

Sonoma County

HOMELESS CENSUS AND SURVEY

COMPREHENSIVE REPORT

2018



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.

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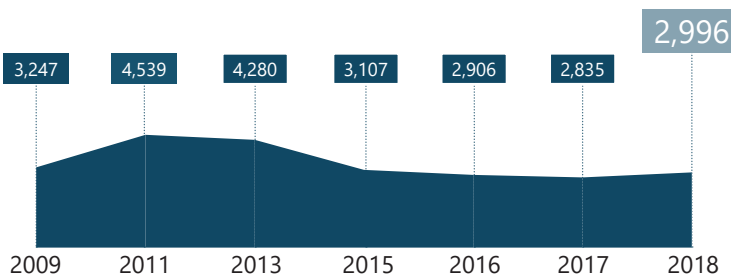
SONOMA COUNTY 2018 HOMELESS CENSUS & SURVEY EXECUTIVE SUMMARY



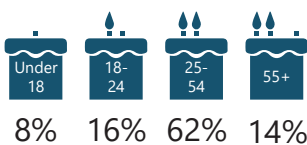
Every year, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care.

The 2018 Sonoma County Point-in-Time Count was a community-wide effort conducted on February 23, 2018. In the weeks following the street count, a survey was administered to 519 unsheltered and sheltered homeless individuals to profile their experience and characteristics.

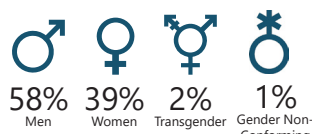
Census Population: Longitudinal Trend



Age

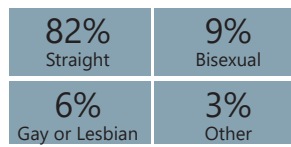


Gender



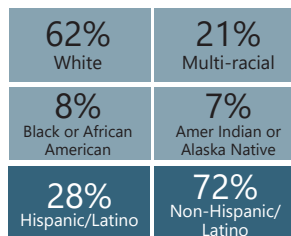
Sexual Orientation

(Top 4 Responses)



Race/Ethnicity

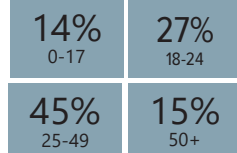
(Top 4 Responses)



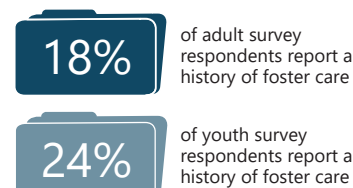
First Homelessness Episode



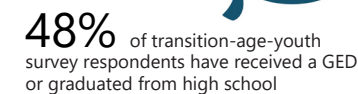
Age at First Episode of Homelessness



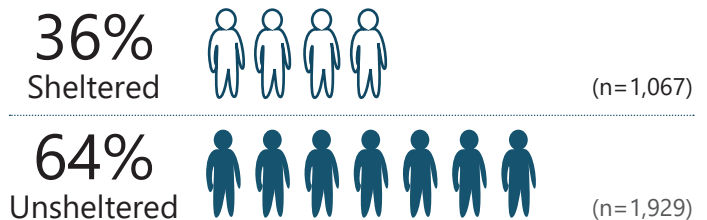
Foster Care



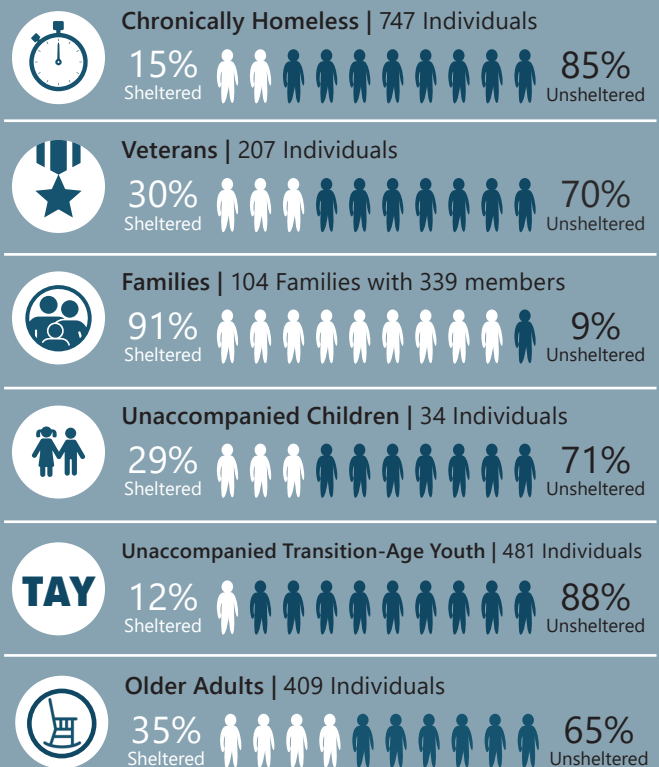
Educational Attainment



2018 Sheltered/Unsheltered Population



Subpopulation Data*



Residence Prior to Homelessness

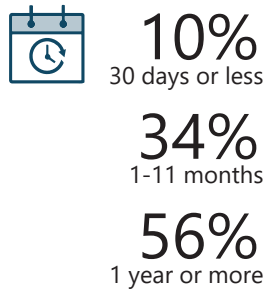


Length of Time in Sonoma County

(of those living in Sonoma County prior to becoming homeless)

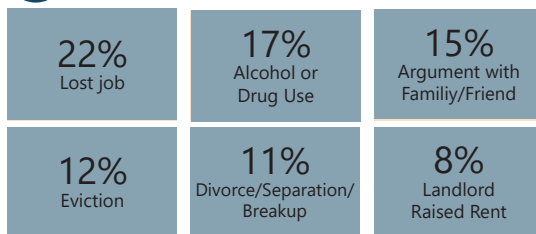


Duration of Current Episode of Homelessness



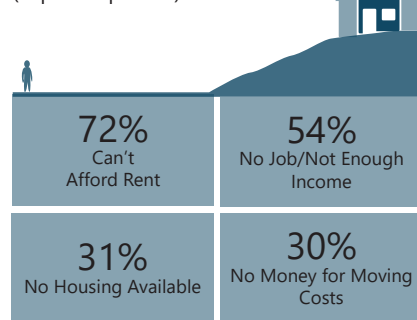
Primary Event or Condition That Led to Homelessness

(Top 6 Responses)

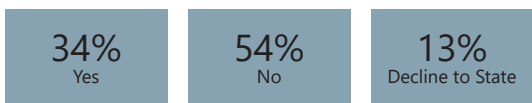


Obstacles to Permanent Housing

(Top 4 Responses)



History of Domestic Violence



Interest in Permanent Housing

90% of survey respondents said YES when asked if they would want to move into safe, affordable permanent housing were it available



44%

of survey respondents reported a disabling condition



What is a disabling condition?

A disabling condition is defined here as a physical disability, mental illness, chronic depression, alcohol or drug abuse, chronic health problems, HIV/AIDS, Post-Traumatic Stress Disorder (PTSD), or a developmental disability.

Health Conditions

Current health conditions affecting housing stability or employment.

(Note: Multiple response question, numbers will not total to 100%)



35%

Psychiatric or Emotional Conditions



33%

Drug or Alcohol Abuse



28%

Post-Traumatic Stress Disorder



27%

Chronic Health Problems



27%

Physical Disability



14%

Traumatic Brain Injury

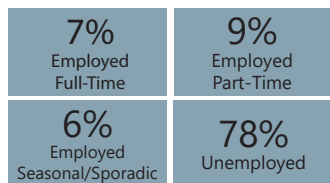


3%

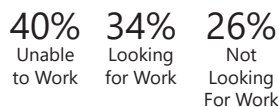
AIDS/HIV Related

Employment

Employment Status



If Unemployed, Currently...



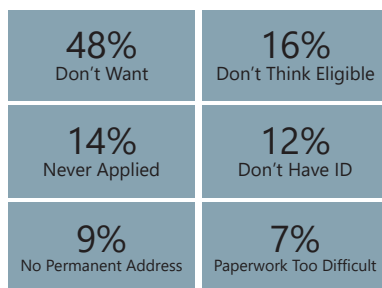
Services and Assistance



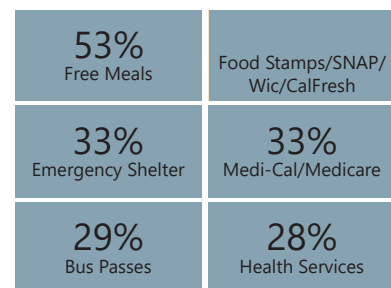
72%

of survey respondents reported receiving government benefits

Reasons for Not Receiving Any Government Assistance (Top 6 Responses)



Services Currently Accessing (Top 6 Responses)



2018 SONOMA COUNTY TELEPHONE SURVEY

In March 2018, Sonoma County and ASR implemented a representative, telephone-based household survey to understand the impacts of the fall 2017 fires. A total of 1,191 valid surveys were conducted in this additional assessment of unstably housed and fire-affected populations.

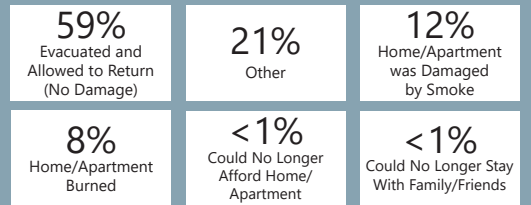
These data are intended to assist service providers, policy makers, funders, and local and state government in gaining a better understanding of the population of individuals who are not homeless but who lack a residence of their own, how the 2017 fires affected the county at large, and planning for the future.

Sonoma County Housing



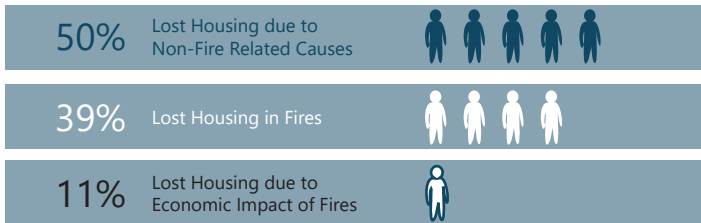
63% of households were impacted by the fires

How Housing Situations Were Impacted by the Fires

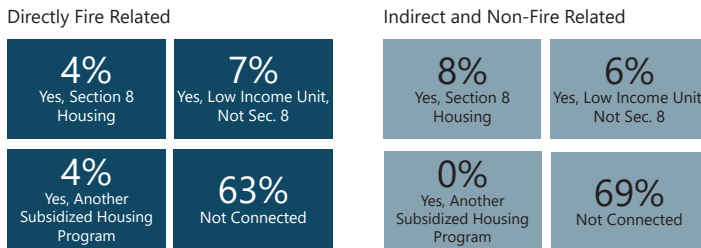


Temporarily Housed Population

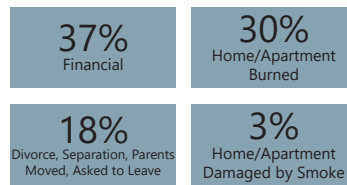
Precariously Housed | 21,482 Individuals



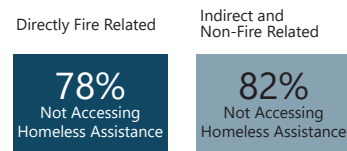
Temporary Residents and Connection to Housing Assistance by Cause



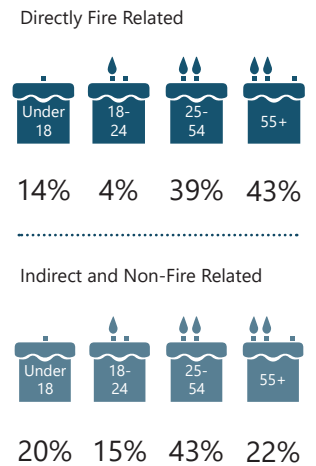
Primary Causes of Temporary Residence (Top 4 Responses)



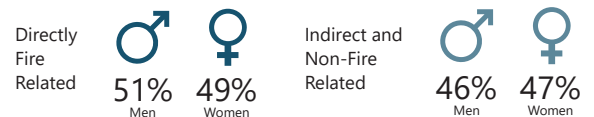
Temporary Residents Access to Homeless Assistance by Cause



Temporary Residents by Age and Cause



Temporary Residents by Gender and Cause



*Subpopulation Definitions

Chronically Homeless

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

- » Has been continuously homeless for 1 year or more and/or;
- » Has experienced 4 or more episodes of homelessness within the past 3 years with the combined homeless episodes totaling a year or more.

Veterans

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

Families

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

Unaccompanied Children

Children under the age of 18 who are homeless and living without a parent or legal guardian.

Transition-Age-Youth

Young adults between the ages of 18 and 24 years old.

The complete comprehensive report includes a more detailed profile of the characteristics of those experiencing homelessness in Sonoma County. It can be found at <http://www.sonoma-county.org/cdc/cdhomeless.htm>

Source: Applied Survey Research. (2018). Sonoma County Homeless Census & Survey. Watsonville, CA.



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 on people sleeping on the streets, or in cars, abandoned properties, or 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. In a decision approved by the U.S. Department of Housing and Urban Development (HUD), Sonoma County delayed its 2018 Point-in-Time Census by one month to allow service providers to recover from destructive wildfires that swept through the county in October 2017.

The Point-in-Time Count is the only source of nationwide data on sheltered and unsheltered homelessness, and is required by 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 \$3.3 million dollars annually 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. Point-in-Time Census and Survey 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 2018 Sonoma Homeless Point-in-Time Census and Survey. ASR is a social research firm with extensive experience in homeless enumeration and needs assessment that has worked with Sonoma County on their Point-in-Time Counts since 2009.

