VETERAN CENSUS POPULATION BY SHELTER STATUS



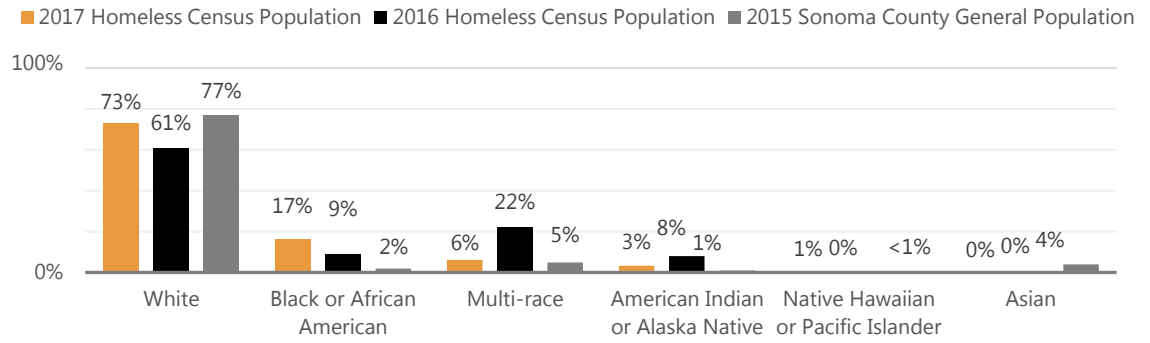
Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

FIGURE 16. TOTAL HOMELESS VETERAN CENSUS POPULATION BY GENDER



Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

FIGURE 17. TOTAL HOMELESS VETERAN CENSUS POPULATION BY RACE



2016 n=274; 2017 n=211

Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

U.S. Census Bureau. (January 2017). American Community Survey 2015 1-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved from <http://factfinder2.census.gov>.

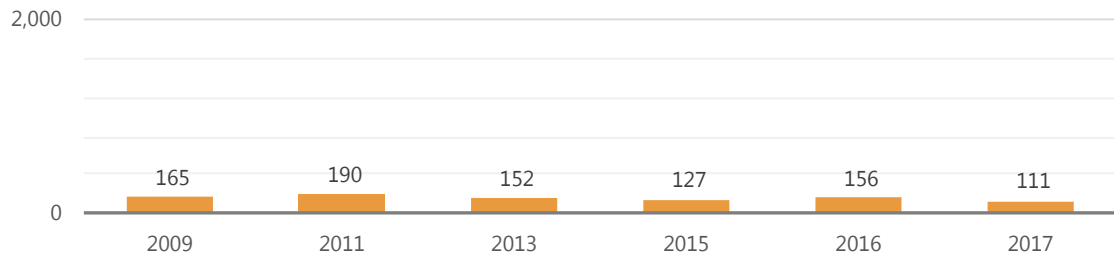
Note: Percentages may not add up to 100 due to rounding.

HOMELESS FAMILIES WITH CHILDREN

National data from 2016 suggest that 35% of all people experiencing homelessness are persons in families. Very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the population compared to other subpopulations, including unaccompanied children and transition-age-youth. Data on families experiencing homelessness suggest that they are not much different from other families in poverty.

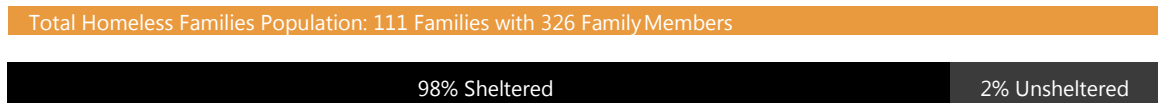
Nationally, the majority of homeless families are households headed by single women and families with children under the age of six.⁵ Children in families experiencing homelessness have increased incidence of illness and are more likely to have emotional and behavioral problems than children with stable living accommodations.⁶

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



Source: Applied Survey Research. (2009-2017). Sonoma County Homeless Census.

FIGURE 19. HOMELESS FAMILIES WITH CHILDREN POPULATION ESTIMATES



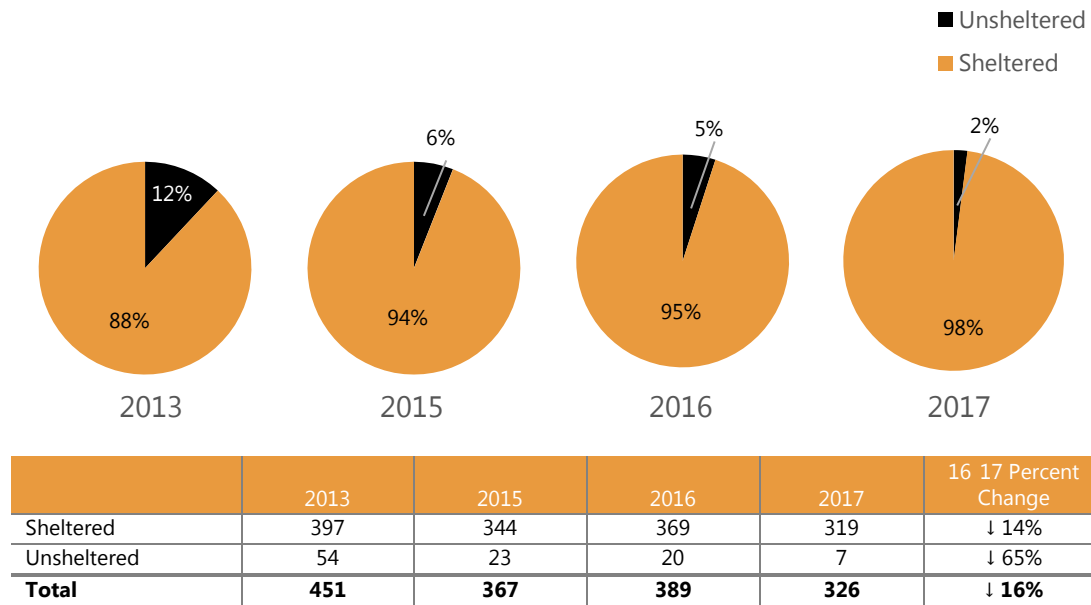
Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

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.

⁵ U. S. Department of Health and Human Services. (2007). Characteristics and Dynamics of Homeless Families with Children. Retrieved 2015 from <http://aspe.hhs.gov/>

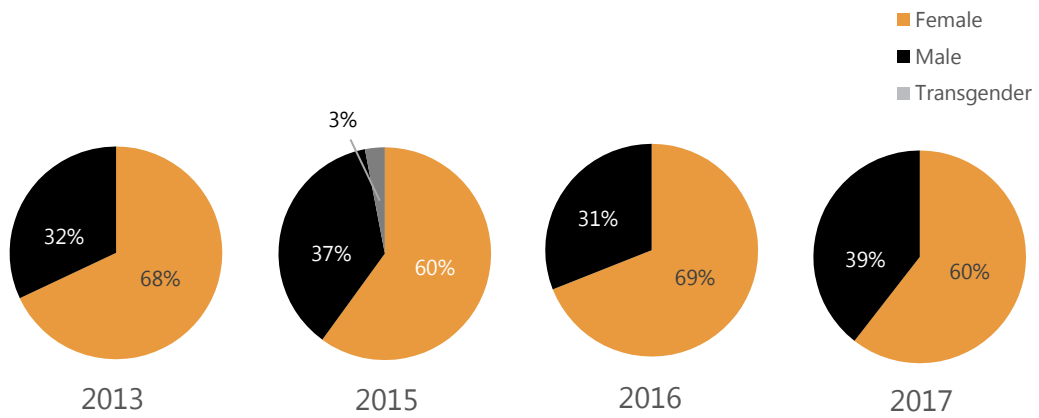
⁶ U.S. Interagency Council on Homelessness. (2015). Opening Doors. Retrieved 2015 from <http://www.usich.gov/>

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



Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

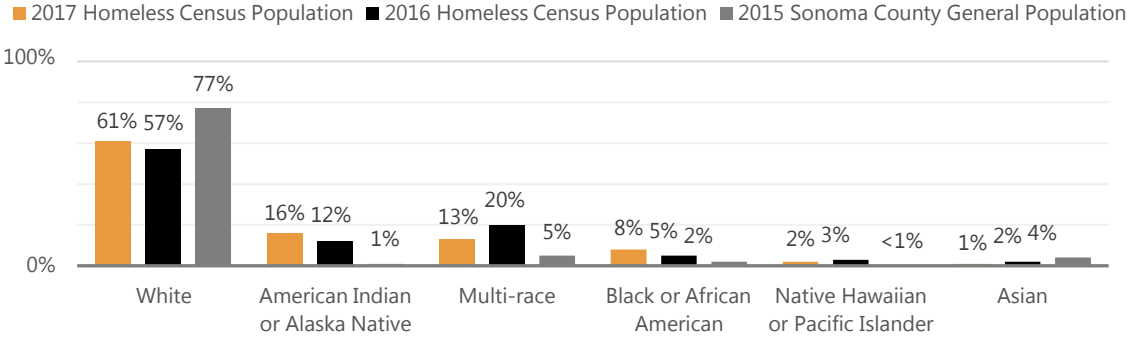
FIGURE 21. HOMELESS FAMILIES WITH CHILDREN CENSUS POPULATION BY GENDER



Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

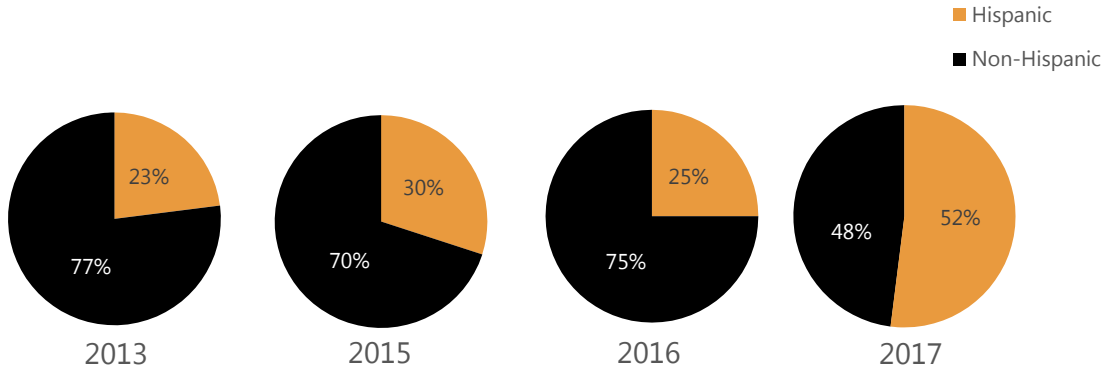
Note: Percentages may not add to 100 due to rounding.

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



2016 n=389; 2017 n= 326
 Source: Applied Survey Research. (2017). Sonoma County Homeless Census.
 U.S. Census Bureau. (May 2017). American Community Survey 2015 5-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved from <http://factfinder2.census.gov>.
 Note: Percentages may not add up to 100 due to rounding.

FIGURE 23. TOTAL HOMELESS FAMILIES WITH CHILDREN POPULATION BY ETHNICITY



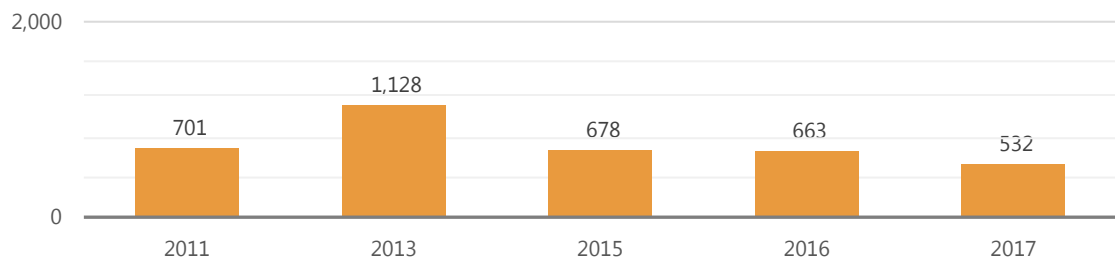
2013 n= 22; 2015 n= 24; 2016 n= 26; 2017 n= 35
 Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.
 Note: Beginning in 2015, survey respondents were asked to identify their ethnicity as Hispanic/Latino in a separate question from race, which could account for the shift in the percentage of respondents identifying as Hispanic or Latino.

UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

Due to the often hidden nature of youth homelessness, there are limited data available on unaccompanied children and transition-age-youth experiencing homelessness. Although largely considered an undercount, current federal estimates suggest there are 35,686 unaccompanied children and transition-age-youth on the streets and in public shelters.⁷ Young people experiencing homelessness have a harder time accessing services including shelter, medical care, and employment. This is due to the stigma of their housing situation, lack of knowledge of available resources, and a dearth of services targeted to young people.⁸

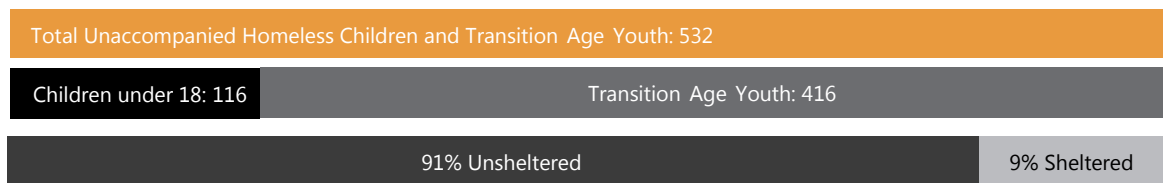
In 2012, the U.S. Interagency Council on Homelessness amended the federal strategic plan to end homelessness to include specific strategies and supports to address the needs of unaccompanied homeless children and transition-age-youth. As part of this effort, the U.S. Department of Housing and Urban Development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

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. (2011-2017). Sonoma County Homeless Census.

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

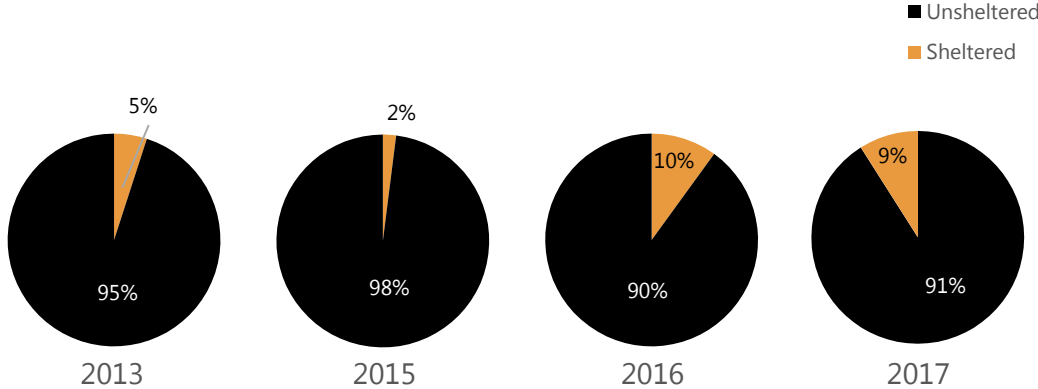


Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

⁷ Department of Housing and Urban Development. (2016). Annual Assessment Report to Congress. Retrieved 2017 from <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>

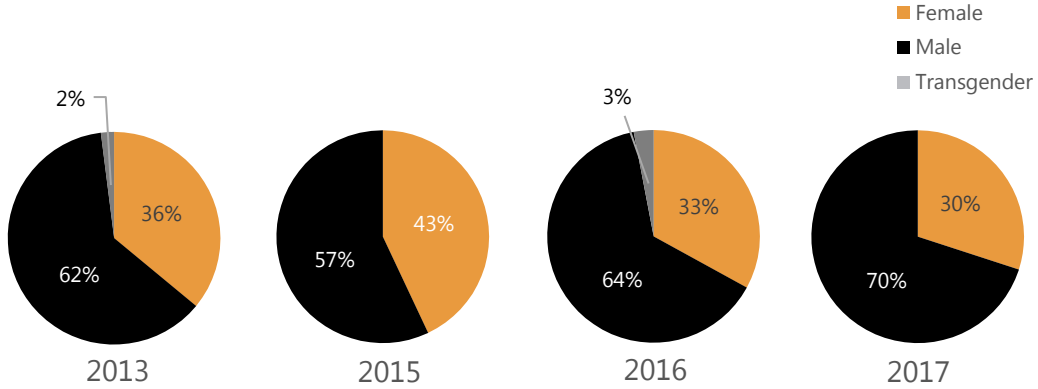
⁸ National Coalition for the Homeless. (2011). Homeless Youth Fact Sheet. Retrieved 2011 from <http://www.nationalhomeless.org>.

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



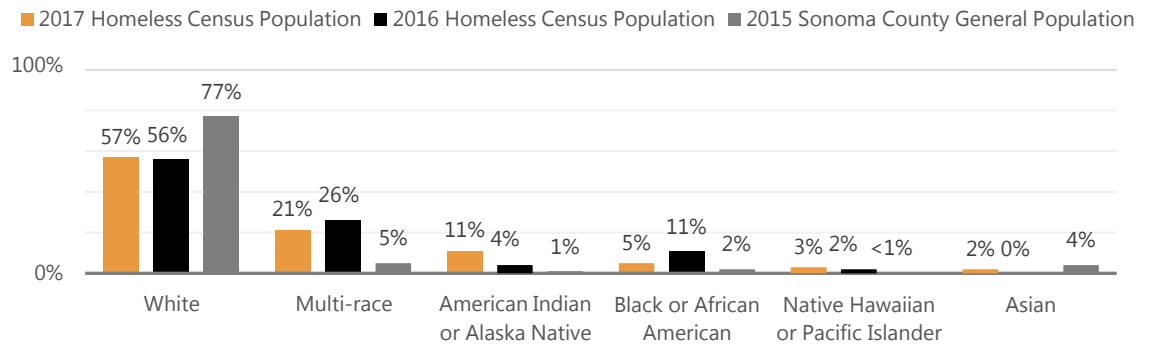
2013 n= 1,128; 2015 n= 678; 2016 n= 663; 2017 n= 532
Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

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



Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

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



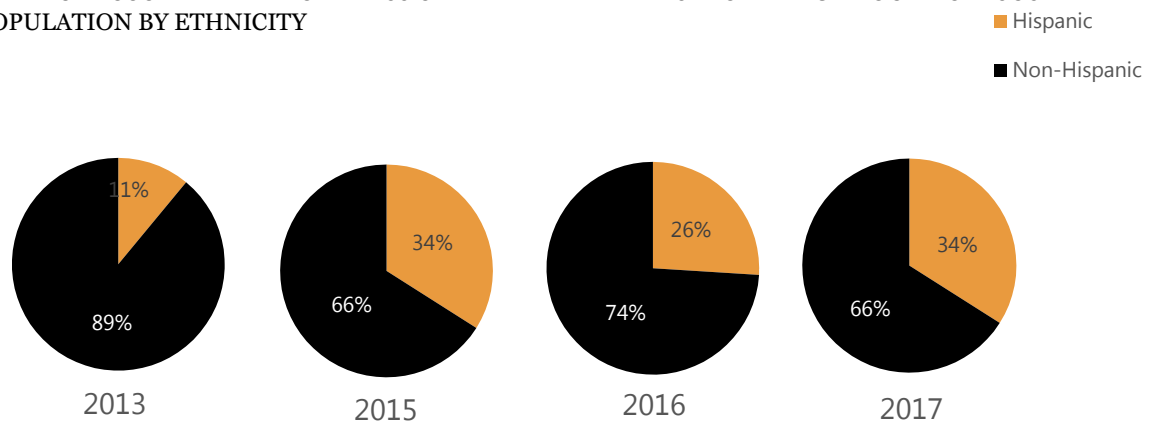
2016 n=654; 2017 n=532

Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

U.S. Census Bureau. (May 2017). American Community Survey 2015 5-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 29. TOTAL UNACCOMPANIED HOMELESS CHILDREN AND TRANSITIONAL-AGE-YOUTH CENSUS POPULATION BY ETHNICITY



2013 n= 105; 2015 n= 69; 2016 n= 115; 2017 n= 116

Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

Note: Beginning in 2015, survey respondents were asked to identify their ethnicity as Hispanic/Latino in a separate question from race, which could account for the shift in the percentage of respondents identifying as Hispanic or Latino.

ANNUALIZATION

By definition, the Point-in-Time Count only provides a snapshot of homelessness during a 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. In 2017, for example, 4.7% of survey respondents indicated that they were experiencing homelessness for 7 days or less, compared to 1.8% of survey respondents in 2016.

The 2017 Sonoma County annual estimate is 6,305 unique homeless experiences over a year, a decrease from 6,876 unique homeless persons in 2016.



Homeless Survey Findings

This section provides an overview of the findings generated from the survey component of the 2017 Sonoma Homeless Point-in-Time Count and Survey. Surveys were administered to a randomized sample of homeless individuals between February 1 and February 19, 2017. This effort resulted in 687 complete and unique surveys. Based on a Point-in-Time Count of 2,835 homeless persons, with a randomized survey sampling process, these 687 valid surveys represent a confidence interval of +/- 3% with a 95% confidence level when generalizing the results of the survey to the entire 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 3 percentage points of the current results.

In order to respect respondent privacy and to ensure the safety and comfort of those who participated, respondents were not required to complete all survey questions. Missing values were intentionally omitted from the survey results. Therefore, the total number of respondents for each question will not always equal the total number of surveys conducted.

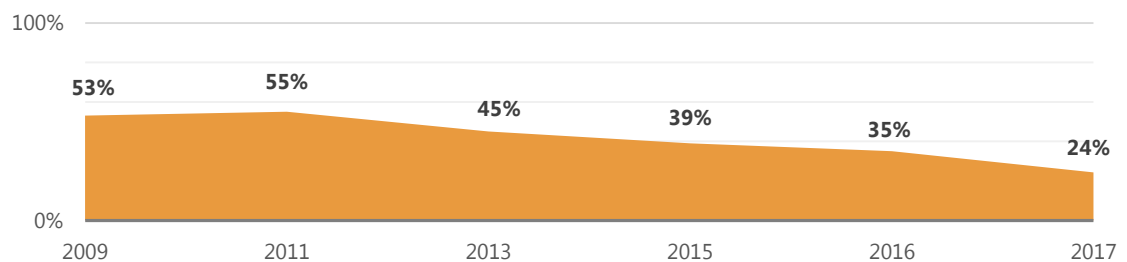
DURATION AND RECURRENCE OF HOMELESSNESS

Unstable living conditions, poverty, housing scarcity, and many other issues often lead to individuals falling in and out of homelessness. Slightly more than three-quarters (76%) of survey respondents reported they experienced homelessness prior to their current episode. For many, the experience of homelessness is part of a long and recurring history of housing instability.

DURATION OF HOMELESSNESS

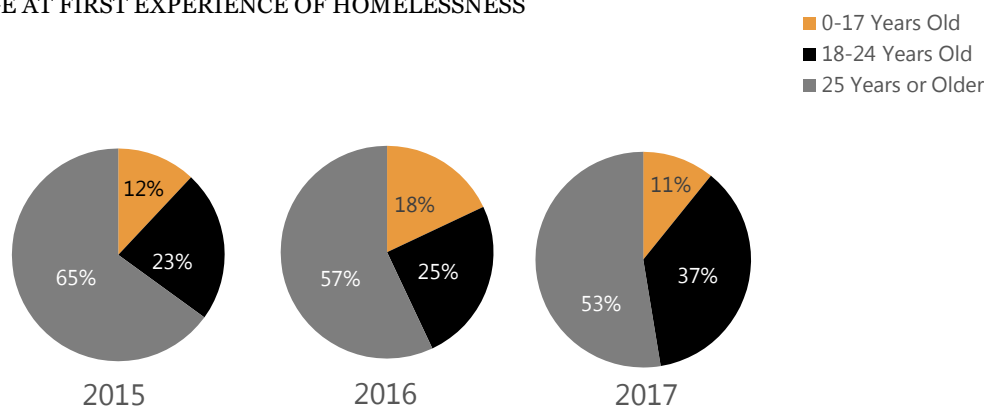
The number of survey respondents who indicated experiencing homelessness for the first time has fallen from a high of 55% in 2011 to a low of 24% in 2017. Including their current episode of homelessness, 86% of respondents reported that this was their first or second time experiencing homelessness in the 12 months prior to the survey. Twenty-eight percent (28%) reported experiencing homelessness five or more times in the last three years.

FIGURE 30. FIRST TIME HOMELESS (RESPONDENTS ANSWERING “YES”)



2009 n = 600; 2011 n = 617; 2013 n = 533; 2015 n = 609; 2016 n = 605; 2017 n = 678
Source: Applied Survey Research. (2009-2017). Sonoma County Homeless Census.

FIGURE 31. AGE AT FIRST EXPERIENCE OF HOMELESSNESS

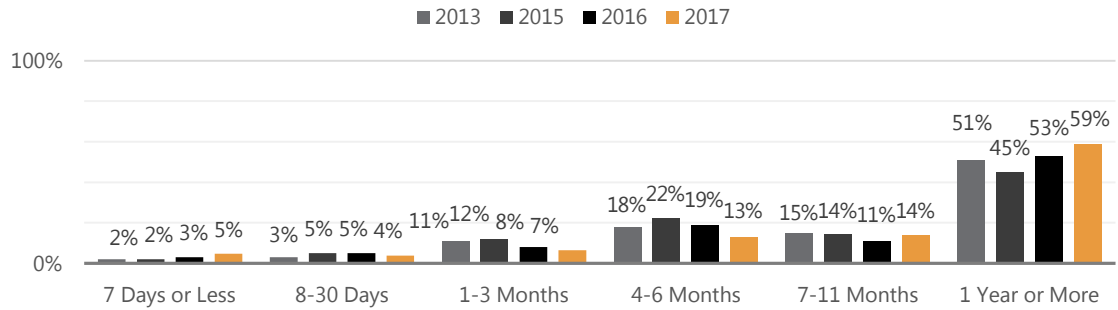


2015 n = 605; 2016 n = 599; 2017 n = 675
Source: Applied Survey Research. (2015-2017). Sonoma County Homeless Census.
Note: Age at first experience of homelessness was not asked until 2015.