The Sonoma Homeless Point-in-Time Census consists of two primary components: (1) a point-in-time enumeration of unsheltered homeless individuals and families, such as those sleeping outdoors, on the street, or in parks, tents, or vehicles, and (2) a point-in-time enumeration of homeless individuals and families residing in temporary shelter, including emergency shelters or transitional housing facilities.

The 2018 Sonoma Homeless Point-in-Time Census was a comprehensive community effort. With the support of 69 individuals with lived experience of homelessness, 108 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 10 a.m. on February 23, 2018. This resulted in a peer-informed visual count of unsheltered homeless individuals and families

residing on the streets and in vehicles, makeshift shelters, encampments, and other places not meant for human habitation. Shelters and transitional housing facilities also reported the number of homeless individuals and families who occupied their facilities on the night prior to the day of the count.

A specialized count of unaccompanied children and transition-age youth under the age of 25 was conducted on the same day. This dedicated count was designed to improve the 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 The results of this effort contribute to HUD's initiative to measure progress toward ending youth homelessness by 2020.

In the weeks following the street count, an in-depth survey was administered to 519 unsheltered and sheltered individuals and families. 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 February. Special attention is given to specific subpopulations, including chronically homeless persons, 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, 2017, and 2018, are provided where available and applicable.

PROJECT OVERVIEW AND GOALS

In order for the 2018 Sonoma Point-in-Time Census and Survey to best reflect the experience and expertise of the community, ASR held 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 2018 Planning Committee, and were instrumental to ensuring the 2018 Sonoma Homeless Point-in-Time Census and Survey reflected the needs and concerns of the community.

The 2018 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 2017 Sonoma Homeless Point-in-Time Census and Survey, and to track progress toward ending homelessness;

¹ Significant de-duplication efforts were made in 2018 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.

- To understand the impact of the Fall 2017 fires on housing and those experiencing homelessness in Sonoma County;
- To measure, for the first time, the number of Sonoma County residents who are doubled up or couch-surfing;
- 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 governments in gaining a better understanding of the population currently experiencing 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 2018 Sonoma County Homeless Point-in-Time Census and Survey included a complete enumeration of all unsheltered and publicly or privately sheltered homeless persons. The general street count was conducted on February 23, 2018 from approximately daybreak to 10AM 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 2017.

The methodology used for the 2018 Homeless Point-in-Time Census 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 occupancy of homeless shelters in Sonoma County was collected for the night of February 22, 2018. 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 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 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 youth counts that have been conducted since 2009. 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, de-duplication, and project methodology, please see *Appendix A*.

NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS IN SONOMA COUNTY

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

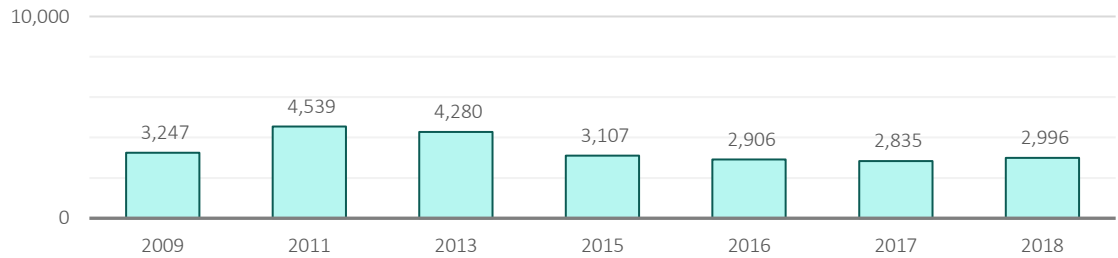


FIGURE 2. TOTAL NUMBER OF HOMELESS PERSONS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS

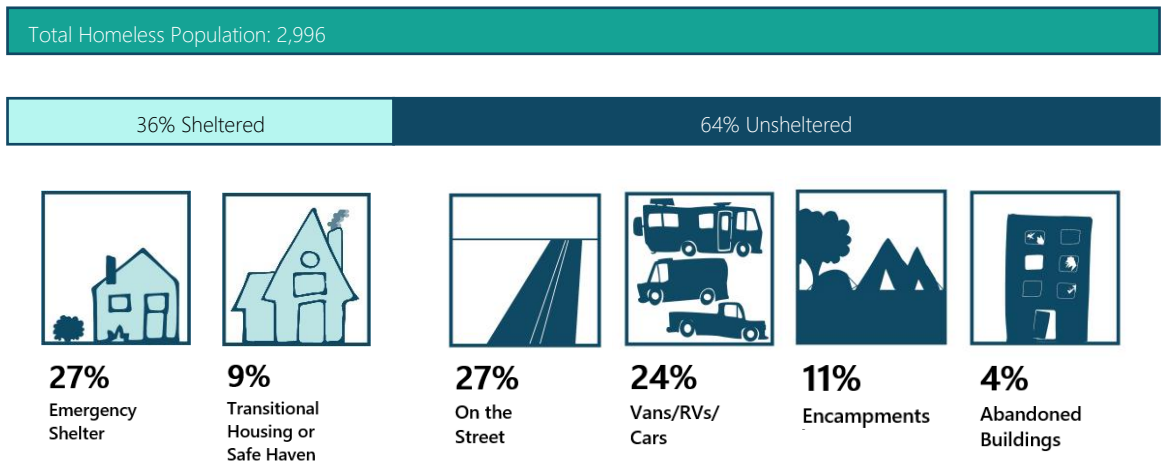
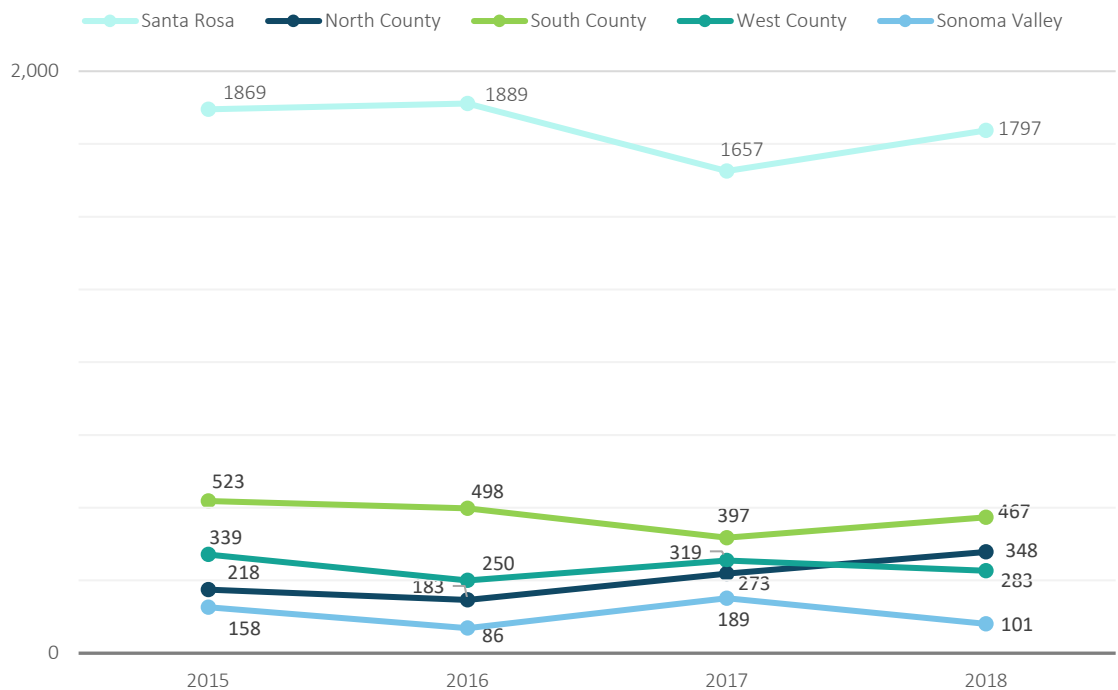


FIGURE 3. TOTAL NUMBER OF HOMELESS PERSONS, BY JURISDICTION AND SHELTER STATUS

JURISDICTION	UNSHELTERED			SHELTERED			TOTAL		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
North County	137	227	295	46	46	53	183	273	348
Cloverdale	53	28	75	11	4	5	64	32	80
Healdsburg	55	69	81	35	42	48	90	111	129
Town of Windsor	7	46	75	0	0	0	7	46	75
Unincorporated	22	84	64	0	0	0	22	84	64
South County	285	219	262	213	178	205	498	397	467
Cotati	3	9	1	0	0	0	3	9	1
Petaluma	85	113	91	213	170	194	298	283	285
Rohnert Park	126	76	127	0	8	11	126	84	138
Unincorporated	71	21	43	0	0	0	71	21	43
West County	204	279	243	46	40	40	250	319	283
Sebastopol	44	71	69	0	0	0	44	71	69
Unincorporated	160	208	174	46	40	40	206	248	214
Sonoma Valley	64	156	64	22	33	37	86	189	101
Sonoma	15	78	15	6	13	15	21	91	30
Unincorporated	49	78	49	16	20	22	65	98	71
Santa Rosa	1,216	966	1,065	673	691	732	1,889	1,657	1,797
Santa Rosa	979	769	863	673	675	700	1,652	1,444	1,563
Unincorporated	237	197	202	0	16	32	237	213	234
Total	1,906	1,847	1,929	1,000	988	1,067	2,906	2,835	2,996

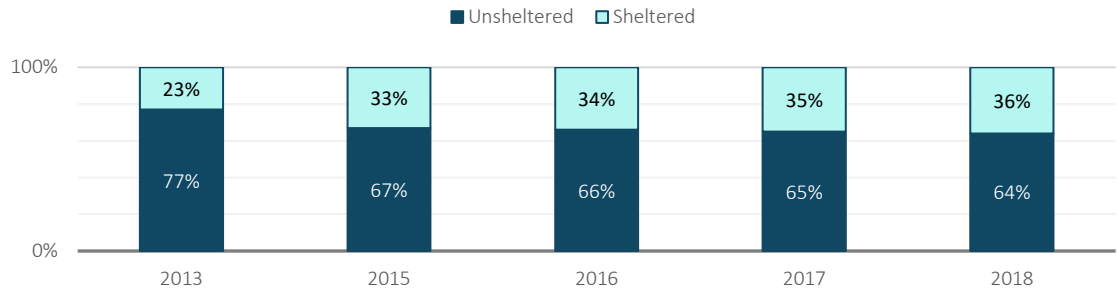
Note: In previous reports, confidential beds have been counted separately. In the 2018 report, confidential beds are included in their respective jurisdiction(s).

FIGURE 4. TOTAL NUMBER OF HOMELESS PERSONS, BY COUNTY REGION



There was a 6% increase in the number of homeless individuals enumerated in Sonoma County between 2017 and 2018. 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.

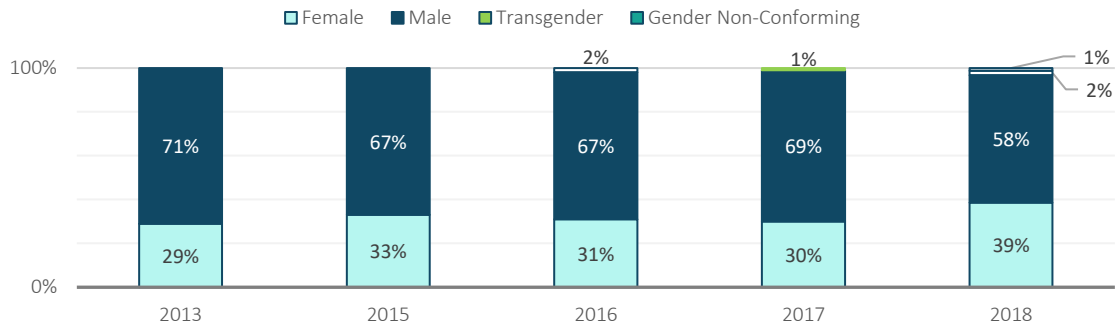
FIGURE 5. TOTAL NUMBER OF HOMELESS PERSONS, BY SHELTER STATUS



	2013	2015	2016	2017	2018	2017 18 % Change
Sheltered	971	1,037	1,000	988	1,067	↑ 8%
Unsheltered	3,309	2,070	1,906	1,847	1,929	↑ 4%
Total	4,280	3,107	2,906	2,835	2,996	↑ 6%

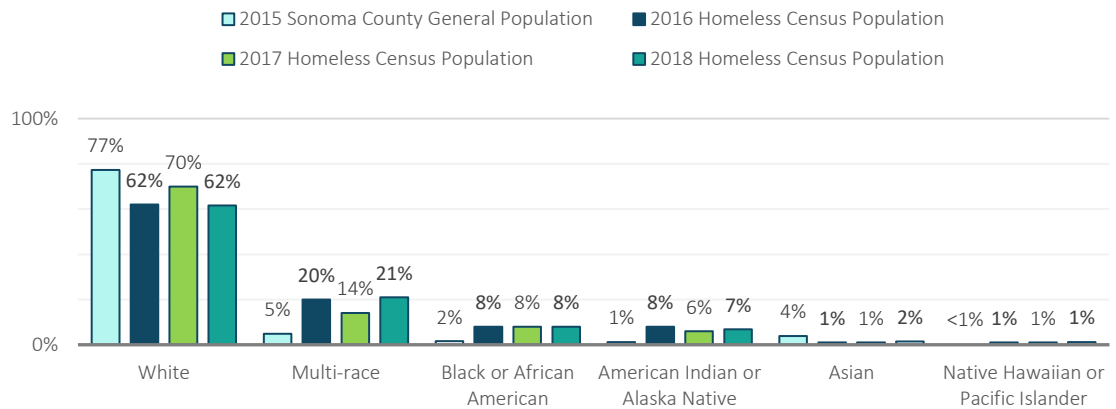
Basic demographics were estimated for those enumerated in 2018, including gender, race, and ethnicity. Comprising 39% of the overall homeless population, 1,157 women were identified during the 2018 Point-in-Time Count – a 35% increase over 2017. The increased number of women counted in the Sonoma Point-in-Time Count reflect trends noted by service providers and national data. However, the increase may also be attributed to additional outreach to women and methodological improvements.² Additionally, in a trend seen in many other communities, persons of color were overrepresented in the homeless population when compared to the general population. The number of those identifying as Hispanic or Latino also continued its increase since 2013.

FIGURE 6. TOTAL NUMBER OF HOMELESS PERSONS, BY GENDER



Note: Percentages may not add to 100 due to rounding. Transgender data were not collected prior to 2016 and Gender Non-Conforming data were not collected prior to 2018.

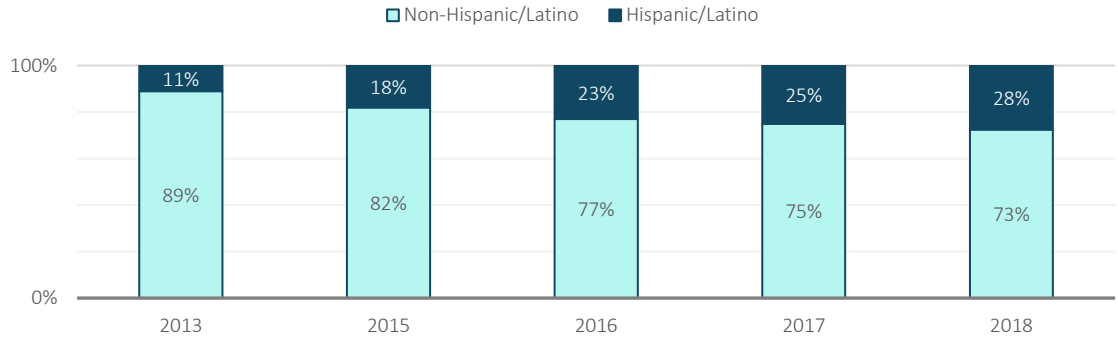
FIGURE 7. TOTAL NUMBER OF HOMELESS PERSONS, BY RACE



2015 n=3,107; 2016 n= 2,906; 2017 n=2,835; 2018 n=2,996
 Note: Percentages may not add up to 100 due to rounding.

² In 2018, data on individuals whose gender was not detailed during the early morning census was derived from subsequent survey data. This change was made to improve self-defined gender categories and more accurately represent the number of transgender and gender non-conforming individuals in unsheltered locations.

FIGURE 8. TOTAL NUMBER OF HOMELESS PERSONS, BY ETHNICITY



2013 n= 523; 2015 n= 601; 2016 n= 2,906; 2017 n=2,835; 2018 n=2,996

Notes: Percentages may not add up to 100 due to rounding. 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/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 to 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.³ 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.⁴ 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 appears promising, federal budget constraints limit the amount of money available to support housing programs and services.

While chronic homelessness steadily decreased in Sonoma County from 2013 to 2017, there was a 25% increase in the number of chronically homeless individuals from 2017 to 2018.

³ 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

⁴ 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>

FIGURE 9. TOTAL NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS, WITH TREND

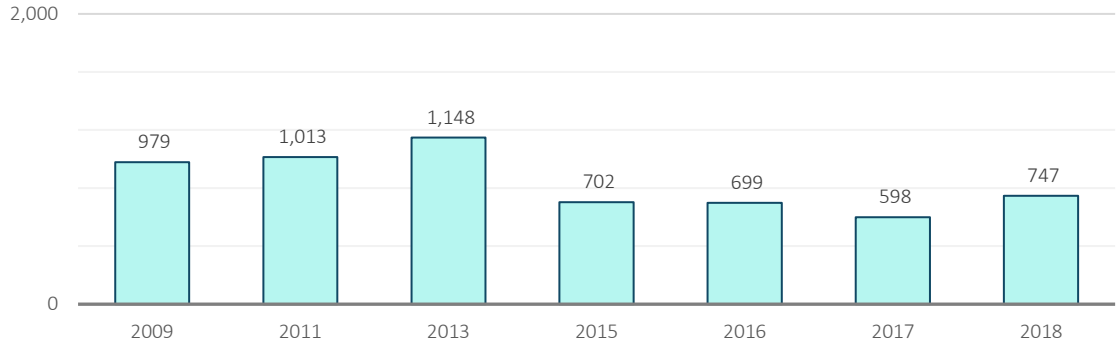


FIGURE 10. CHRONICALLY HOMELESS POPULATION ESTIMATES

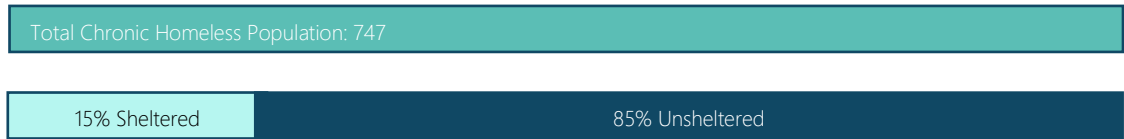
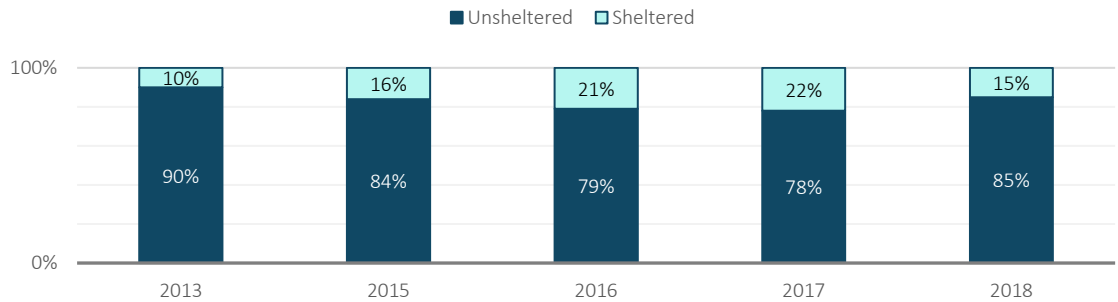
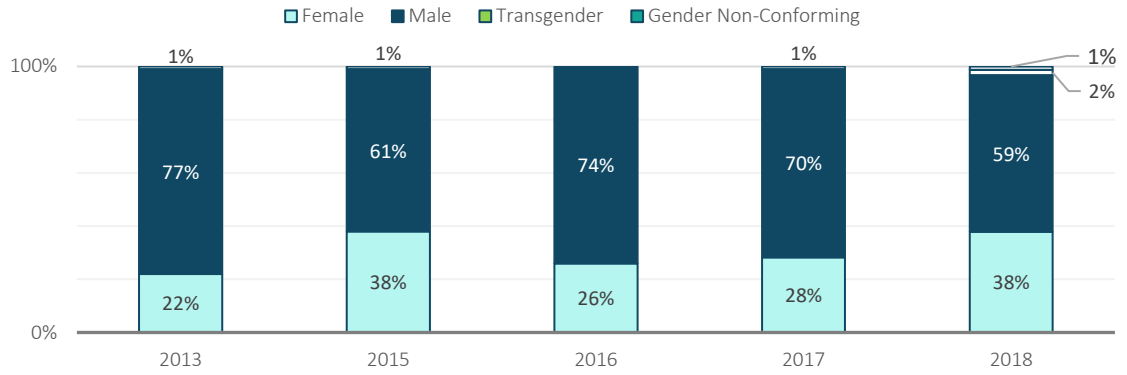


FIGURE 11. CHRONICALLY HOMELESS CENSUS POPULATION BY SHELTER STATUS, WITH TREND



	2013	2015	2016	2017	2018	2017 18 % Change
Sheltered	119	114	150	134	115	↓ 14%
Unsheltered	1,029	591	549	464	632	↑ 36%
Total	1,148	702	699	598	747	↑ 25%

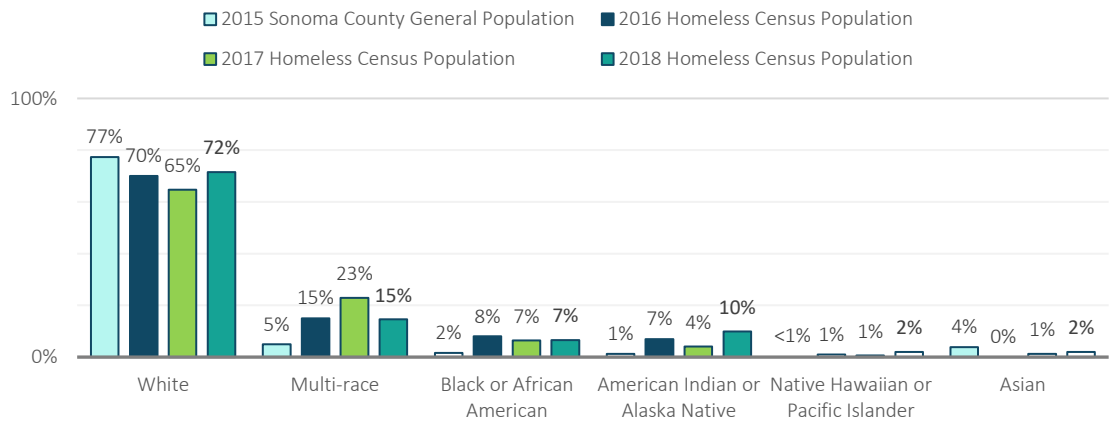
FIGURE 12. CHRONICALLY HOMELESS CENSUS POPULATION, BY GENDER



2018 n=153

Note: Percentages may not add to 100 due to rounding. Gender Non-Conforming category was added in 2018.

FIGURE 13. CHRONICALLY HOMELESS CENSUS POPULATION, BY RACE



2016 n=159; 2017 n=170; 2018 n=151

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.

In Sonoma County, the number of veterans has been cut nearly in half, from a high of 402 veterans in 2011 to 207 veterans in 2018, although about one-third (30%) remain unsheltered.

FIGURE 14. TOTAL NUMBER OF HOMELESS VETERANS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS, WITH TREND

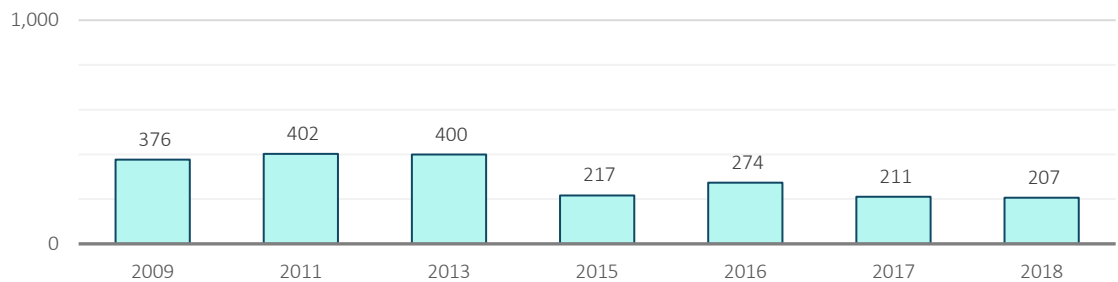
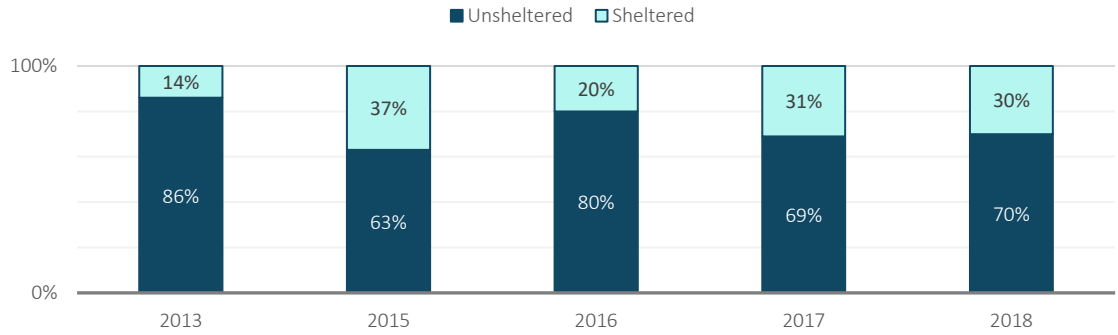