RECURRENCE OF HOMELESSNESS

Many individuals who experience homelessness will do so numerous times. Fifty-nine percent (59%) of respondents indicated that they had been homeless for a year or more, a slight increase from 53% in 2016.

FIGURE 32. LENGTH OF CURRENT EPISODE OF HOMELESSNESS



2013 n = 523; 2015 n = 608; 2016 n = 605; 2017 n = 680

Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

LIVING ACCOMMODATIONS

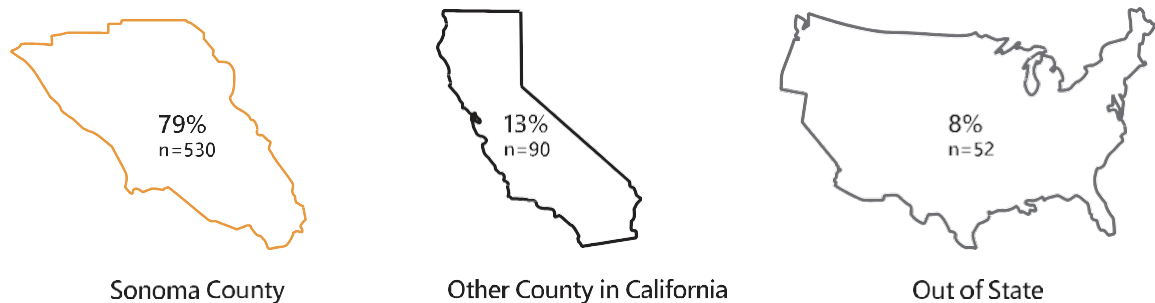
Where individuals lived prior to experiencing homelessness and where they have lived since impacts the way they seek services, as well as their ability to access support from friends or family. Previous circumstances can also point to gaps in the system of care, and opportunities for systemic improvement and homeless prevention.

PLACE OF RESIDENCE

Knowing where individuals were living before they most recently lost their housing informs discussions regarding how local the homeless population is to the region. This information can also influence changes to available support systems if the Continuum of Care finds increasing numbers of individuals living locally before experiencing homelessness.

Prior to becoming homeless, 79% of the survey respondents reported living in Sonoma County, a decrease from both 2016 and 2015 (82% and 86%, respectively). Thirteen percent (13%) of respondents were living in another California county at the time they became homeless, and 8% were living in another state. Of those who lived in Sonoma County at the time of their housing loss, 56% had lived in Sonoma County for 10 or more years. Fourteen percent (14%) of all survey respondents reported living in Sonoma County for less than a year; this was a slight increase from 12% in 2016.

FIGURE 33. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS



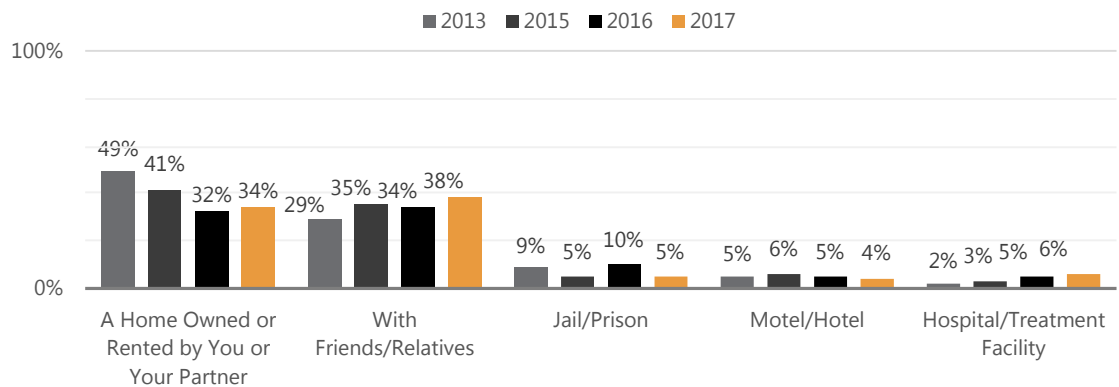
2017 n= 672

Source: Applied Survey Research. (2017). *Sonoma County Homeless Census*.

PRIOR LIVING ARRANGEMENTS

Similar to previous place of residence, the type of living arrangements maintained by individuals before experiencing homelessness can influence what types of homeless prevention services might be offered to help individuals maintain their housing. Immediately before becoming homeless, the majority of survey respondents reported living with friends and/or relatives (38%), or living in a home owned or rented by themselves or a partner (34%). The percentage of individuals who were in jail or prison prior to experiencing homelessness decreased from 10% in 2016, to 5% in 2017.

FIGURE 34. LIVING ARRANGEMENTS IMMEDIATELY PRIOR TO BECOMING HOMELESS THIS TIME



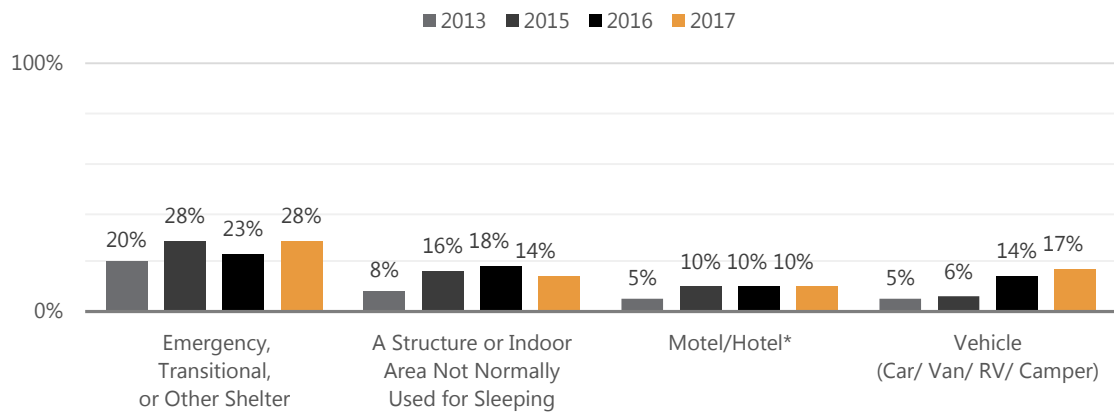
2013 n=525; 2015 n=589; 2016 n=488; 2017 n= 652
 Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.
 Note: Multiple response question. Percentages may not add up to 100.

CURRENT LIVING ARRANGEMENTS

While basic information on where individuals were observed during the general street count effort was collected, survey respondents were also asked about their usual nighttime accommodations. Understanding the types of places individuals experiencing homelessness are sleeping can help inform local outreach efforts.

Thirty-one percent (31%) of survey respondents reported living outdoors, either on the streets, in parks, or in encampments; this is down from 36% in 2016. The percentage of survey respondents reporting living in vehicles has steadily increased since 2015, with 17% of survey respondents in 2017 reporting living in a vehicle.

FIGURE 35. USUAL PLACES TO SLEEP AT NIGHT



2013 n=533; 2015 n=586; 2016 n=592; 2017 n= 687

Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

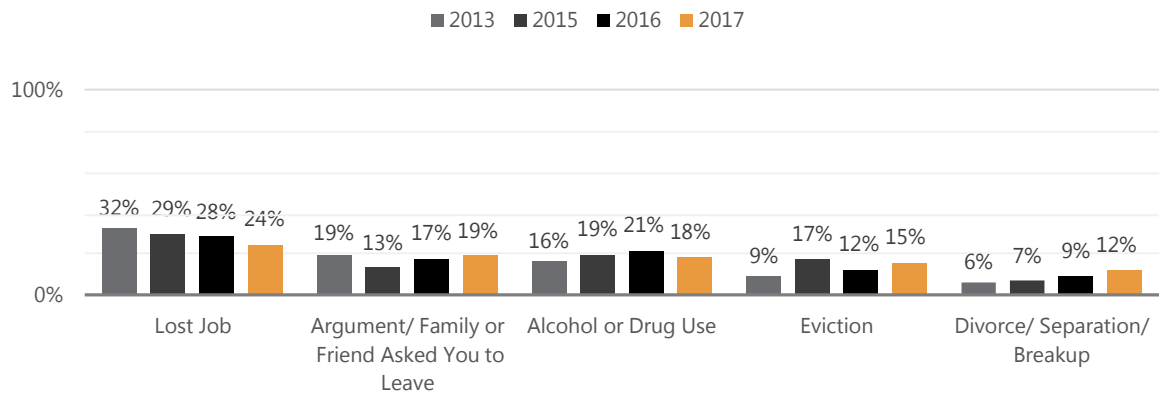
Note: 2013 response option specified that motel/hotel was paid for by an agency.

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

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 compounding causes. An inability to secure adequate housing can also lead to an inability to address other basic needs, such as healthcare and adequate nutrition. In 2017, 24% of survey respondents reported job loss as the primary cause of their homelessness. The percentage of respondents who reported alcohol or drug use as the primary cause of their homelessness decreased from 21% in 2016 to 18% in 2017, while the percentage reporting divorce or separation as the cause increased from 9% in 2016 to 12% in 2017.

FIGURE 36. PRIMARY CAUSE OF HOMELESSNESS

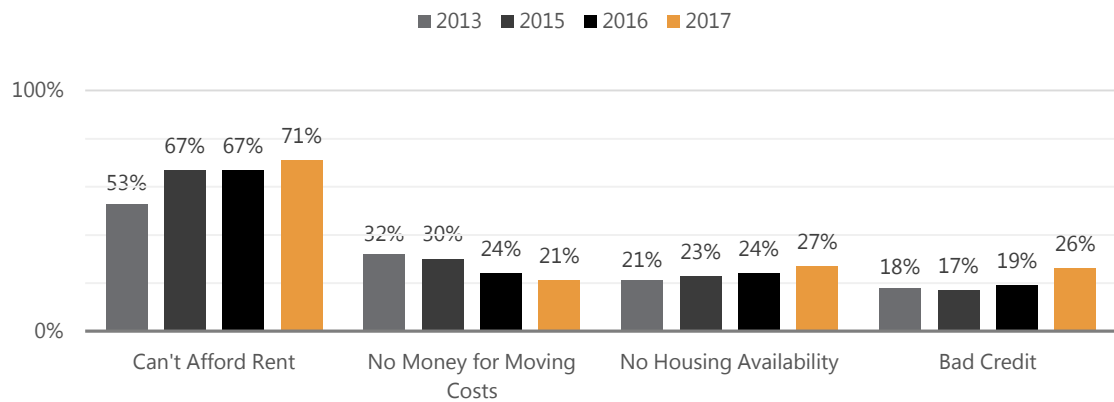


2013 n= 521 respondents offering 619 responses; 2015 n= 601 respondents offering 738 responses; 2016 n= 576 respondents offering 782 responses; 2017 n= 660 respondents offering 917 responses
 Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.
 Note: Multiple response question. Percentages may not add up to 100.

OBSTACLES TO OBTAINING PERMANENT HOUSING

Many individuals experiencing homelessness face significant barriers in obtaining permanent housing. These barriers can range from housing affordability and availability to accessing the economic and social supports (e.g. increased income, rental assistance, and case management) needed to access and maintain permanent housing. Similar to 2016, the majority of survey respondents (71%) indicated their inability to afford rent as their primary obstacle to obtaining permanent housing. The percentage reporting a lack of housing as an obstacle to obtaining permanent housing increased from 24% in 2016 to 27% in 2017, as did the percentage reporting bad credit (19% in 2016 up to 26% in 2017).

FIGURE 37. 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; 2017 n= 659 respondents offering 1,642 responses
Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

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

SURVEY DEMOGRAPHICS

DEMOGRAPHIC INFORMATION

Slightly more than two thirds (67%) of survey respondents identified as male, 32% identified as female, and 2% identified as transgender. Similar to 2016, nearly one in five (18%) survey respondents were under the age of 25. Slightly over half (53%) of survey respondents were between the ages of 25 to 50, and 29% were 51 years of age or older.

Eighteen percent (18%) of survey respondents identified as lesbian, gay, bisexual, transgender, or queer (LGBTQ), slightly higher than the 14% of survey respondents in 2016. Of those who identified as LGBTQ, 36% identified as bisexual, while 20% identified as gay and 16% as lesbian.

Survey respondents were also asked about their ethnic and racial background. Nearly one quarter (24%) of survey respondents identified as Hispanic or Latino, a slight increase from 21% in 2016. The majority of survey respondents (67%) identified as White, followed by 17% as multi-race, 9% as Black or African American, 5% as American Indian or Native Alaskan, 1% as Asian, and 1% as Native Hawaiian or Pacific Islander.

FIGURE 38. SURVEY RESPONDENTS BY AGE

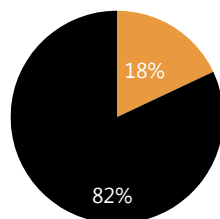
Age Group	2015	2016	2017
Less than 18 Years	1%	1%	<1%
18-24 Years	13%	19%	18%
25-30 Years	11%	10%	6%
31-40 Years	20%	22%	15%
41-50 Years	27%	24%	31%
51-60 Years	22%	19%	20%
61 Years or More	6%	6%	9%

2015 n=609; 2016 n=605; 2017 n= 687

Source: Applied Survey Research. (2015-2017). Sonoma County Homeless Census.

FIGURE 39. SEXUAL ORIENTATION AND LGBTQ IDENTITY

■ Yes ■ No



LGBTQ Status

Breakout of Respondents Answering Yes	%	n
Gay	20%	24
Lesbian	16%	20
Queer	8%	10
Bisexual	36%	44
Transgender	8%	10
Other	21%	25

LGBTQ 2017 n=687; Breakout n=122 respondents offering 133 responses

Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

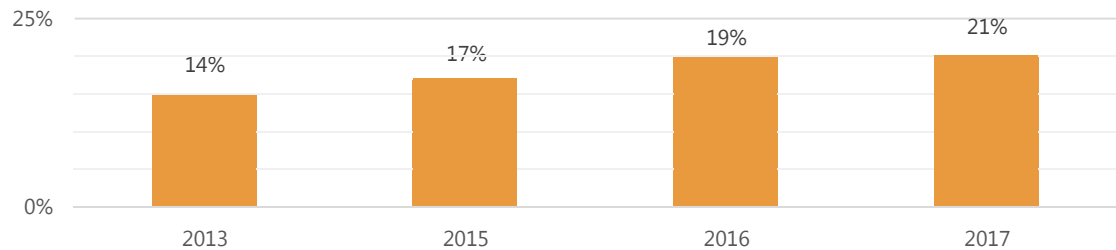
Note: Multiple response question. Percentages may not add up to 100.

FOSTER CARE

Nationally, it is estimated that at least 20% of foster youth experience homelessness after exiting care.⁹ In the state of California, many foster youth are eligible to receive extended care benefits as they transition into adulthood, up until their 21st birthday. Implemented since 2012, the aim of extended foster care is to assist foster youth with the transition to independence and prevent them from experiencing homeless.

Since 2013, there has been a consistent increase in respondents reporting a history of foster care. In 2017, 21% of respondents reported a history of foster care. The percentage of youth under the age of 25 reporting a history of foster care was more than double that of survey respondents over the age of 25 (39% compared to 17%). Two percent (2%) of all survey respondents reported that aging out of the foster care system was the primary cause of their homelessness.

FIGURE 40. HISTORY OF FOSTER CARE



2013 n= 533; 2015 n= 600; 2016 n= 563; 2017 n= 645

Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

⁹ Fernandes, AL. (2007). Runaway and Homeless Youth: Demographics, Programs, and Emerging Issues. Congressional Research Services, January 2007, <http://www.endhomelessness.org/content/general/detail/1451>.

SERVICES AND ASSISTANCE

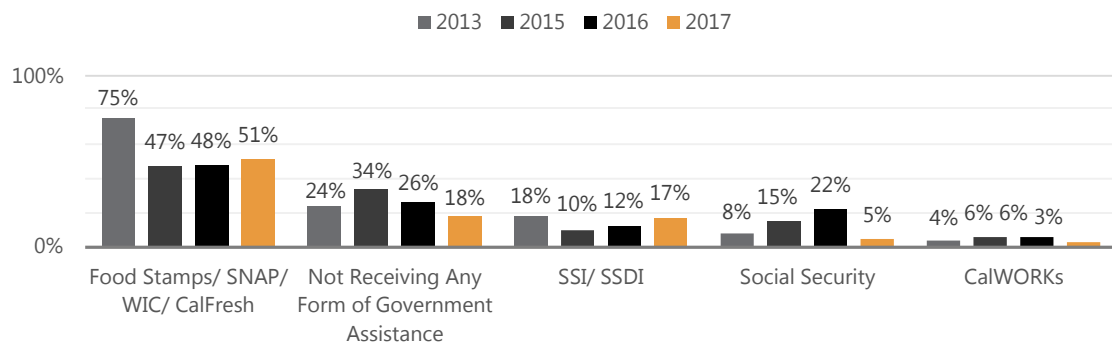
Sonoma County provides services and assistance to those currently experiencing homelessness through federal and local programs. Government assistance and homeless services work to enable individuals and families to obtain income and support. However, many individuals and families do not apply for services, as many believe that they are ineligible for assistance. Connecting homeless individuals and families to these support services creates a bridge to mainstream support services and can prevent future housing instability.

GOVERNMENT ASSISTANCE

There are a variety of forms of governmental assistance available to individuals experiencing homelessness. However, knowledge of services available, understanding of eligibility requirements, and perceived stigma of receiving governmental assistance can all impact the rate at which eligible individuals access these supports. The most common types of assistance survey respondents received in 2017 were Food Stamps/SNAP/WIC/CalFresh (51%) and Medi-Cal/Medicare (39%). This was the first year in which survey respondents were asked about Medi-Cal/Medicare usage.

Eighteen percent (18%) of survey respondents reported that they were not receiving any form of government assistance, a decrease from 26% in 2016. When asked why not, 30% of respondents reported that they did not want government assistance, 25% thought they were not eligible, 24% never applied, 18% had no form of identification, and 12% found the paperwork to be too difficult.

FIGURE 41. GOVERNMENT ASSISTANCE RECEIVED*

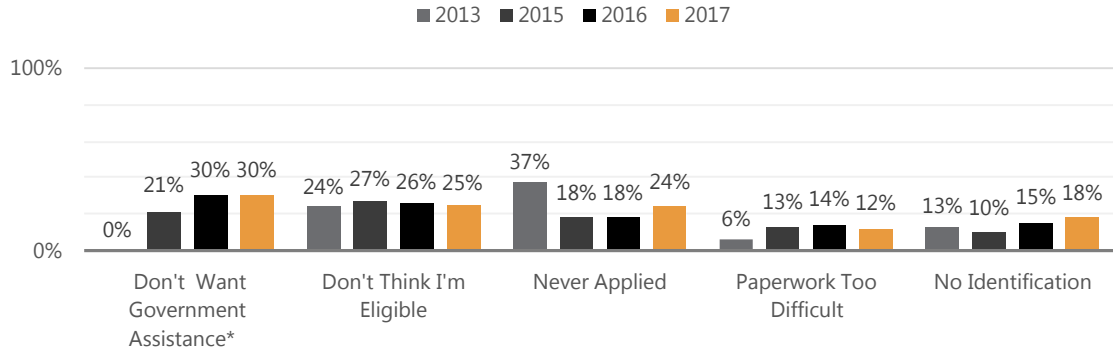


2013 n= 400 respondents offering 658 responses; 2015 n= 578 respondents offering 655 responses; 2016 n= 475 respondents offering 569 responses; 2017 n= 581 respondents offering 956 responses
Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

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

*Medi-Cal/Medicare usage was not asked prior to 2017, and is therefore not included in the comparison table.

FIGURE 42. 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; 2017 n=106 respondents offering 181 responses
 Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

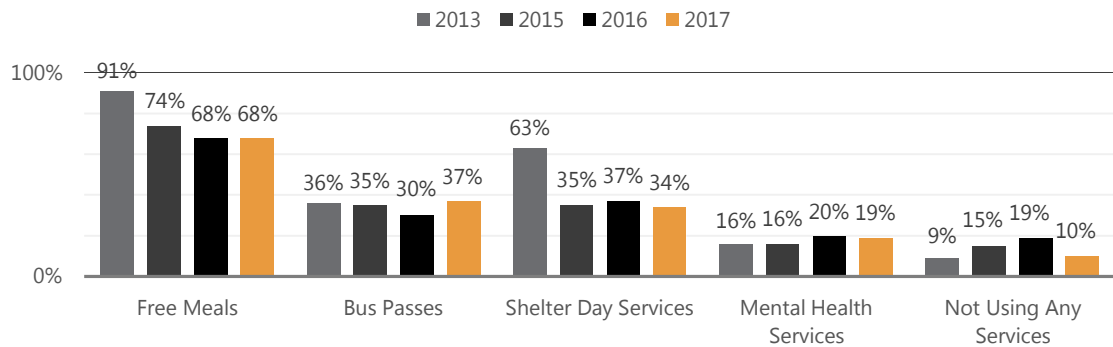
Note: Multiple response question. Percentages may not add up to 100.

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

SERVICES AND PROGRAMS

In addition to governmental assistance, there are a numerous community-based services and programs made available to individuals experiencing homelessness. These services range from day shelters and meal programs to job training and healthcare. The most commonly used services were free meals (68%), bus passes (37%), and shelter day services (34%). One in ten respondents indicated they did not receive any services or use any programs, a decrease from 19% in 2016. Apart from shelter day services, 2017 was the first year where survey respondents were also asked about emergency shelter usage. Forty-six percent (46%) of respondents reported using emergency shelters.

FIGURE 43. 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; 2017 n= 622 offering 1792 responses
 Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

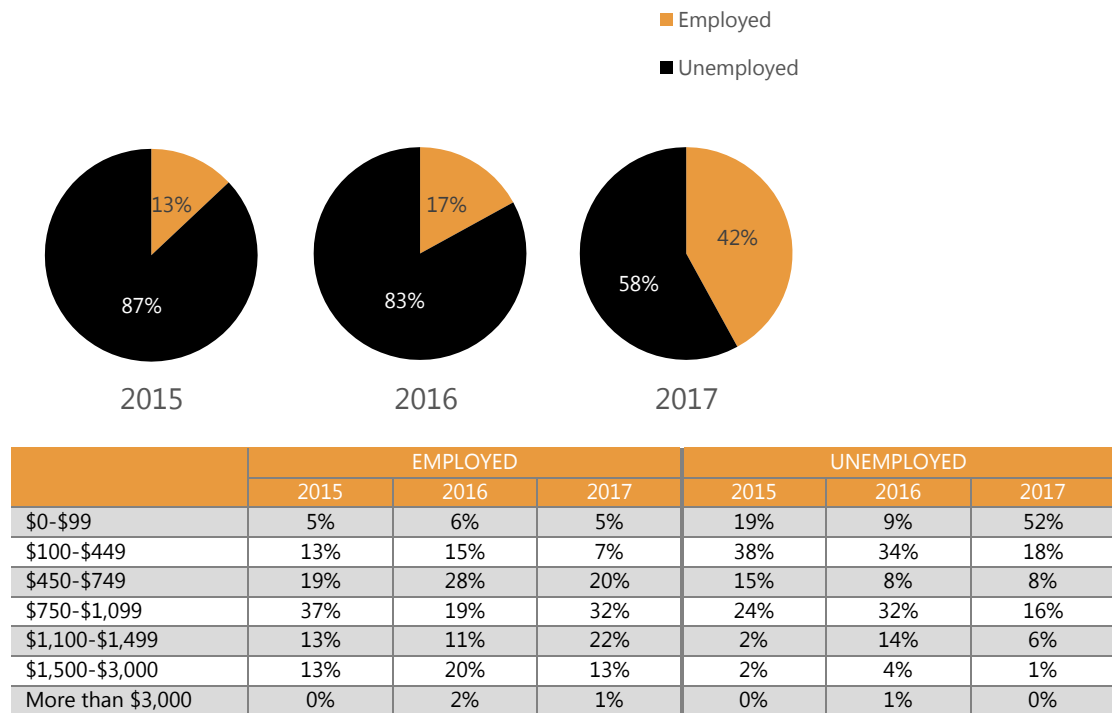
Note: Multiple response question. Percentages may not add up to 100.

* Emergency shelter usage was not asked prior to 2017, and is therefore not included in the comparison table.

EMPLOYMENT AND INCOME

While the majority of survey respondents (58%) reported being unemployed, there was a large increase of those reporting part-time or full-time employment, either public or private (17% in 2016 compared to 42% in 2017). A quarter (25%) of all survey respondents reported being employed part-time; a large increase from 2016, when only 9% of respondents reported part-time employment. Nine percent (9%) indicated full-time employment, and 8% were employed seasonally. Despite a higher rate of employment, data suggest that employment and income were not enough to meet basic needs.

FIGURE 44. EMPLOYMENT STATUS AND MONTHLY INCOME



2015 Employment Status n=514, Monthly Income Employed n=38, Monthly Income Unemployed n=200; 2016 Employment Status n=490, Monthly Income Employed n=54, Monthly Income Unemployed n=252; 2017 Employment Status n=645, Monthly Income Employed n=267, Monthly Income Unemployed n=374

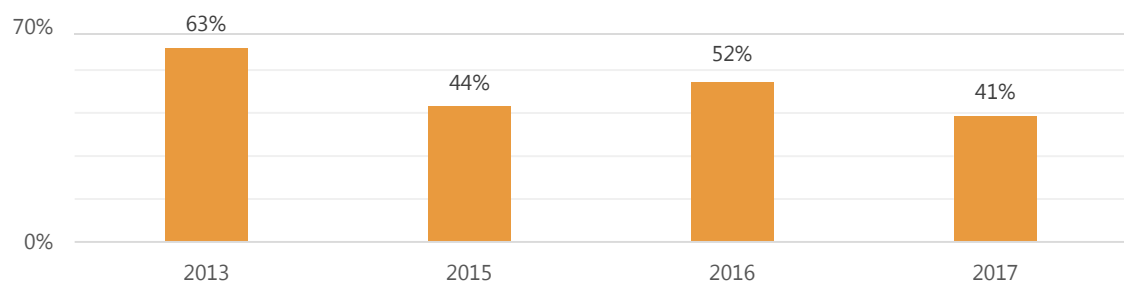
Source: Applied Survey Research. (2015-2017). Sonoma County Homeless Census.