FIGURE 15. HOMELESS VETERAN POPULATION ESTIMATES

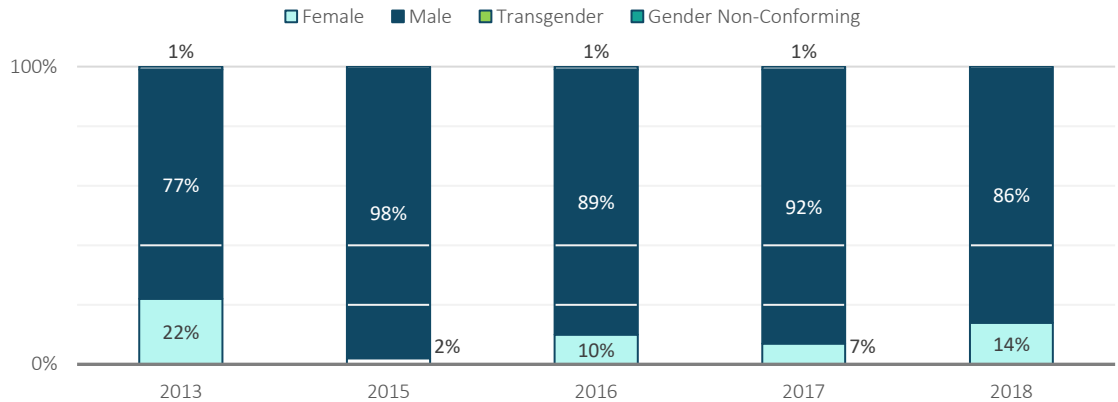


FIGURE 16. HOMELESS VETERAN CENSUS POPULATION BY SHELTER STATUS, WITH TREND



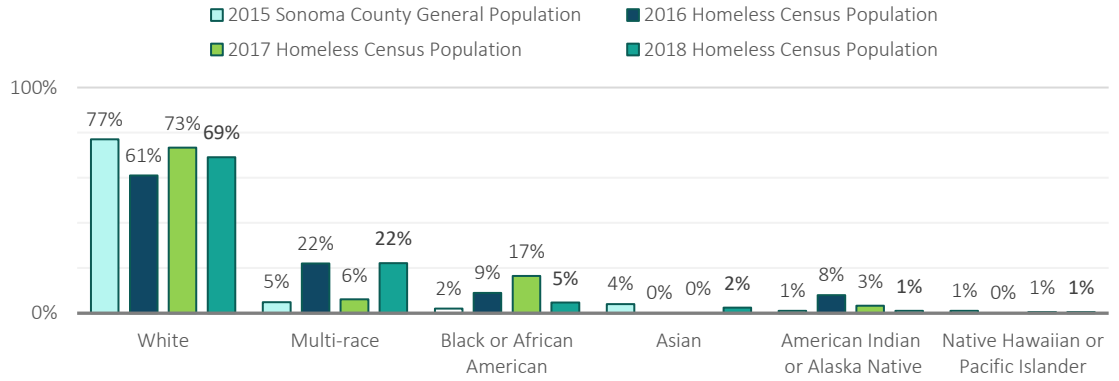
	2013	2015	2016	2017	2018	2017 18 % Change
Sheltered	57	81	54	66	63	↓ 5%
Unsheltered	343	136	220	145	144	↓ 1%
Total	400	217	274	211	207	↓ 2%

FIGURE 17. HOMELESS VETERAN CENSUS POPULATION, BY GENDER



Note: Percentages may not add to 100 due to rounding. Gender Non-Conforming category was added in 2018.

FIGURE 18. HOMELESS VETERAN CENSUS POPULATION, BY RACE



2016 n=274; 2017 n=211; 2018 n=207

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

HOMELESS FAMILIES WITH CHILDREN

National data from 2017 suggest that 33% of all people experiencing homelessness are persons in families.⁵ Very few families experiencing homelessness are unsheltered, as public shelters serve more than 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.⁶ Children in families experiencing homelessness report increased incidence of illness and are more likely to have emotional and behavioral problems than children with stable living accommodations.⁷

In Sonoma County, the number of homeless families with children has slowly decreased from 2016. Although the number of unsheltered families increased from 2017 to 2018, this is likely due to an increased effort to count families identified by schools.

FIGURE 19. TOTAL NUMBER OF PERSONS IN HOMELESS FAMILIES WITH CHILDREN ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS, WITH TREND

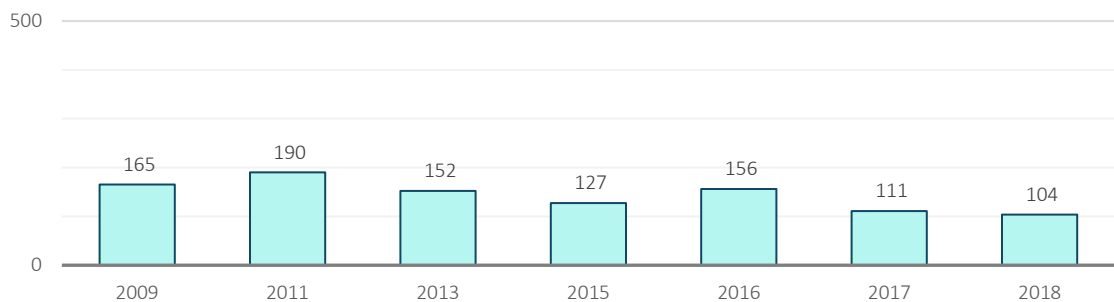
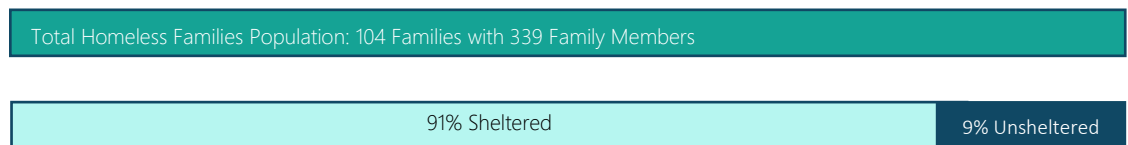


FIGURE 20. HOMELESS PERSONS IN FAMILIES WITH CHILDREN POPULATION ESTIMATES



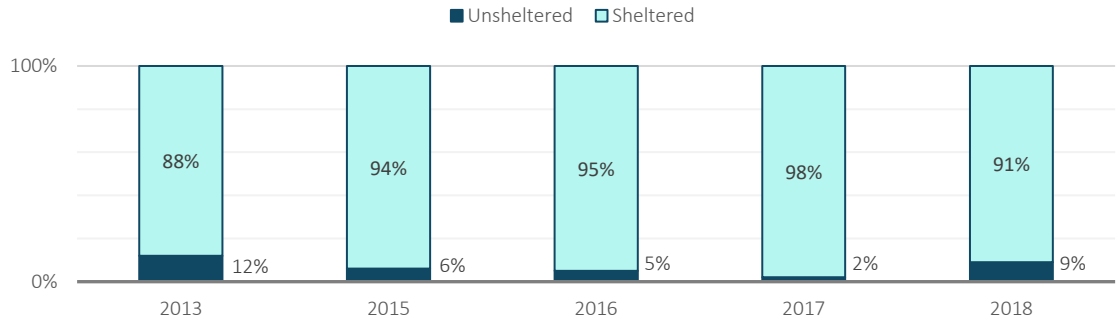
Note: There is a significant number of persons in homeless families who are in a “doubled-up” situation that may or may not fall within the HUD Point-in-Time Count definition of homelessness, and who could not be identified due to their typical location on private property.

⁵ U. S. Department of Housing and Urban Development. (2017). The 2017 Annual Assessment Report (AHAR) to Congress. Retrieved 2018 from <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>

⁶ U. S. Department of Health and Human Services. (2007). Characteristics and Dynamics of Homeless Families with Children. Retrieved 2018 from <http://aspe.hhs.gov/>

⁷ U.S. Interagency Council on Homelessness. (2015). Opening Doors. Retrieved 2018 from <http://www.usich.gov/>

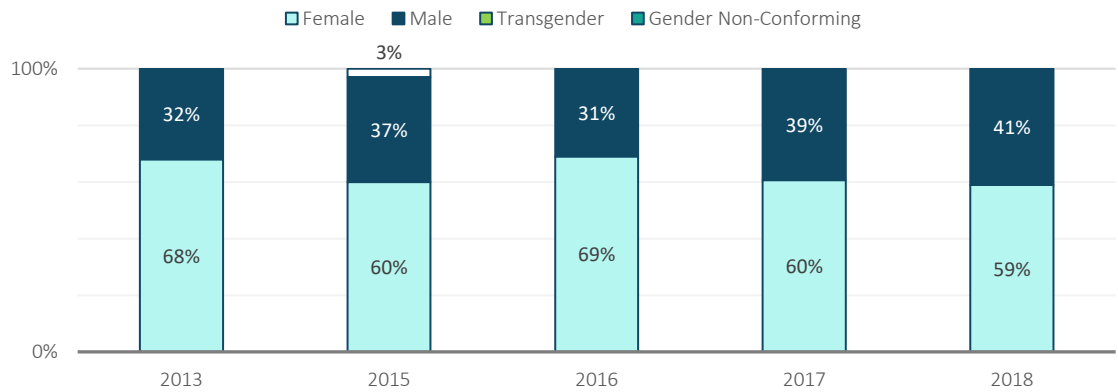
FIGURE 21. HOMELESS FAMILIES WITH CHILDREN CENSUS POPULATION, ALL FAMILY MEMBERS, BY SHELTER STATUS



	2013	2015	2016	2017	2018
Sheltered	397	344	369	319	307
Unsheltered	54	23	20	7	32
Total	451	367	389	326	339

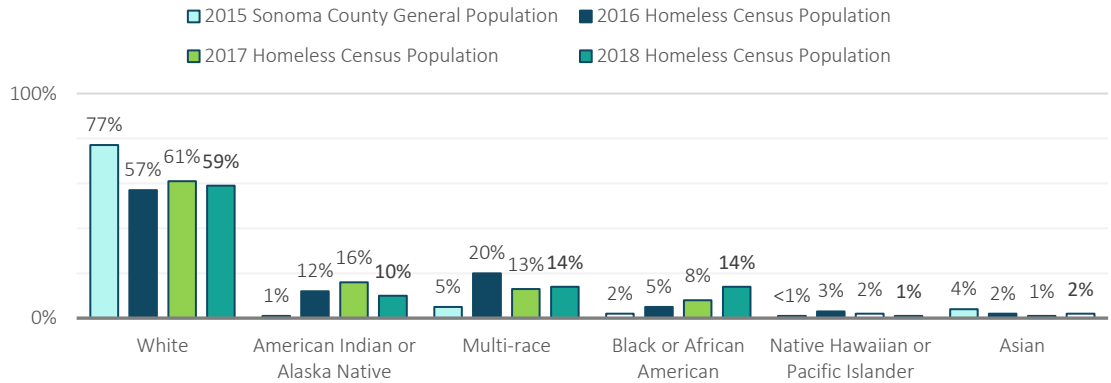
Note: Percent change is not presented due to the small number of individuals.

FIGURE 22. HOMELESS FAMILIES WITH CHILDREN CENSUS POPULATION, ALL FAMILY MEMBERS, BY GENDER



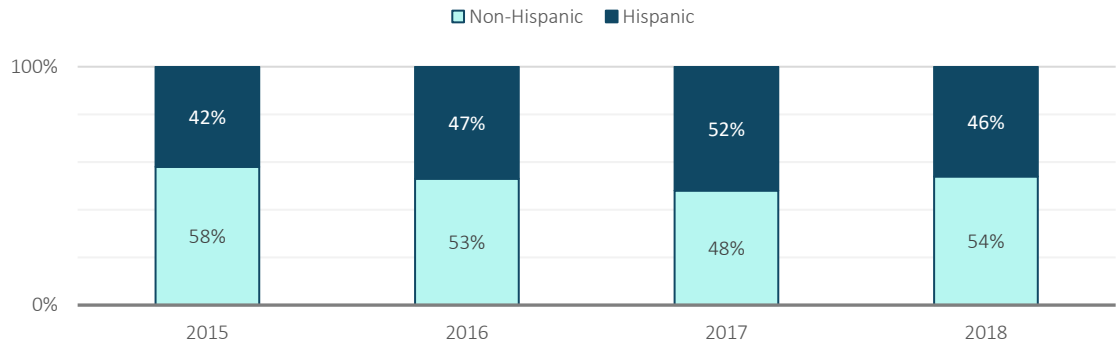
Note: Percentages may not add to 100 due to rounding. Gender Non-Conforming category was added in 2018.

FIGURE 23. HOMELESS FAMILIES WITH CHILDREN CENSUS POPULATION, ALL FAMILY MEMBERS, BY RACE



2016 n=389; 2017 n= 326; 2018 n=339
 Note: Percentages may not add up to 100 due to rounding.

FIGURE 24. HOMELESS FAMILIES WITH CHILDREN CENSUS POPULATION, ALL FAMILY MEMBERS, BY ETHNICITY



2015 n= 367; 2016 n= 389; 2017 n= 326; 2018 n=339
 Note: HDX data were prioritized for the 2018 report. Previous reports include survey demographic data for family ethnicity.

UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

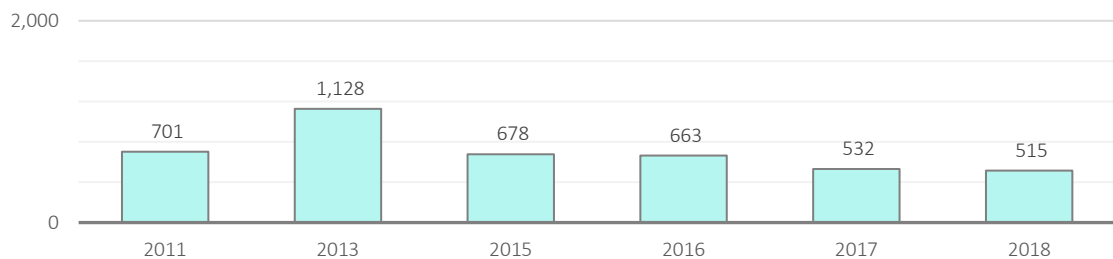
Due to the often hidden nature of youth homelessness, limited data are available on unaccompanied children and transition-age youth experiencing homelessness. Although largely considered an undercount, nationwide estimates from 2017 suggest there are at least 40,799 unaccompanied children and transition-age youth on the streets and in public shelters, an increase of 14% over 2016.⁸ This increase may be due, in part, to the focus on unaccompanied youth during the 2017 Point-in-Time Count, which served as a nationwide baseline year.

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 tailored to young people.⁹

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.

While the total number of unaccompanied homeless children and transition-age youth in Sonoma County has decreased since 2013, there was a marked decrease observed among unaccompanied homeless children, from 116 in 2017 to 34 in 2018. Of note, the number of transition-age youth increased from 416 in 2017 to 481 in 2018.

FIGURE 25. TOTAL NUMBER OF UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS, WITH TREND



⁸ U. S. Department of Housing and Urban Development. (2017). The 2017 Annual Assessment Report (AHAR) to Congress. Retrieved 2018 from <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>

⁹ 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 POPULATION ESTIMATES

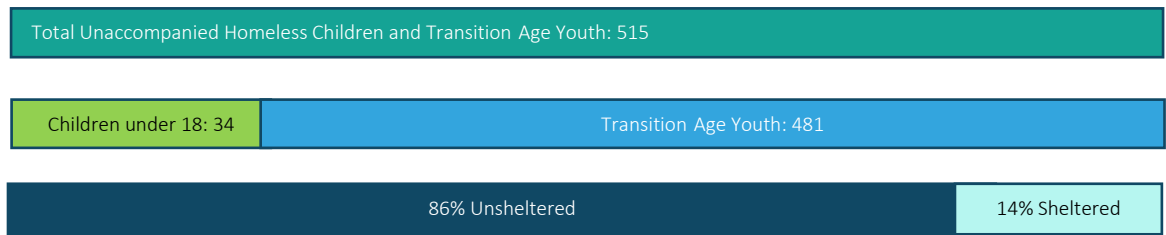
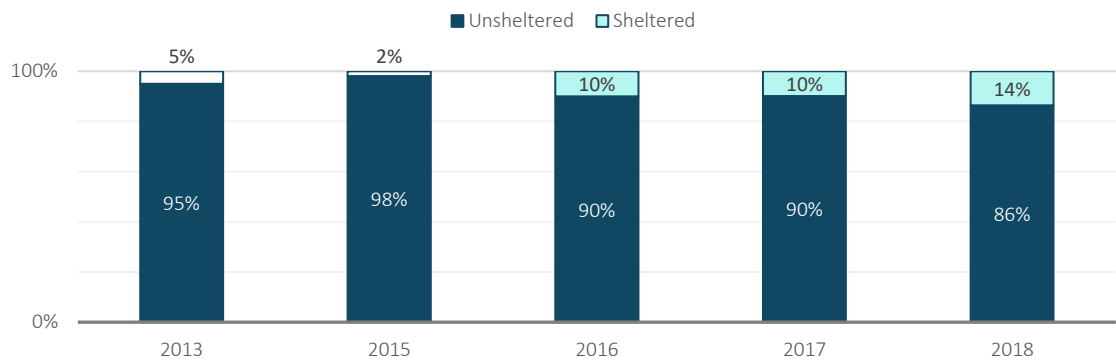
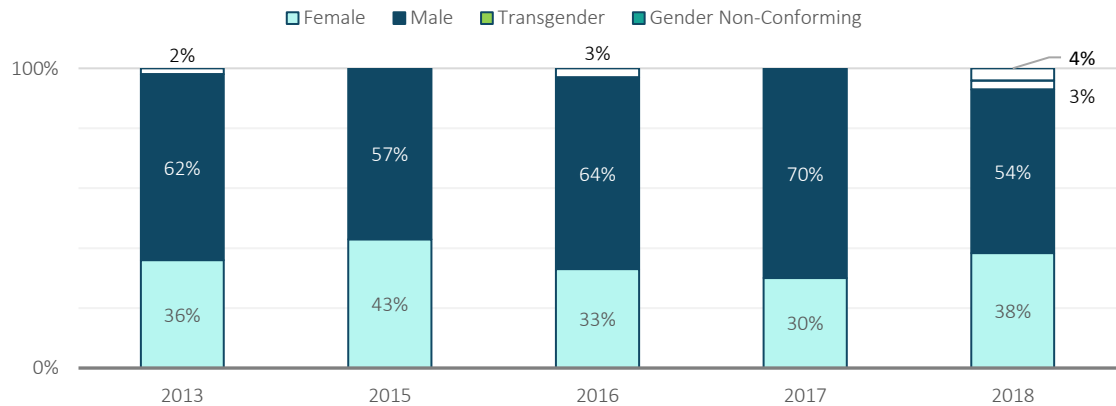


FIGURE 27. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH CENSUS POPULATION, BY SHELTER STATUS



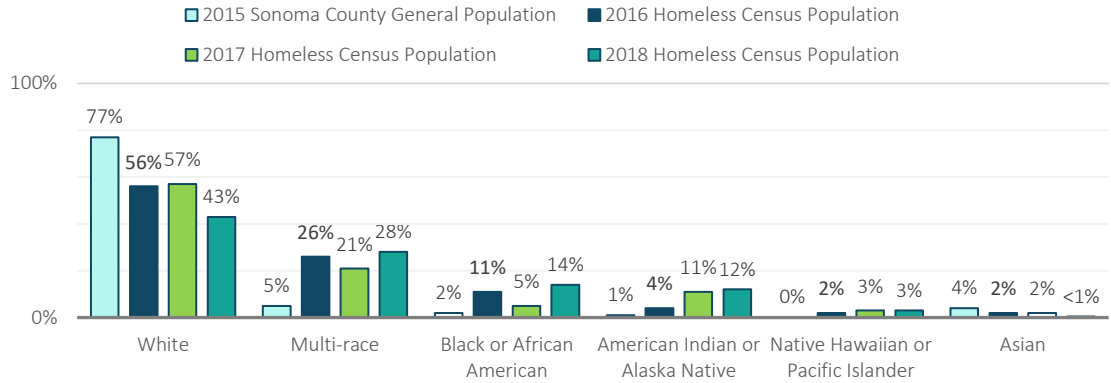
	2013	2015	2016	2017	2018	2017 18 % Change
Sheltered	57	38	67	52	70	↑ 35%
Unsheltered	1,071	640	600	486	445	↓ 8%
Total	1,128	678	667	538	515	↓ 4%

FIGURE 28. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH CENSUS POPULATION, BY GENDER



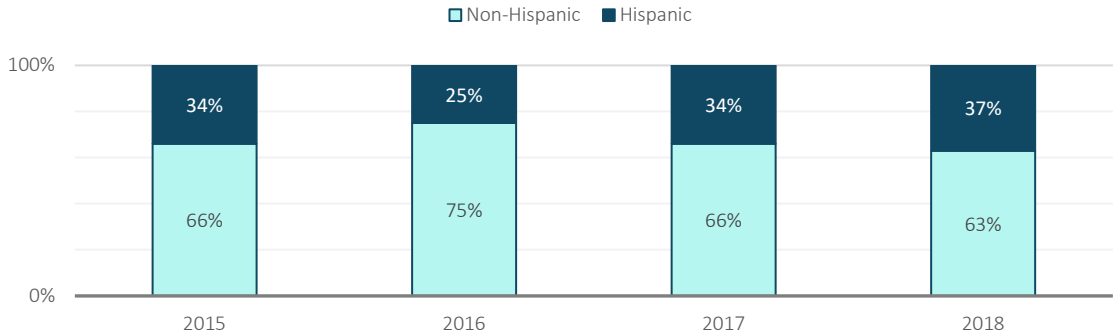
Note: Percentages may not add to 100 due to rounding. Gender Non-Conforming category was added in 2018.

FIGURE 29. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH CENSUS POPULATION, BY RACE



2016 n=654; 2017 n=532; 2018 n=515
 Note: Multiple response question. Percentages may not add up to 100 due to rounding.

FIGURE 30. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH CENSUS POPULATION, BY ETHNICITY



2015 n=69; 2016 n=669; 2017 n=538; 2018 n=515

HOMELESS OLDER ADULTS

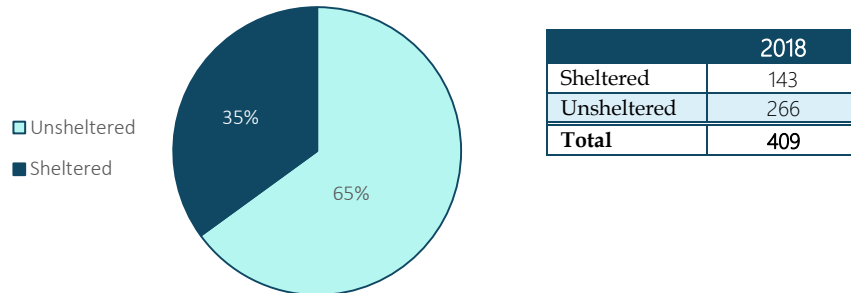
The population of older adults experiencing homelessness has risen in accordance with the overall growth of the population over age 45 in the U.S. Because older adults experiencing homelessness have unmet mental health, substance use, and physical health needs, their mortality rates are higher than that of the general population.¹⁰

While this population has not been identified as a specific subpopulation of interest by the federal government, Sonoma County recognized the growing trend and initiated an effort to gather additional information on the population. The following section details the status of adults ages 55 and older experiencing homelessness in Sonoma County.

FIGURE 31. TOTAL NUMBER OF HOMELESS OLDER ADULTS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS

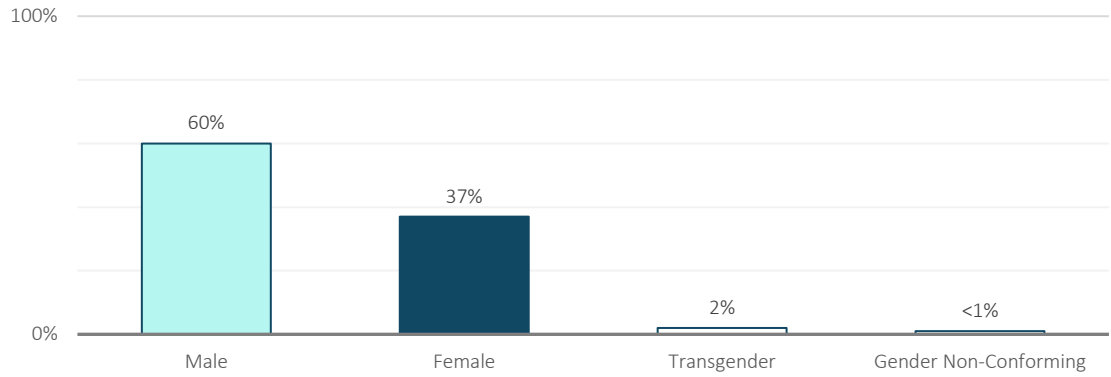


FIGURE 32. HOMELESS OLDER ADULT CENSUS POPULATION, BY SHELTER STATUS



¹⁰ CSH & Hearth (2011). Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing. Retrieved 2017 from <http://www.csh.org/>.

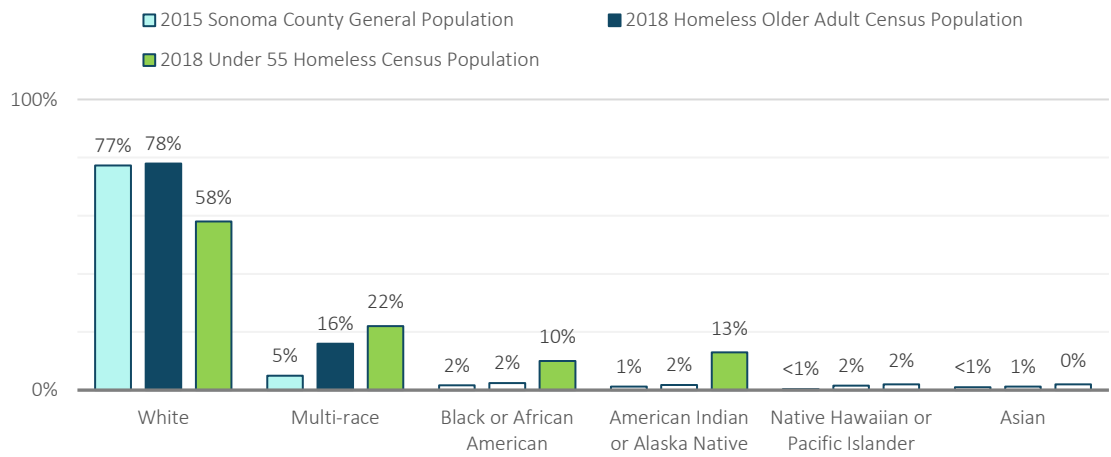
FIGURE 33. HOMELESS OLDER ADULT CENSUS POPULATION, BY GENDER



2018 n=409

Note: Percentages may not add to 100 due to rounding. Gender non-conforming was added in 2018.