HEALTH

The average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Without regular access to healthcare and without safe and stable housing, individuals experience 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.¹⁰

In Sonoma County, 64% of survey respondents reported one or more health conditions, and 41% of survey respondents reported a HUD disabling condition. The most common health condition reported by individuals in 2017 was drug and alcohol abuse (38%), followed by a psychiatric or emotional condition (29%), a physical disability (19%), and Post-Traumatic Stress Disorder (19%).

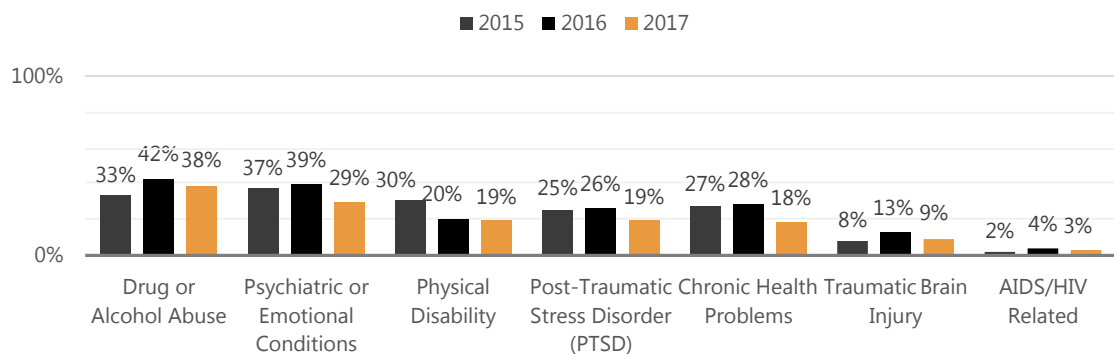
FIGURE 45. HUD DISABLING CONDITION



2013 n= 492; 2015 n= 609; 2016 n= 605; 2017 n= 687

Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

FIGURE 46. HEALTH CONDITIONS



2015 n=595-602; 2016 n=588-603; 2017 n= 680-685

Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

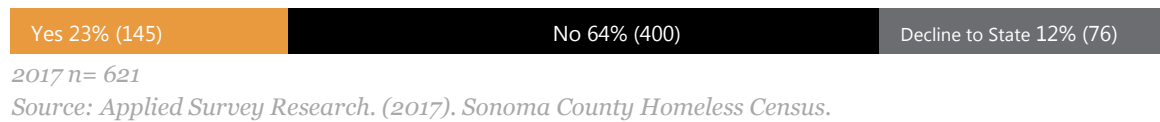
Note: Multiple response question. Percentages may not add up to 100.

¹⁰ 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

Histories of domestic violence and partner abuse are prevalent among individuals experiencing homelessness, and can be the primary cause of homelessness for many. Survivors often lack many of the financial resources required for housing, as their employment history or dependable income may be limited. The percentage of individuals experiencing homelessness in Sonoma County who indicated a prior experience of domestic violence or partner abuse was 23%, similar to 24% in 2016. Six percent (6%) of survey respondents indicated that domestic violence was the primary event that led to their homelessness.

FIGURE 47. HISTORY OF DOMESTIC VIOLENCE



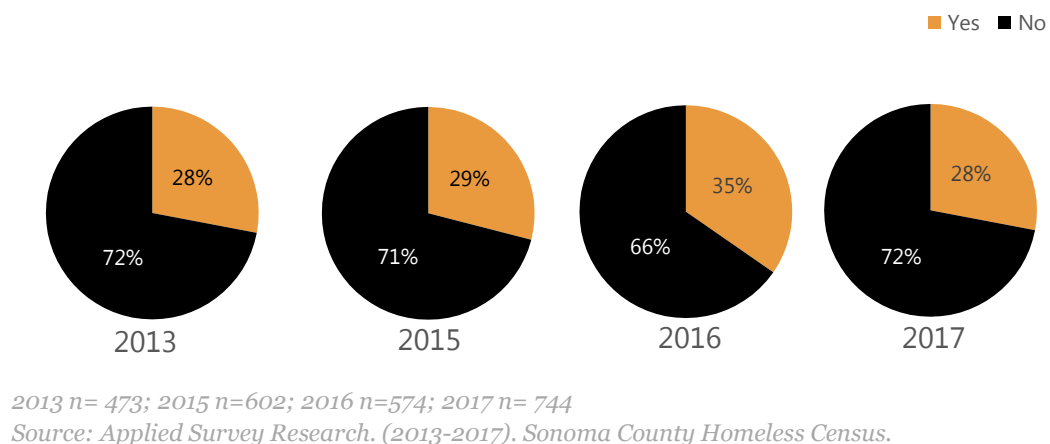
CRIMINAL JUSTICE SYSTEM

Homelessness and incarceration are often correlative. Individuals without stable housing are at greater risk of criminal justice system involvement, particularly those with mental health issues, veterans, and youth. Individuals with past incarceration face significant barriers to exiting homelessness due to stigmatization and policies affecting their ability to gain employment and access housing opportunities.¹¹

INCARCERATION

When asked if they had spent a night in jail or prison in the last 12 months, 22% of respondents experiencing homelessness responded they had spent at least 1 night in jail or prison, a decrease from 35% in 2016. Thirteen percent (13%) of survey respondents reported that they were on probation or parole at the time they most recently became homeless, and 14% reported they were on probation or parole at the time of the survey.

FIGURE 48. SPENT A NIGHT IN JAIL OR PRISON IN THE LAST 12 MONTHS



¹¹ Greenberg, GA, Rosenheck, RA. (2008). Jail Incarceration, Homelessness, and Mental Health: A National Study. *Psychiatr Serv*, 2008 Feb;59(2): 170-7.

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 identifies four subpopulations with particular challenges or needs, including: those experiencing chronic homelessness, veterans, families with children, and unaccompanied children and transition-age-youth. Consequently, these subpopulations represent important reportable indicators for measuring local progress toward ending homelessness.

The following sections examine each of these four subpopulations, identifying the number and characteristics of individuals included in the 2017 Sonoma County Homeless Point-in-Time Count and Survey.

CHRONICALLY HOMELESS INDIVIDUALS

The U.S. Department of Housing and Urban Development 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 totaling 12 months in the last three years, and also has a disabling condition that prevents them from maintaining work or housing. This definition applies to individuals as well as heads of household who meet the definition.

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 that of the general population.¹² Data from communities across the country show that public costs incurred by those experiencing extended periods of homelessness include emergency room visits, interactions with law enforcement, incarceration, and 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 U.S. Department of Housing and Urban Development reported that roughly 22% of the national homeless population was chronically homeless in 2016, representing 77,486 individuals.¹³ Chronic homelessness has been on the decline in recent years as communities across the country increase the capacity of their permanent supportive housing programs and prioritize those with the greatest barriers to housing stability. While the national decrease in chronic homelessness seems promising, federal budget constraints limit the amount of money available to support housing programs and services. As a result, *Opening Doors*, a federal strategic plan outlining national objectives for ending chronic homelessness by 2016, has extended the goal to 2017.¹⁴

¹² United States Interagency Council on Homelessness. (2010). Supplemental Document to the Federal Strategic Plan to Prevent and End Homelessness: June 2010. Retrieved 2017 from https://www.usich.gov/resources/uploads/asset_library/BkgrdPap_ChronicHomelessness.pdf

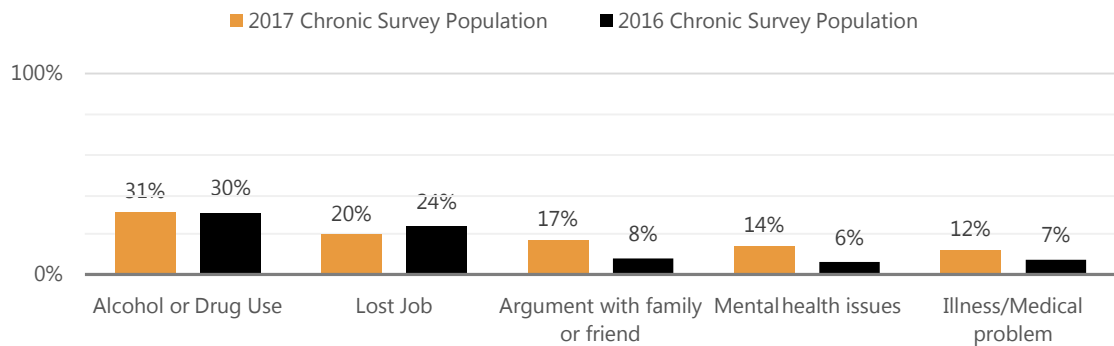
¹³ Department of Housing and Urban Development. (2016). Annual Assessment Report to Congress. Retrieved 2017 from <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>

¹⁴ Cavallaro, E. (2017). Ending Chronic Homelessness, Now in 2017. National Alliance to End Homelessness. Retrieved 2017 from <http://www.endhomelessness.org>

PRIMARY CAUSE OF HOMELESSNESS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Thirty-one percent (31%) of chronically homeless survey respondents reported alcohol or drug use as the primary cause of their homelessness, compared to only 14% of all othersurvey respondents. One in five (20%) chronically homeless respondents reported a lost job as the primary cause of their homelessness, followed by an argument with family or friends (17%), mental health issues (14%), and an illness/medical problem (12%).

FIGURE 49. PRIMARY CAUSE OF HOMELESSNESS AMONG CHRONICALLY HOMELESS (TOP FIVE RESPONSES IN 2017)



2016 n= 164; 2017 n=183

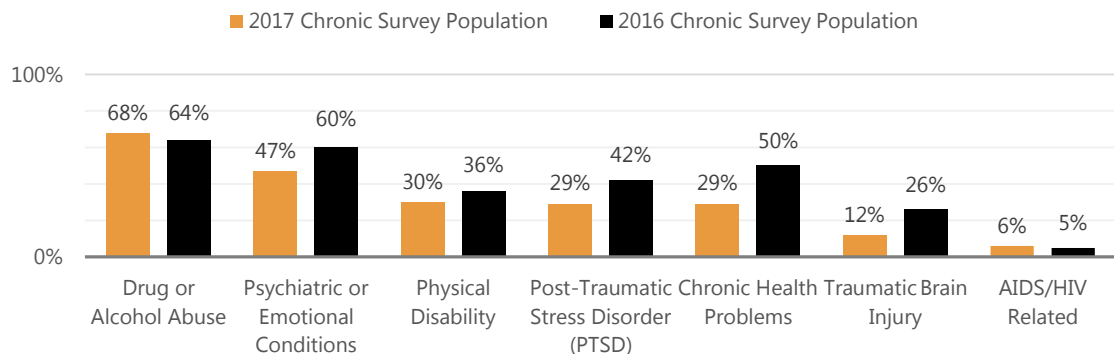
Source: Applied Survey Research. (2016-2017). Sonoma County Homeless Census.

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

HEALTH CONDITIONS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

To meet the definition of chronic homelessness, an individual must be experiencing at least one disabling condition. Sixty-eight percent (68%) of the chronically homeless survey respondents reported experiencing alcohol or drug abuse, much higher than the population of non-chronically homeless survey respondents (27%). Similarly, a higher percentage of chronically homeless individuals reported experiencing a psychiatric or emotional condition compared to other survey respondents (47% and 22%, respectively).

FIGURE 50. HEALTH CONDITIONS AMONG CHRONICALLY HOMELESS



2016 n= 9-171; 2017 n=182-187

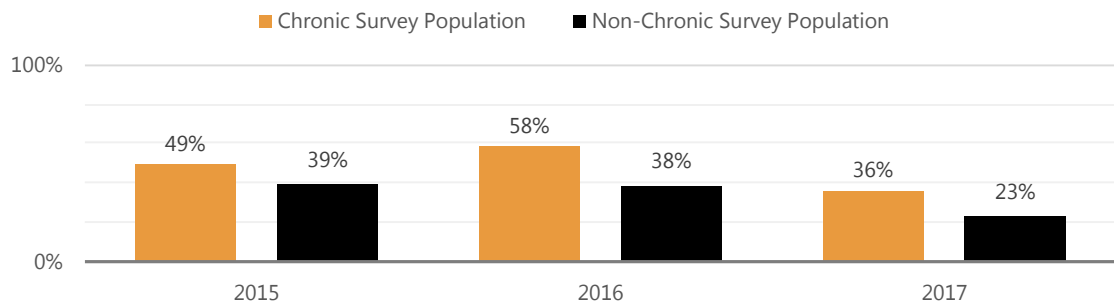
Source: Applied Survey Research. (2016-2017). Sonoma County Homeless Census.