FIGURE 34. HOMELESS OLDER ADULT CENSUS POPULATION, BY RACE



2018 Homeless Older Adult Census Population n=409; 2018 Homeless Census Population n=2,996

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

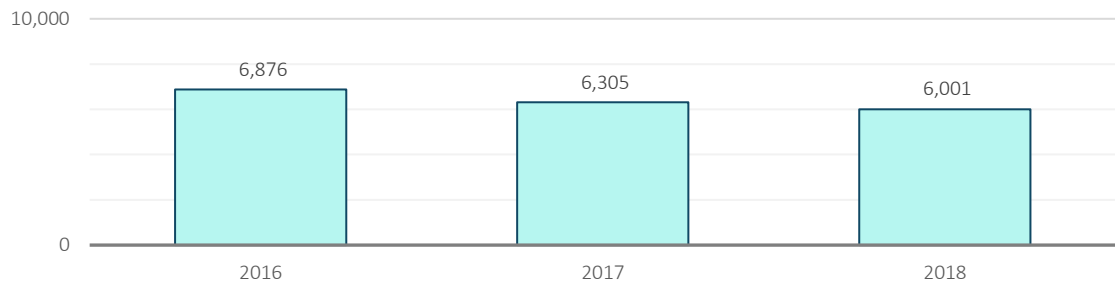
ANNUALIZATION

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 the number who access the homeless support system throughout 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. In 2018, a monthly annualization estimate was used due to a significant difference in the sampling of those experiencing short-term homelessness.

The 2018 Sonoma County annual estimate is 6,001 unique homeless experiences over a year, continuing a decrease from 6,305 unique homeless persons in 2017 and 6,876 persons in 2016.

FIGURE 35. ANNUALIZATION





Homeless Survey Findings

This section provides an overview of the findings generated from the survey component of the 2018 Sonoma Homeless Point-in-Time Census and Survey. Surveys were administered to a randomized sample of homeless individuals between February 23 and March 19, 2018. This effort resulted in 519 complete and unique surveys.

Based on a Point-in-Time Count of 2,996 homeless persons, with a randomized survey sampling process, these 519 valid surveys represent a confidence interval of +/- 4% 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 95% certain that the results would be within 4 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. For more information regarding the survey methodology, please see *Appendix A*.

DURATION AND RECURRENCE OF HOMELESSNESS

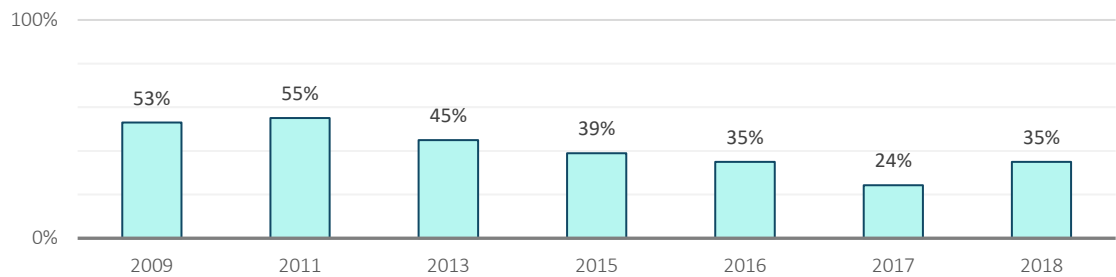
Unstable living conditions, poverty, housing scarcity, and many other issues often lead to individuals falling in and out of homelessness. Slightly more than two-thirds (65%) of survey respondents reported experiencing homelessness prior to their current episode. For many, the experience of homelessness 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 fell from a high of 55% in 2011 to a low of 24% in 2017. However, as observed in the figure below, an increased number of respondents (35%) reported experiencing homelessness for the first time in 2018.

Including their current episode of homelessness, 93% of respondents reported that this was their first or second time experiencing homelessness in the 12 months prior to the survey. Fourteen percent (14%) reported experiencing homelessness five or more times in the last three years.

FIGURE 36. FIRST TIME HOMELESS (RESPONDENTS ANSWERING "YES")

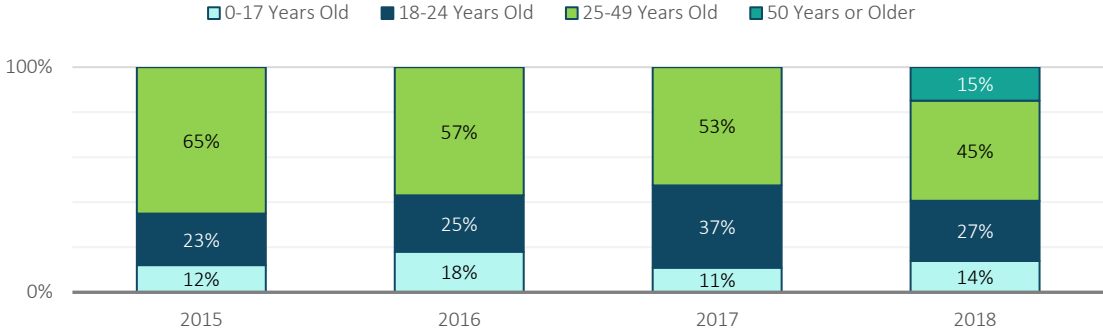


2009 n=600; 2011 n=617; 2013 n=533; 2015 n=609; 2016 n=605; 2017 n=678; 2018 n=519

AGE AT FIRST EXPERIENCE OF HOMELESSNESS

As shown in the figure below, almost half of respondents (45%) reported experiencing homelessness for the first time between ages 25 and 49. In 2018, respondents were given an additional response option of age 50 or older for the first time. Of 2018 respondents, 15% reported experiencing homelessness for the first time after the age of 50.

FIGURE 37. AGE AT FIRST EXPERIENCE OF HOMELESSNESS

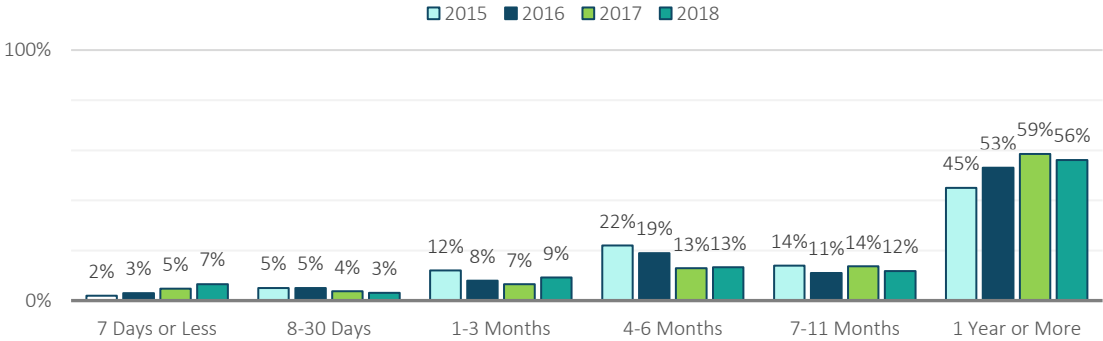


2015 n=605; 2016 n=599; 2017 n=675; 2018 n=513
 Note: Age at first experience of homelessness was first asked in the 2015 survey. Fifty years or older was added as a response option beginning in 2018.

DURATION OF HOMELESSNESS

Many individuals who experience homelessness will do so numerous times and for varying lengths of time. Fifty-six percent (56%) of respondents indicated that their current episode of homelessness had lasted for a year or more, compared to 59% of respondents in 2017.

FIGURE 38. DURATION OF CURRENT EPISODE OF HOMELESSNESS



2015 n=608; 2016 n=605; 2017 n=680; 2018 n=519

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 to opportunities for systemic improvement and homelessness prevention.

PLACE OF RESIDENCE

Knowing where individuals were living prior to their housing loss 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, 84% of survey respondents reported living in Sonoma County, an increase from 79% in 2017. Ten percent (10%) of respondents were living in another county in California at the time they became homeless, and 6% were living in another state.

Of those living in Sonoma County at the time of their housing loss, 65% had lived in Sonoma County for 10 or more years, an increase over 2017 (56%). Nine percent (9%) of all survey respondents reported living in Sonoma County for less than a year, a decrease from 14% in 2017.

FIGURE 39. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS



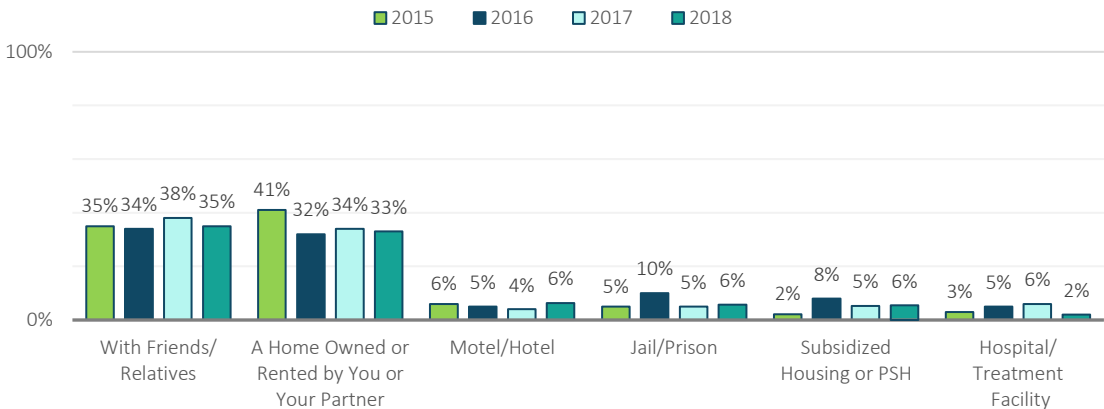
2018 n=519

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, 35% of survey respondents reported living with friends and/or relatives and 33% reported living in a home owned or rented by themselves or a partner.

FIGURE 40. LIVING ARRANGEMENTS IMMEDIATELY PRIOR TO BECOMING HOMELESS THIS TIME



2015 n=589; 2016 n=488; 2017 n=652; 2018 n=506
Note: Multiple response question. Percentages may not add up to 100. Only the top five categories from 2018 responses are shown.

EFFECTS OF 2017 FIRES

In October of 2017, the Tubbs, Nuns, and Pocket fires burned significant portions of Sonoma County, including populated areas in Santa Rosa. Over 7,000 structures, including many homes, were destroyed across the 112,380 acres that burned across Sonoma and Napa counties.

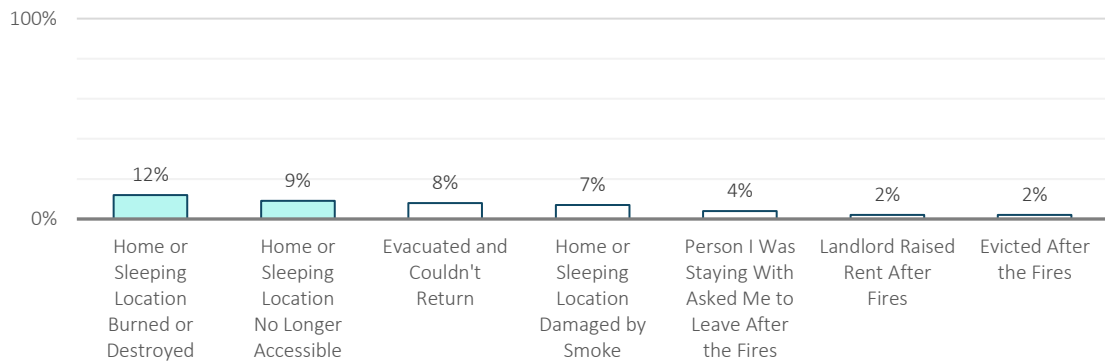
The fires exacerbated a housing market with already historically low vacancy levels, leading to questions of how the residents would be affected. To begin answering these questions, Sonoma County added fire-related questions to the survey component of the annual Point-in-Time Count and conducted a representative household telephone survey to understand the impacts of the fires countywide. The representative household survey results can be found in the *Telephone Survey* section of this report.

EFFECTS ON HOMELESS POPULATION

More than one-third (34%) of homeless survey respondents reported their previous housing or sleeping location had been affected by the fires in some way. Twelve percent (12%) of survey respondents reported their home or sleeping location was burned or destroyed. Nine percent (9%) reported that their home or sleeping location was no longer accessible (9%) 8% indicated that they were unable to return to their home or sleeping location after evacuation and 7% specified smoke damage.

Five percent (5%) of all survey respondents cited the fires as the primary cause of their homelessness. Of those who were affected by the fires, more than half reported living in Santa Rosa prior to the fires (58%), followed by Sonoma (9%) and Healdsburg (6%).

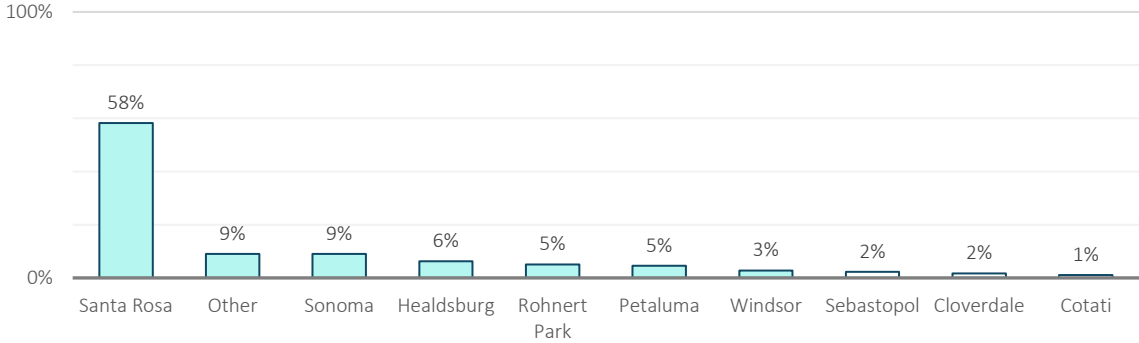
FIGURE 41. FIRE IMPACTS ON SURVEY RESPONDENTS EXPERIENCING HOMELESSNESS



2018 n=519

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

FIGURE 42. RESIDENCE PRIOR TO FIRES OF FIRE-IMPACTED SURVEY RESPONDENTS EXPERIENCING HOMELESSNESS



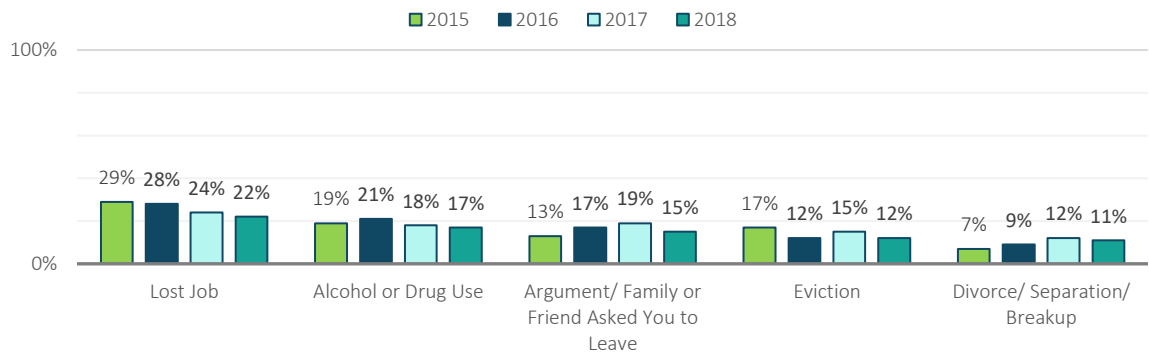
2018 n=177

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 2018, 22% of survey respondents reported job loss as the primary cause of their homelessness, a slight decrease from 24% in 2017. The percentage of respondents reporting that an argument led to their housing loss decreased from 19% in 2017 to 15% in 2018, and the percentage reporting eviction as the cause also decreased from 15% in 2017 to 12% in 2018.

FIGURE 43. PRIMARY CAUSE OF HOMELESSNESS



Primary Cause of Homelessness	2018
Lost Job	22%
Alcohol or Drug Use	17%
Argument/Family or Friend Asked You to Leave	15%
Eviction	12%
Divorce/Separation/Breakup	11%
Other	8%
Landlord Raised Rent	8%
Don't Know/Decline to State	7%
Illness/Medical Problem	6%

Primary Cause of Homelessness	2018
Mental Health Issues	5%
Fire	5%
Family/Domestic Violence	4%
Incarceration	4%
Foreclosure	3%
Probation/Parole Restrictions	2%
Hospitalization/Treatment	1%
Aging Out of Foster Care	<1%

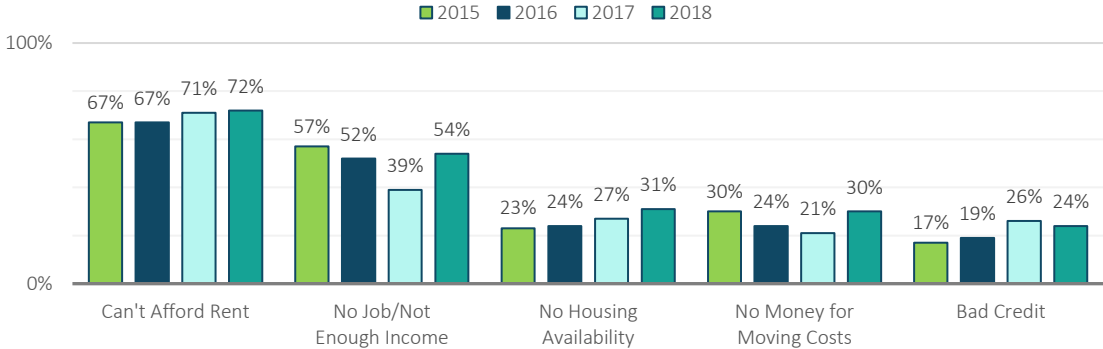
2015 n=601 respondents offering 738 responses; 2016 n=576 respondents offering 782 responses; 2017 n=660 respondents offering 917 responses; 2018 n=506 respondents offering 660 responses
 Note: Multiple response question. Percentages may not add up to 100.

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.

Similarly to 2016 and 2017, the majority of survey respondents (72%) indicated their inability to afford rent as their primary obstacle to obtaining permanent housing. Those reporting no job or not enough income increased from 39% in 2017 to 54% in 2018. Additionally, the percentage of those citing a dearth of available housing in the area increased from 27% in 2017 to 31% in 2018.

FIGURE 44. OBSTACLES TO OBTAINING PERMANENT HOUSING

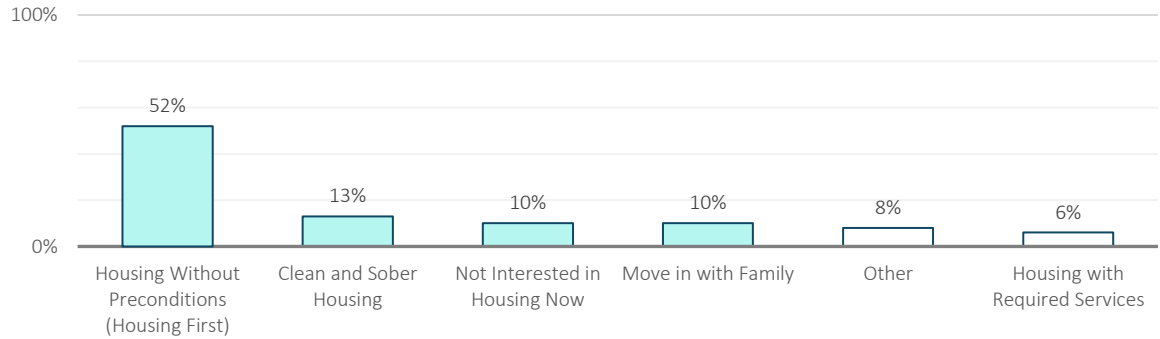


2015 n=597 respondents offering 1,471 responses; 2016 n=581 respondents offering 1,573 responses; 2017 n=659 respondents offering 1,642 responses; 2018 n=503 respondents offering 1,489 responses
Note: Multiple response question. Percentages may not add up to 100.

HOUSING TYPE

Although vacancy rates are low in the San Francisco Bay Area, and especially limited in Sonoma County after the 2017 fires, respondents were asked what type of housing they would prefer if it were available right now. Ninety percent (90%) of survey respondents were interested in housing. Of those who were interested in housing, slightly more than half (52%) desired housing without preconditions (i.e., housing first).

FIGURE 45. HOUSING TYPE DESIRED



2018 n=488

SURVEY DEMOGRAPHICS

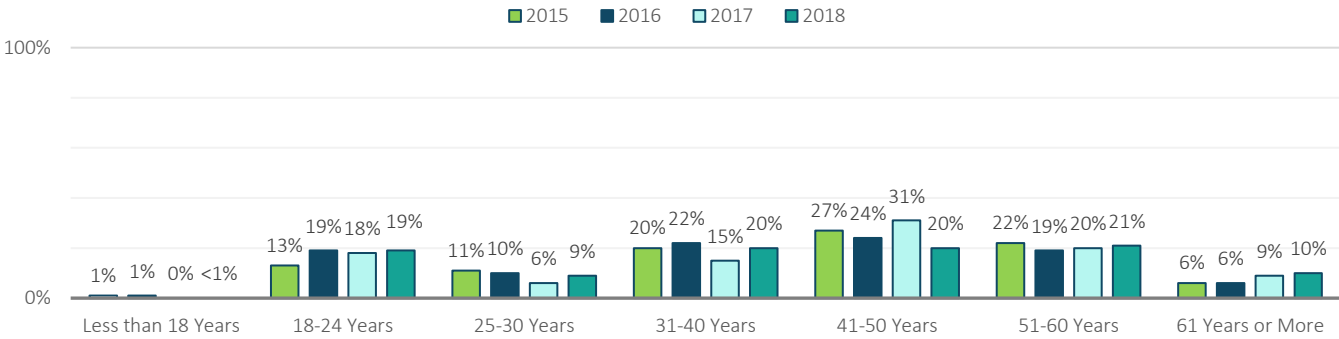
DEMOGRAPHIC INFORMATION

Slightly more than half (57%) of survey respondents identified as male, 40% identified as female, and 2% identified as transgender. Similar to 2017, one-fifth (20%) of survey respondents were under the age of 25. Just under half (49%) of survey respondents were between the ages of 25 and 50, and 31% were 51 years of age or older.

One-fifth (20%) of survey respondents identified as lesbian, gay, bisexual, transgender, or queer (LGBTQ), slightly higher than the 18% of survey respondents in 2017. Among those identifying as LGBTQ, 46% identified as bisexual, 21% identified as lesbian, and 10% identified as gay.

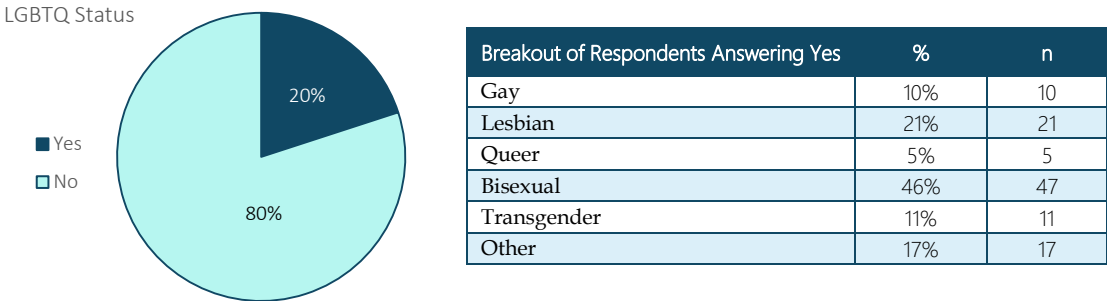
Survey respondents were also asked about their ethnic and racial background. One-quarter (25%) of survey respondents identified as Hispanic or Latino, a slight increase from 24% in 2017. More than half (58%) of survey respondents identified as White, followed by 27% as multiracial, 7% as Black or African American, 6% as American Indian or Native Alaskan, 1% as Asian, and 1% as Native Hawaiian or Pacific Islander.

FIGURE 46. SURVEY RESPONDENTS BY AGE



2015 n=609; 2016 n=605; 2017 n=687; 2018 n=519

FIGURE 47. SEXUAL ORIENTATION AND LGBTQ IDENTITY



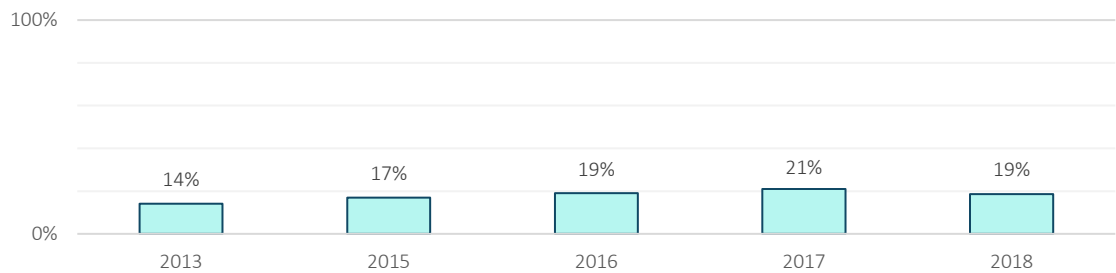
LGBTQ 2018 n=519; Breakout n=102 respondents offering 111 responses
 Note: Multiple response question. Percentages may not add up to 100.

FOSTER CARE

Nationally, it is estimated that at least one-third of foster youth experience homelessness after exiting care.¹¹ 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.

For the first time since 2013, there was a slight decrease in respondents reporting a history of foster care. In 2018, 19% of respondents reported a history of foster care. Youth under the age of 25 reported a history of foster care at a slightly higher rate than survey respondents over the age of 25 (24% compared to 18%). One percent (1%) of all survey respondents reported that aging out of the foster care system was the primary cause of their homelessness.

FIGURE 48. HISTORY OF FOSTER CARE



2013 n=533; 2015 n=600; 2016 n=563; 2017 n=645; 2018 n=510

¹¹ Dworsky, A.; Napolitano, L.; and Courtney, M. (2013). Homelessness During the Transition From Foster Care to Adulthood. Congressional Research Services, Am J Public Health. 2013 December; 103(Suppl 2): S318–S323. Retrieved 2018 from 10.2105/AJPH.2013.301455.

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.

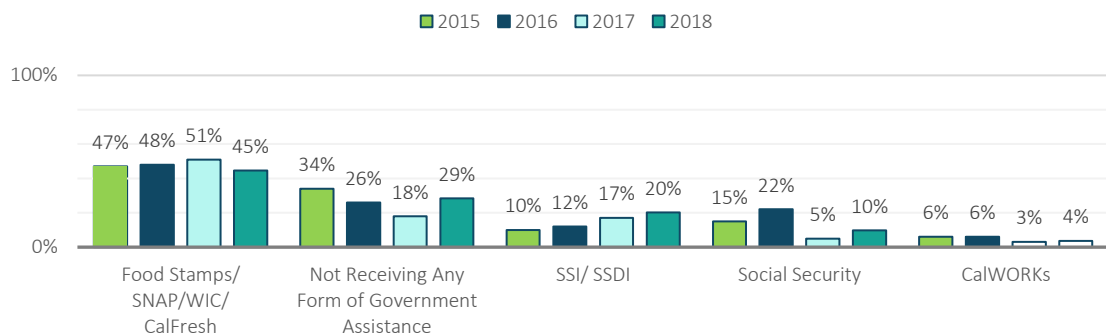
GOVERNMENT ASSISTANCE

There are various forms of government assistance available to individuals experiencing homelessness. However, usage of these supports is impacted by knowledge of services available, understanding of eligibility requirements, and perceived stigma of receiving governmental assistance.