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

EMERGENCY ROOM USE AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Thirty-six percent (36%) of chronically homeless respondents reported visiting the emergency room at least once in the last three months, a higher rate than the other survey respondents (23%), but lower than the chronically homeless population in 2016 (58%).

FIGURE 51. EMERGENCY ROOM USE IN THE LAST THREE MONTHS, CHRONIC AND NON-CHRONIC COMPARISON



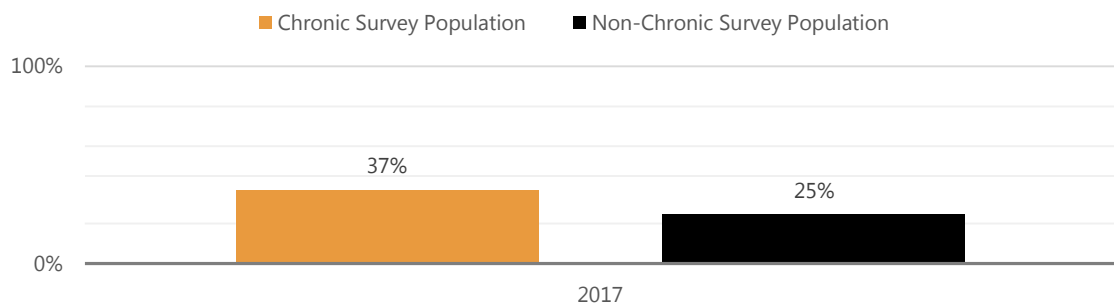
2015 Chronic Survey Population n=116, Non-Chronic Survey Population n=310; 2016 Chronic Survey Population n=133, Non-Chronic Survey Population n=269; 2017 Chronic Survey Population n=185, Non-Chronic Survey Population n=488

Source: Applied Survey Research. (2015-2017). Sonoma County Homeless Census.

INCARCERATION AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Thirty-seven percent (37%) of chronically homeless survey respondents reported spending at least one night in jail in the last 12 months, compared to 25% of non-chronically homeless respondents. The percentage of chronically homeless respondents who reported being on probation or parole at the onset of their homelessness was also higher than the percentage among all other survey respondents (21% versus 17%, respectively).

FIGURE 52. ONE OR MORE NIGHTS SPENT IN JAIL 12 MONTHS PRIOR TO SURVEY, CHRONIC AND NON-CHRONIC COMPARISON



2017 Chronic Survey Population n=180 Non-Chronic Survey Population n=472

Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

HOMELESS VETERANS

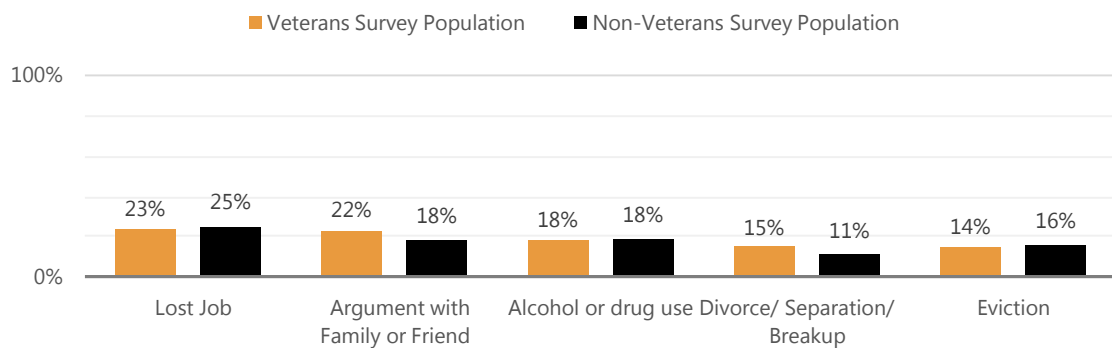
Many U.S. veterans experience conditions that place them at increased risk for homelessness. Veterans experience higher rates of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), sexual assault, and substance abuse. Veterans experiencing homelessness are more likely to live on the 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 involve different forms of financial assistance, including monthly cash payments to disabled veterans, health care, education, and housing benefits. In addition to these supports, the VA and HUD partner to provide additional housing and support services to veterans currently experiencing homelessness or at risk of experiencing homelessness.

PRIMARY CAUSE OF HOMELESSNESS AMONG THOSE HOMELESS VETERANS

Twenty-three percent (23%) of veteran survey respondents reported job loss as the primary cause of their homelessness, similar to 25% of the non-veteran population. This was a decrease from 34% in 2016. An argument with family or friends was the second highest reported cause of homelessness among veterans (22%), followed by alcohol or drug use (18%), divorce/separation/breakup (15%), and eviction (14%).

FIGURE 53. PRIMARY CAUSE OF HOMELESSNESS, VETERAN AND NON-VETERAN COMPARISON



2017 Veterans Survey Population n=134; Non-Veterans Survey Population n=526

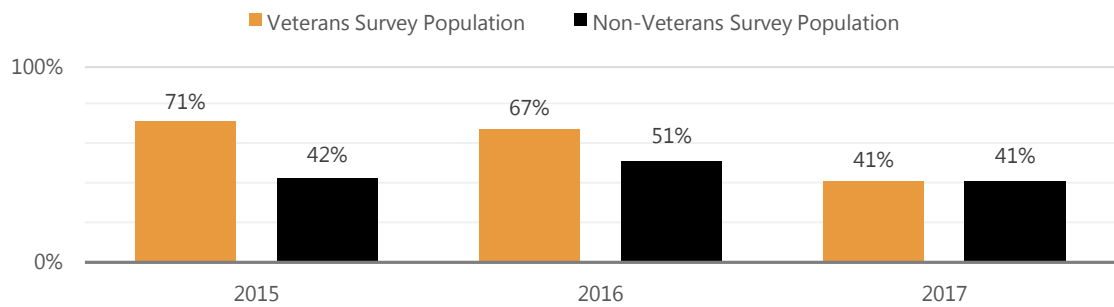
Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

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

DISABLING CONDITIONS AMONG HOMELESS VETERANS

Veteran and non-veteran survey respondents reported one or more disabling conditions at the same rate (41%) in 2017, signifying decreases among both veteran and non-veteran survey respondents in 2016 (67% and 51%, respectively). Over half (54%) of veteran respondents reported drug or alcohol abuse, compared to 34% of non-veterans. A similar percentage of veterans and non-veterans reported Post-Traumatic Stress Disorder (20% and 19%, respectively).

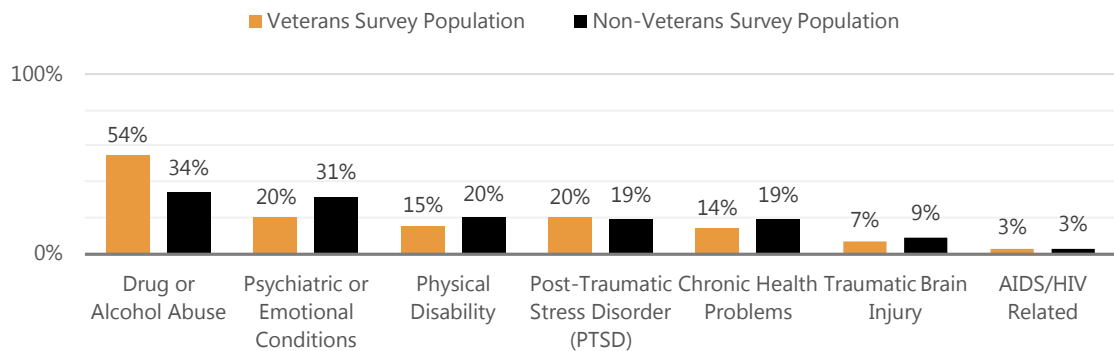
FIGURE 54. DISABLING CONDITIONS AMONG HOMELESS VETERANS, VETERAN AND NON-VETERAN COMPARISON



2015: Veterans Survey Population n= 49, Non-Veterans Survey Population n= 560; 2016 Veterans Survey Population n= 69, Non-Veterans Survey Population n= 536; 2017 Veterans Survey Population n= 137, Non-Veterans Survey Population n= 550

Source: Applied Survey Research. (2015-2017). Sonoma County Homeless Census.

FIGURE 55. HEALTH CONDITIONS, VETERAN AND NON-VETERAN COMPARISON



2017 Veterans Survey Population n=137; Non-Veterans Survey Population n=543-549

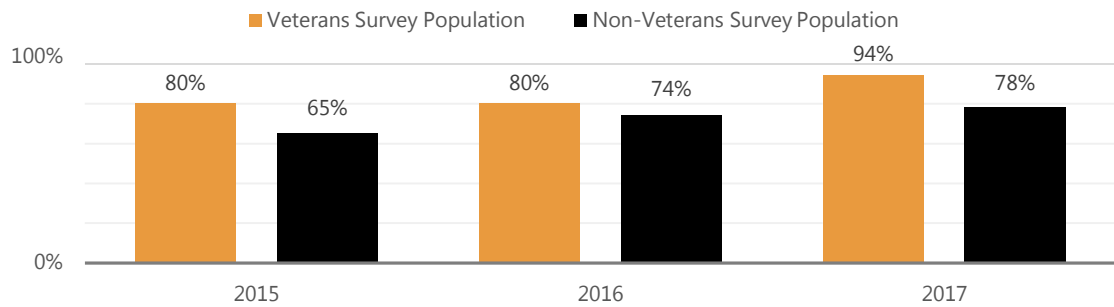
Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

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

ACCESS TO GOVERNMENT SERVICES AMONG VETERANS

Ninety-four percent (94%) of veteran survey respondents reported receiving some form of governmental assistance, higher than 78% of non-veteran survey respondents. The most common form of government assistance received among veterans were veterans benefits such as GI and health care (61%), followed by food stamps/SNAP/WIC/CalFresh (49%), Medi-Cal/Medicare (42%), and VA disability compensation (21%).

FIGURE 56. ACCESS TO SERVICES, VETERAN AND NON-VETERAN COMPARISON



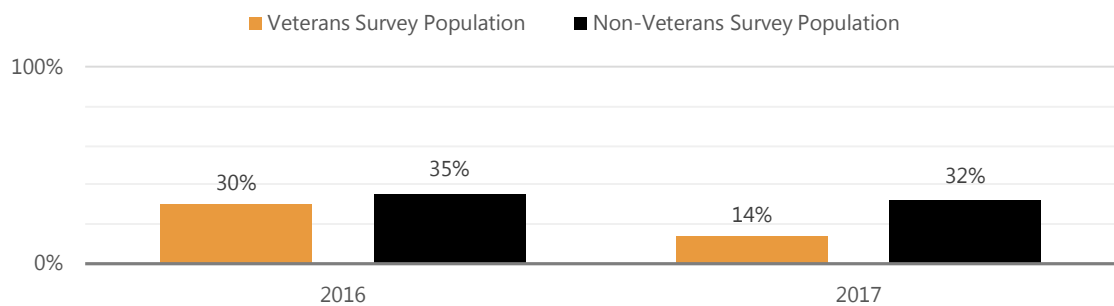
2015 Homeless veteran population n=45, Non-homeless veteran population n=533; 2016 Homeless veteran population n= 60, Non-homeless veteran population n= 415; 2017 Homeless veteran population n=125, Non-homeless veterans Population n=456

Source: Applied Survey Research. (2015-2017). Sonoma County Homeless Census.

INCARCERATION AMONG HOMELESS VETERANS

Nationally, among those who are incarcerated, veterans are more likely than non-veterans to be first time offenders, to have committed a violent offense, and to have longer prison sentences. Veterans who are incarcerated may also face the loss of various VA benefits during this time.¹⁵ Fourteen percent (14%) of veteran survey respondents indicated spending at least one night in jail in the 12 months prior to the survey, a decrease from 30% in 2016. Nine percent (9%) of veteran survey respondents reported being on probation or parole at the onset of their homelessness, compared to 20% of non-veteran respondents.

FIGURE 57. A NIGHT SPENT IN JAIL OR PRISON IN THE LAST 12 MONTHS , VETERAN AND NON-VETERAN COMPARISON



2016 Veterans Survey Population n=66; 2016 Non-Veterans Survey Population n=508; 2017 Veterans Survey Population n=132; Non-Veterans Survey Population n=520
 Source: Applied Survey Research. (2016-2017). Sonoma County Homeless Census.

¹⁵ Military Benefits. (2014). Incarcerated Veterans. Retrieved 2017 from <http://www.military.com/benefits/veterans-benefits/incarcerated-veterans.html>.

HOMELESS FAMILIES WITH CHILDREN

National data from 2016 suggest that 35% of all people experiencing homelessness are persons in families. Very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the population compared to other subpopulations, including unaccompanied children and transition-age-youth. Data on families experiencing homelessness suggest that they are not much different from other families in poverty.

Nationally, the majority of homeless families are households headed by single women and families with children under the age of six.¹⁶ Children in families experiencing homelessness have increased incidence of illness and are more likely to have emotional and behavioral problems than children with stable living accommodations.¹⁷

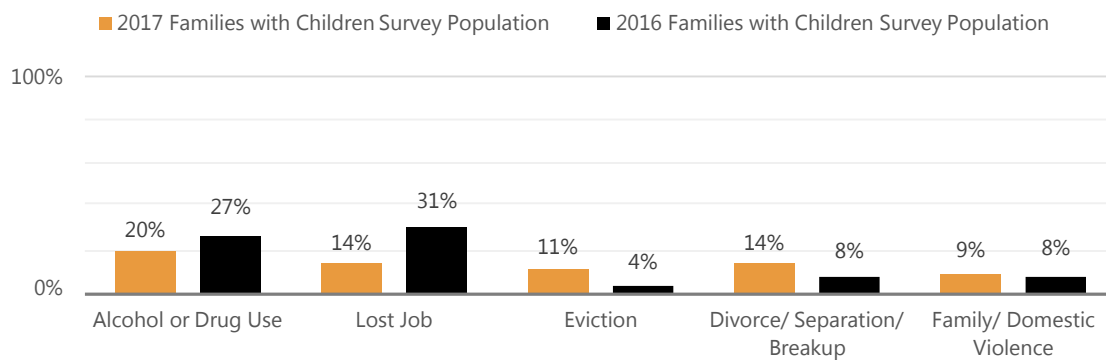
PLACE OF RESIDENCE AMONG HOMELESS FAMILIES WITH CHILDREN

Ninety-four percent (94%) of persons in homeless families were living in Sonoma County at the time they most recently became homeless, greater than non-family respondents at 78%. This was also an increase from 2016, when 89% of survey respondents in homeless families reported living in Sonoma County at the time they most recently became homeless.

PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS FAMILIES WITH CHILDREN

When asked about the primary cause of their homelessness, 20% of survey respondents in families with children reported alcohol or drug use, followed by 14% reporting job loss. This was a decrease from 2016, when 27% reported drug or alcohol use and 31% reported job loss.

FIGURE 58. PRIMARY CAUSE OF HOMELESSNESS AMONG FAMILIES WITH CHILDREN (TOP FIVE RESPONSES IN 2017)



2016 n= 26; 2017 n=35

Source: Applied Survey Research. (2016-2017). Sonoma County Homeless Census.

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

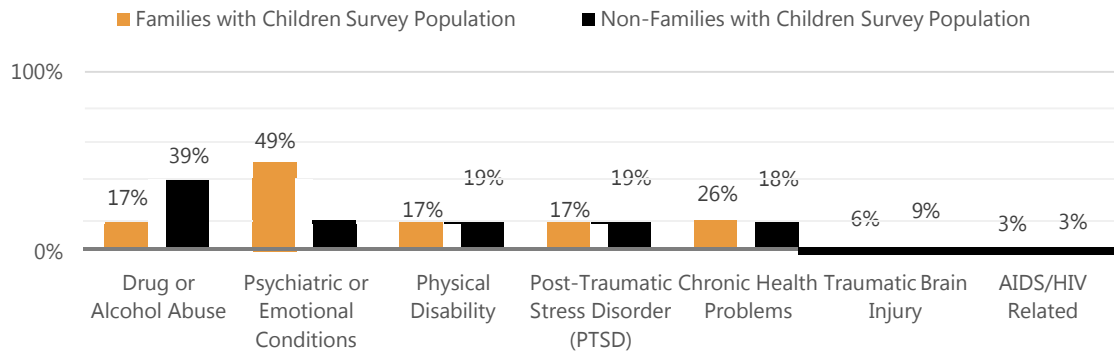
¹⁶ U. S. Department of Health and Human Services. (2007). Characteristics and Dynamics of Homeless Families with Children. Retrieved 2015 from <http://aspe.hhs.gov/>

¹⁷ U.S. Interagency Council on Homelessness. (2015). Opening Doors. Retrieved 2015 from <http://www.usich.gov/>

HEALTH CONDITIONS AMONG HOMELESS FAMILIES WITH CHILDREN

The most common health condition reported among respondents in families with children was psychiatric or emotional conditions (49%), an increase from 36% in 2016. A lower percentage (17%) of individuals in families with children reported drug or alcohol abuse compared to all other survey respondents (39%).

FIGURE 59. HEALTH CONDITIONS, FAMILIES WITH CHILDREN AND NON-FAMILIES WITH CHILDREN COMPARISON



2017 Families with Children Survey Population n=35; Non-Families with Children Survey Population n=645-651

Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

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

UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE-YOUTH

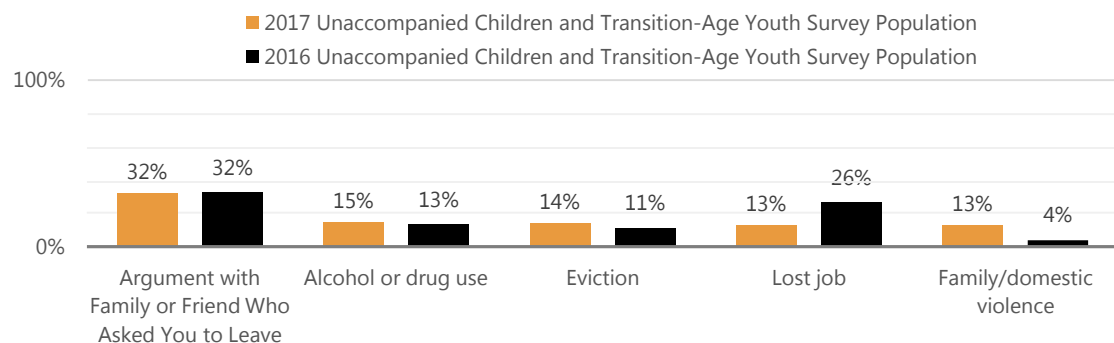
Due to the often hidden nature of youth homelessness, there are limited data available on unaccompanied children and transition-age-youth experiencing homelessness. Although largely considered an undercount, current federal estimates suggest there are 35,686 unaccompanied children and transition-age-youth on the streets and in public shelters.¹⁸ Young people experiencing homelessness have a harder time accessing services including shelter, medical care, and employment. This is due to the stigma of their housing situation, lack of knowledge of available resources, and a dearth of services targeted to young people.¹⁹

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, the U.S. Department of Housing and Urban Development placed increased focus on gathering data on unaccompanied homeless children and youth during the Point-in-Time Count.

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

Nearly one third (32%) of youth survey respondents indicated that an argument with friends or family led to them becoming homeless, a much higher rate than among non-youth respondents (16%). Thirteen percent (13%) of youth respondents reported family/domestic violence as the cause of their homelessness, compared to 4% of non-youth respondents. In regards to housing, 36% of youth respondents reported living with friends or relatives prior to becoming homeless, and 12% reported living in foster care.

FIGURE 60. PRIMARY CAUSE OF HOMELESSNESS AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH (TOP FIVE RESPONSES IN 2017)



2016 n= 105; 2017 n= 117

Source: Applied Survey Research. (2016-2017). Sonoma County Homeless Census.

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

¹⁸ Department of Housing and Urban Development. (2016). Annual Assessment Report to Congress. Retrieved 2017 from <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>

¹⁹ National Coalition for the Homeless. (2011). Homeless Youth Fact Sheet. Retrieved 2011 from <http://www.nationalhomeless.org>.

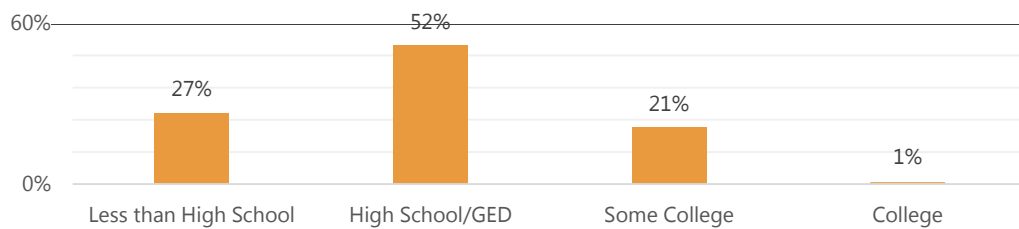
EDUCATION AND EMPLOYMENT AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE-YOUTH

In March of 2017, a national study examining homelessness among community college students reported that on average, 13-14% of community college students are homeless, and 27% of these students are under the age of 21. Of those who reported being homeless, just over 2% reported spending time in a shelter.²⁰

While all youth survey respondents were over the age of 18, 27% had not obtained a GED or high school diploma. Twenty-two percent (22%) of youth reported having completed some or all of college. Data on youth currently enrolled in school were unavailable.

Over one-third (37%) of youth respondents reported some form of employment, either full-time, part-time, or seasonal. This was an increase from 2016 when 24% of youth respondents reported some form of employment.

FIGURE 61. HIGHEST LEVEL OF EDUCATION OBTAINED AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH



2017 n= 124

Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

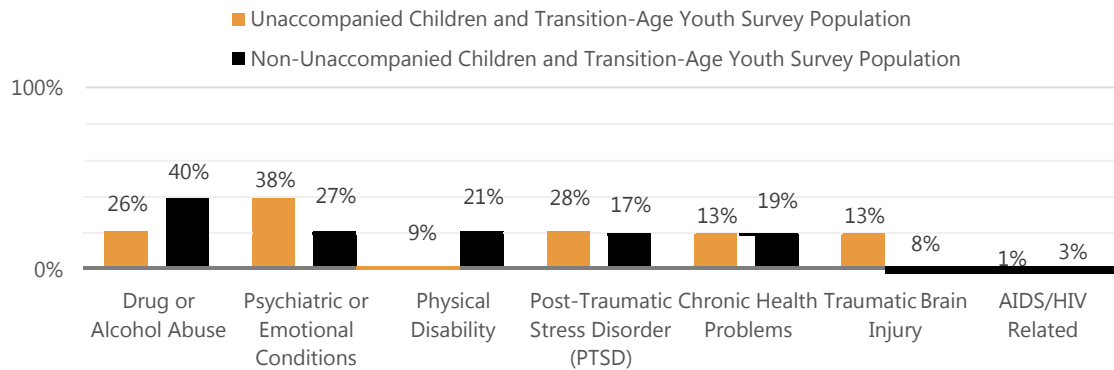
Note: Percentages may not add up to 100 due to rounding.

²⁰ Goldrick-Rab, S. Richardson, J. & Hernandez, H. (2017). Hungry and Homeless in College: Results from a National Study of Basic Needs Insecurity in Higher Education. Retrieved 2017 from <http://wihopelab.com/publications/hungry-and-homeless-in-college-report.pdf>

HEALTH CONDITIONS AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE-YOUTH

While homeless youth tend to have fewer health conditions than the general homeless population, health concerns are still an issue among young people experiencing homelessness. Thirty-eight percent (38%) of youth survey respondents reported a psychiatric or emotional condition, followed by Post-Traumatic Stress Disorder (28%), and drug or alcohol abuse (26%).

FIGURE 62. 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 n=120; Non-Unaccompanied Children and Transition-Age-Youth Survey Population n=560-566

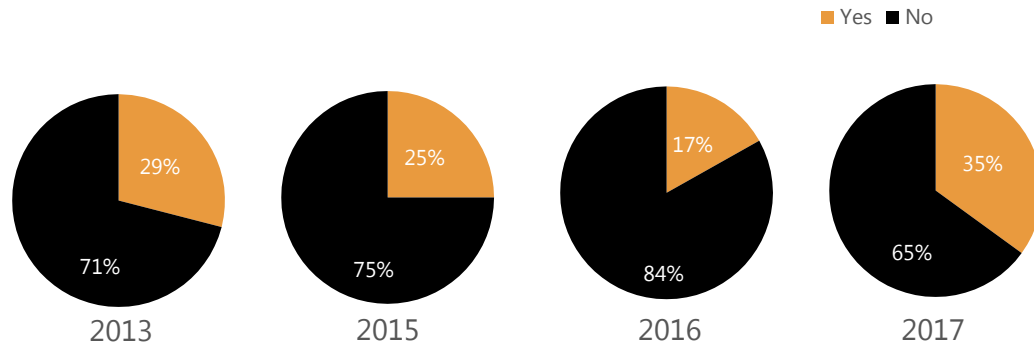
Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

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

SEXUAL ORIENTATION AND LGBTQ IDENTITY

Thirty-five percent (35%) of youth survey respondents identified as LGBTQ in 2017, an increase from 17% in 2016. This was also higher than the adult percentage (14%) identifying as LGBTQ. Of youth respondents identifying as LGBTQ, 38% identified as bisexual, 21% as gay, and 17% as lesbian. Fourteen percent (14%) of respondents identified as transgender, and 12% each as queer or another sexual orientation.

FIGURE 63. LGBTQ STATUS AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH



2013 n=97; 2015 n= 79; 2016 n= 115; 2017 n= 120

Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

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

FIGURE 64. GENDER IDENTITY AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH

Breakout of Respondents Answering Yes	%	n
Gay	21%	9
Lesbian	17%	7
Queer	12%	5
Bisexual	38%	16
Transgender	14%	6
Other	12%	5

LGBTQ n=120; Breakout n=42 respondents offering 48 responses

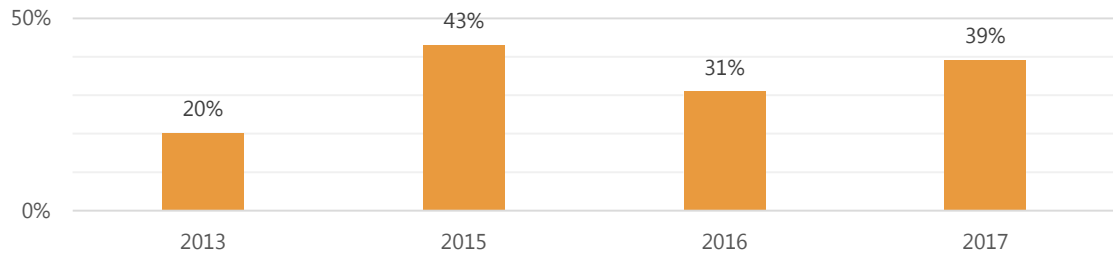
Source: Applied Survey Research. (2017). Sonoma County Homeless Census.

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

FOSTER CARE AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE-YOUTH

Over one third (39%) of youth survey respondents reported a history of foster care, while 17% of the adult homeless population reported being in foster care. Seven percent (7%) of youth reported aging out of foster care as the primary cause of their homelessness, compared to less than 1% of adult survey respondents.

FIGURE 65. HISTORY OF FOSTER CARE AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH



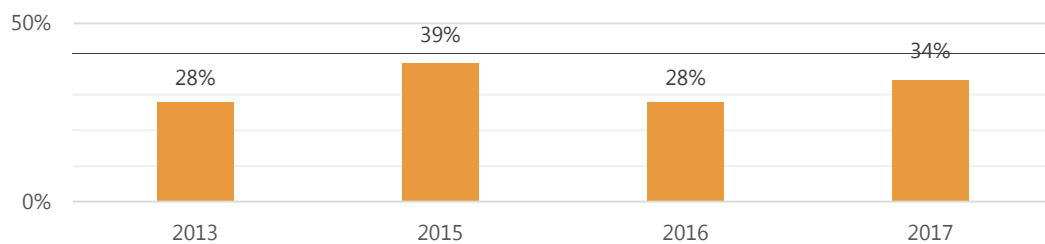
2013 n= 106; 2015 n= 75; 2016 n= 101; 2017 n=113

Source: Applied Survey Research. (2013-2017). Sonoma County Homeless Census.

EXPERIENCE WITH THE CRIMINAL JUSTICE SYSTEM

Approximately one-third (34%) of youth survey respondents reported spending at least one night in jail in the 12 month prior to the survey, compared to 27% of adult survey respondents. Thirteen percent (13%) reported being on probation or parole at the time they became homeless, and 24% reported being on probation or parole at the time of the survey. Three percent (3%) of youth respondents were in a juvenile justice facility immediately prior to experiencing homelessness, and 5% were in jail or prison.

FIGURE 66. SPENT A NIGHT IN JAIL OR PRISON IN THE LAST 12 MONTHS AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH



2013 n= 96; 2015 n= 80; 2016 n= 107; 2017 n= 119

Source: Applied Survey Research. (2016-2017). Sonoma County Homeless Census.

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

Conclusion

The 2017 Sonoma County Homeless Census and Survey was performed using HUD-recommended practices for counting and surveying the homeless population. The 2017 Point-in-Time Count identified 2,835 persons experiencing homelessness in Sonoma County. This represents a slight decrease of 2% from the count conducted in 2016. 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, continuing the downward trend from 2011 to present day.

There are numerous interpretations for the cause(s) of the reported decrease. These include the continued, successful efforts of Sonoma County's local service providers to assist homeless individuals in finding permanent 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 development of the Sonoma-Marín Area Rail Transit (SMART) train has apparently led to an increase in homeless *visibility*. 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 2017 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, including:

- 65% were unsheltered
- 45% lived on the streets or in encampments; 18% in vehicles; and 2% in abandoned buildings
- 59% were homeless for a year or more; 32% 1-11 months; and 9% for 30 days or less
- 24% were experiencing homelessness for the first time
- 21% had a foster care experience
- 18% identified as LGBTQ
- 79% lived in Sonoma County before becoming homeless
- 71% cited affordable rent as the primary obstacle to obtaining permanent housing
- 64% reported living with one or more health conditions
- 598 chronically homeless individuals, 211 veterans, 111 families, and 532 unaccompanied children (<18) and transition-age-youth (18-24) were enumerated during the Sonoma County Point-in-Time Count

In summary, there are still plenty of challenges to overcome in achieving the goal of eliminating homelessness in Sonoma County, and in helping homeless individuals and families access necessary services and support. However, it seems clear that Sonoma County is on a positive path towards reducing and eliminating homelessness. The 2017 Sonoma County Homeless Census and Survey provides valid and useful data that helps create a more comprehensive profile of those experiencing homelessness. The dissemination and evaluation of this 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.

Data presented in the 2017 Sonoma County Homeless Census and Survey report fulfills federal reporting requirements for the Continuum of Care, and will continue to inform additional outreach, service planning, and policy decision-making by local planning bodies over the next year as Sonoma County continues to address homelessness.

Appendix 1: Methodology

OVERVIEW

The purpose of the 2017 Sonoma County Homeless Point-in-Time Census and Survey was to produce a point-in-time estimate of people experiencing homelessness in Sonoma County, a region which covers approximately 1,576 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 the HUD definition of homelessness for the Point-in-Time Count. 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 used in 2017 had four 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 3 PM and 8 PM – a targeted enumeration of unsheltered homeless youth under the age of 25;
- The shelter count on the night before the street count – an enumeration of sheltered homeless individuals; and
- The survey of unsheltered and sheltered individuals- an in-person survey conducted by peer surveyors in the weeks following the general street count.

The general street count was designed to take place before most shelters let out persons who had stayed at the shelter that previous night. In areas with shelters, the immediate area surrounding the shelter was prioritized to eliminate potential double counting of individuals.

THE PLANNING PROCESS

To ensure the success and integrity of the count, many county and community agencies collaborated on community outreach, volunteer recruitment, logistical plans, methodological decisions, and interagency coordination efforts. Applied Survey Research (ASR) provided technical assistance for 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 the HUD publication, *A Guide to Counting Unsheltered Homeless People*, as well as in *Conducting a Youth Count: A Toolkit*, published by Chapin Hall at the University of Chicago.

COMMUNITY INVOLVEMENT

Local homeless and housing service providers and advocates were valued partners in the planning and implementation of this count. Thanks to local efforts, the count was able to

include enumerators with a diverse range of knowledge, including expertise around the homeless population living in vehicles, those who regularly stay in encampments, and areas frequented by homeless individuals. Community partners were also key in recruiting individuals with lived experience of homelessness to participate in the street count and survey efforts.

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 stations, airport, or camping ground.

METHODOLOGICAL IMPROVEMENTS

The 2017 street count methodology followed an established, HUD approved methodology used in the 2009, 2011, 2013, 2015, and 2016 counts, with the addition of dedicated youth outreach in each of those years.

VOLUNTEER AND GUIDE RECRUITMENT AND TRAINING

Many individuals who live and/or work in Sonoma County supported the county's effort to enumerate the local homeless population. In 2017, 197 community volunteers and homeless guides participated in the general street count on January 27, 2016. Extensive outreach efforts were conducted, including outreach to local non-profits and volunteer agencies that serve individuals experiencing homelessness. Local shelters and service providers recruited and recommended the most knowledgeable and reliable homeless individuals to participate in the count. Homeless guides were paid \$15 for attending the one hour training as well as \$15 per hour worked on the day of the count.

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. 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 count 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.

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 generally composed of at least one trained volunteer and one trained homeless guide, and 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, along with 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 2017 dedicated youth count was similar to that used in previous counts since 2009. The count was developed in order to be more inclusive of unaccompanied 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 2017 supplemental youth count included homeless youth service providers. Local providers identified locations where homeless youth were known to congregate, and recruited youth currently experiencing homelessness with knowledge of where to locate homeless youth to serve as guides for the count. Late afternoon and early evening enumeration was the ideal time recommended by advocates. A focus group was held with currently and previously homeless youth to identify areas to canvass for the supplemental youth count. Social Advocates for Youth's (SAY) Lisa Fatu and VOICES Sonoma took the lead on recruiting over 20 youth to work as peer enumerators, counting homeless youth in the identified areas of Sonoma County on January 27, 2017. Youth workers were paid \$15 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.

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 3 PM to 8 PM on January 27, 2017. Youth worked in teams of two to four, with teams coordinated by youth street outreach workers.

Both the U.S. Department of Housing and Urban Development and the United States Interagency Council on Homelessness recognize that youth do not commonly congregate 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.

STREET COUNT DE-DUPLICATION

Data from the supplemental youth count and general street count were compared and de-duplicated by looking at location, gender, and age. In total, 25 persons under the age of 25 were identified as duplicates and removed from the data set.

SHELTER COUNT METHODOLOGY

GOAL

The goal of the shelter and institution count is to gain an accurate count of persons temporarily housed in shelters and other institutions across Sonoma County. These data are vital to gaining an accurate, overall count of the homeless population and understanding where homeless persons receive shelter.

DEFINITION

For the purposes of this study, the HUD definition of sheltered homelessness for Point-in-Time Counts was used. This definition includes individuals and families living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement.

RESEARCH DESIGN

The homeless occupancy of shelters in Sonoma County was collected for the night of January 26, 2017. All shelter data were gathered either directly from the shelter or from Sonoma County's "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 or over time.

SURVEY METHODOLOGY

PLANNING AND IMPLEMENTATION

A survey of 687 unique individuals experiencing homelessness was conducted between February 1 and February 19, 2017 in order to yield qualitative data about the homeless community in Sonoma County. These data are used for the McKinney-Vento Continuum of Care Homeless Assistance funding application, and are important for future 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 bring greater perspective to current issues of homelessness, and to the provision and delivery of services.

Surveys were conducted by peer survey workers with lived homeless experience. Training sessions were facilitated by Applied Survey Research, SCCDC staff, and community partners, and led potential interviewers through a comprehensive orientation that included project background information and detailed instruction on respondent eligibility, interviewing protocol, and confidentiality. Peer survey workers were compensated at a rate of \$7 per completed survey.

It was determined that survey data would be more easily collected 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 2017 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 SAMPLING

The planning team recommended completing approximately 650 surveys in 2017. Based on a Point-in-Time Count estimate of 2,835 homeless persons, with a randomized survey sampling process, the 687 valid surveys represented a confidence interval of +/- 3% with a 95% confidence level when generalizing the results of the survey to the estimated population of homeless individuals in Sonoma County.

The 2017 survey was administered in shelters, transitional housing facilities, and on the street. In order to ensure the representation of transitional housing residents, who can be underrepresented in a street-based survey, survey quotas were created to reach individuals and heads of family households living in these programs.

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 survivors, and families. One way to increase the participation of these groups was to recruit peer survey workers. Since 2009, the survey has prioritized a peer-to-peer approach to data collection by increasing the number of currently homeless surveyors.

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 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.

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

In order 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, length of homelessness, and consistencies in patterns of responses to other survey questions.

SURVEY CHALLENGES AND LIMITATIONS

The 2017 Sonoma County Homeless Survey did not include an equal representation of all homeless experiences. For example, a greater number of surveys were conducted among veteran residents than in previous years.

There may be some variance in the data that individuals experiencing homelessness 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 and county staff members recommended individuals who would be the best to conduct interviews and they received comprehensive training about how to conduct interviews. The service providers and county staff 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 – Defined by the U.S. Department of Housing and Urban Development as an unaccompanied individual or head of a family household with a disabling condition who has either continuously experienced homelessness for a year or more, or has experienced at least four episodes of homelessness totaling 12 months, in the past three years.

Disabling condition – Defined by the U.S. Department of Housing and Urban Development as a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-term and impacts the individual’s ability to live independently; a developmental disability; or HIV/AIDS.

Emergency shelter – The provision of a safe alternative to the streets, either in a shelter facility or through the use of stabilization rooms. 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 survivors and their children.

Family – A household with at least one adult and one child under the age of 18.

Homeless – Under the Category 1 definition of homelessness in the 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 – Abbreviation for the U.S. Department of Housing and Urban Development.

Sheltered homeless individuals – Individuals who are living in emergency shelters or transitional housing programs.

Single individual – An unaccompanied adult over the age of 18.

Transition-age-youth – Young people between the ages of 18 and 24 years old who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as their own child(ren).

Transitional housing – 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 children – Children under the age of 18 who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as their own child(ren).

Unsheltered homeless individuals – Individuals who are living on the streets, in abandoned buildings, storage structures, vehicles, encampments, or any other place unfit for human habitation.



SONOMA COUNTY

2017 HOMELESS CENSUS & SURVEY
comprehensive report