Food assistance was the most frequently cited form of government assistance received among survey respondents, with 45% of respondents receiving benefits from Food Stamps, SNAP, WIC, or CalFresh programs in 2018 – a decrease from 51% in 2017. The percentage of respondents reporting enrollment in Medi-Cal/Medicare services programs also decreased, from 39% in 2017 to 33% in 2018.

Twenty-nine percent (29%) of respondents reported that they were not receiving any form of government assistance, a marked increase from 18% in 2017. When asked why they were not accessing government assistance, 48% of respondents reported that they did not want government assistance, 16% thought they were not eligible, 14% never applied, 12% lacked a form of identification, and 9% had no permanent address.

FIGURE 49. GOVERNMENT ASSISTANCE RECEIVED

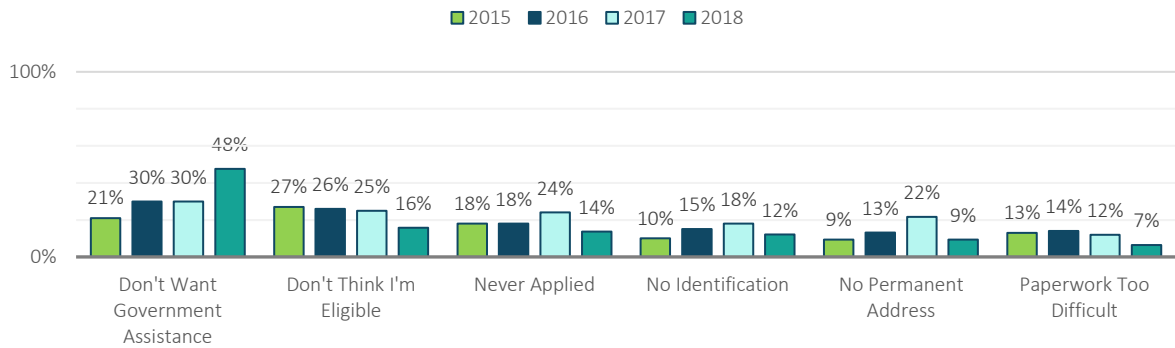


2015 n=578 respondents offering 655 responses; 2016 n=475 respondents offering 569 responses; 2017 n=581 respondents offering 956 responses; 2018 n=494 respondents offering 765 responses

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

Note: Medi-Cal/Medicare enrollment was not asked prior to 2017, and is therefore not included in the chart.

FIGURE 50. REASONS FOR NOT RECEIVING GOVERNMENT ASSISTANCE



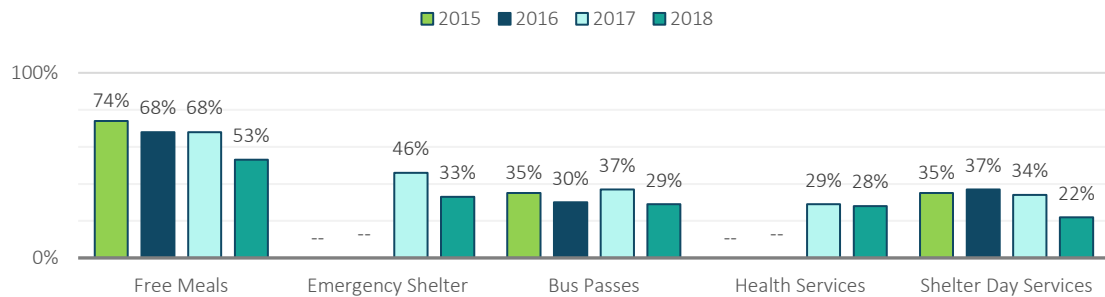
2015 n=276 respondents offering 360 responses; 2016 n=114 respondents offering 178 responses; 2017 n=106 respondents offering 181 responses; 2018 n=139 respondents offering 184 responses
 Note: Multiple response question. Percentages may not add up to 100.

SERVICES AND PROGRAMS

In addition to government assistance, there are 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. Overall, survey respondents in 2018 reported using fewer services than in 2017.

The most commonly used services were free meals (53%), emergency shelter (33%), bus passes (29%), health services (28%), and shelter day services (22%). The percentage of respondents indicating they did not receive any services or use any programs increased to 21% in 2018 from 10% in 2017. Beginning in 2017, respondents were asked about emergency shelter and health service usage. Thirty-three percent (33%) of respondents reported using emergency shelters, a decrease from 46% in 2017.

FIGURE 51. SERVICES OR ASSISTANCE

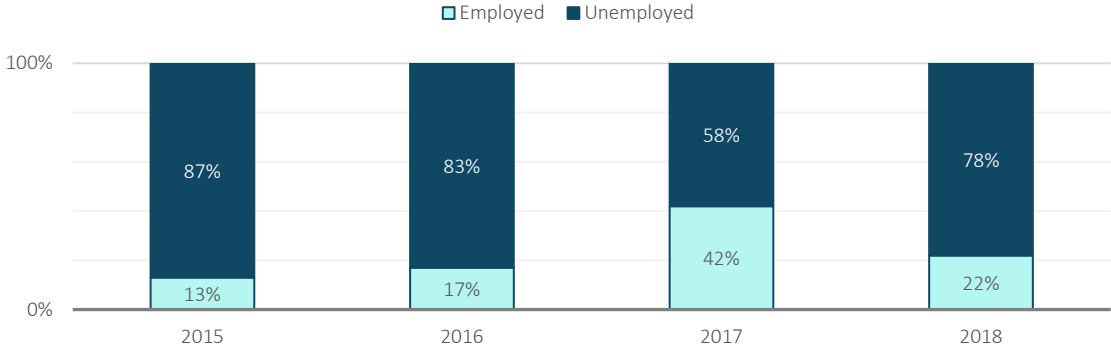


2015 n=513 respondents offering 1,010 responses; 2016 n=527 respondents offering 1,085 responses; 2017 n=622 offering 1,792 responses; 2018 n=491 respondents offering 1,212 responses
 Note: Multiple response question. Percentages may not add up to 100. Emergency shelter and health service usage were not asked prior to 2017.

EMPLOYMENT AND INCOME

The majority of survey respondents (78%) reported being unemployed. Nine percent (9%) of survey respondents reported being employed part-time, a large decrease from 25% in 2017. Seven percent (7%) reported full time employment and 6% reported seasonal or sporadic employment.

FIGURE 52. EMPLOYMENT STATUS AND MONTHLY INCOME



	EMPLOYED				UNEMPLOYED			
	2015	2016	2017	2018	2015	2016	2017	2018
\$0-\$99	5%	6%	5%	6%	19%	9%	52%	41%
\$100-\$449	13%	15%	7%	6%	38%	34%	18%	14%
\$450-\$749	19%	28%	20%	18%	15%	8%	8%	12%
\$750-\$1,099	37%	19%	32%	17%	24%	32%	16%	22%
\$1,100-\$1,499	13%	11%	22%	28%	2%	14%	6%	7%
\$1,500-\$3,000	13%	20%	13%	21%	2%	4%	1%	3%
More than \$3,000	0%	2%	1%	6%	0%	1%	0%	1%

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; 2018 Employment Status n=500, Monthly Income Employed n=109, Monthly Income Unemployed n=385

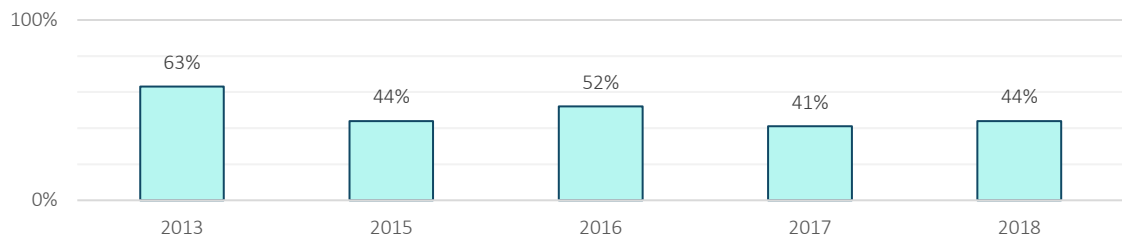
HEALTH

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.¹²

In Sonoma County, 64% of survey respondents reported one or more health conditions. Forty-four percent (44%) of survey respondents indicated that their condition was disabling, preventing them from holding employment, living in stable housing, or taking care of themselves – up from 41% in 2017.

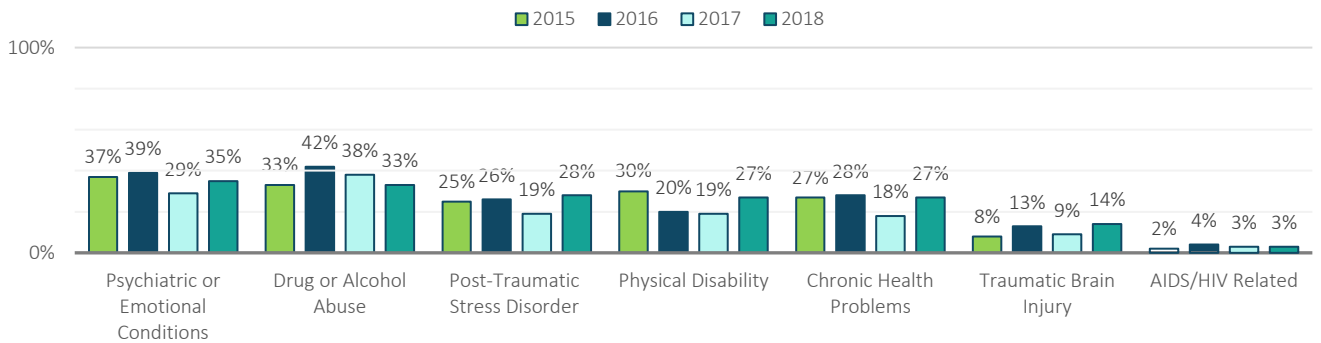
The most common health condition reported by individuals in 2018 was a psychiatric or emotional condition (35%), followed by drug and alcohol abuse (33%), post-traumatic stress disorder (28%), a physical disability (27%), and chronic health problems (27%).

FIGURE 53. HUD DISABLING CONDITION



2013 n=492; 2015 n=609; 2016 n=605; 2017 n=687; 2018 n=515

FIGURE 54. HEALTH CONDITIONS



2015 n=595-602; 2016 n=588-603; 2017 n= 680-685; 2018 n=519
 Note: Multiple response question. Percentages may not add up to 100.

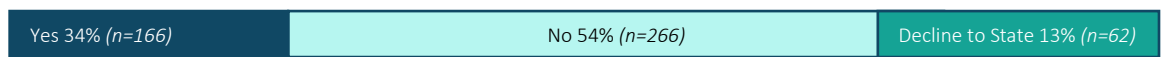
¹² Sharon A. Salit, M. E. (1998). Hospitalization Costs Associated with Homelessness in New York City. *New England Journal of Medicine*, 338, 1734-1740.

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 the financial resources required for housing, as their employment history or dependable income may be limited.

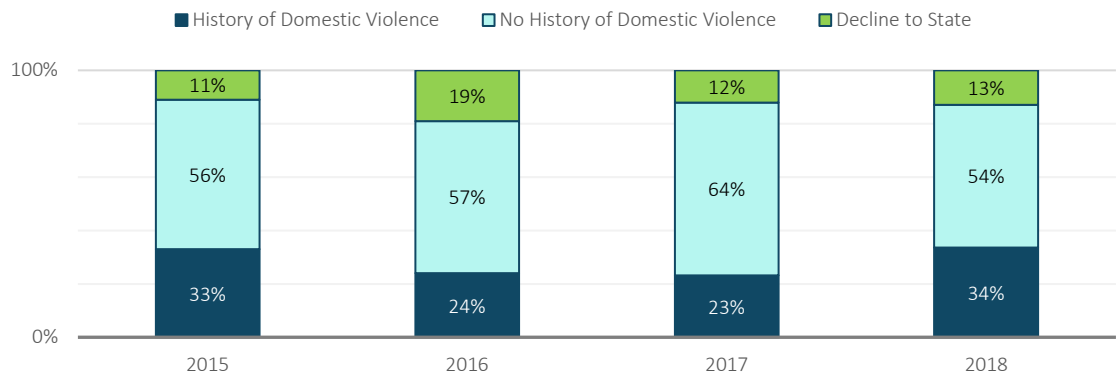
The percentage of individuals experiencing homelessness in Sonoma County who indicated a prior experience of domestic violence or partner abuse was 34%, up from 23% in 2017. Four percent (4%) of survey respondents identified domestic violence as the primary event leading to their homelessness.

FIGURE 55. HISTORY OF DOMESTIC VIOLENCE



2018 n= 494

FIGURE 56. DOMESTIC VIOLENCE TREND



2015 n=577; 2016 n=565; 2017 n=621; 2018 n=494

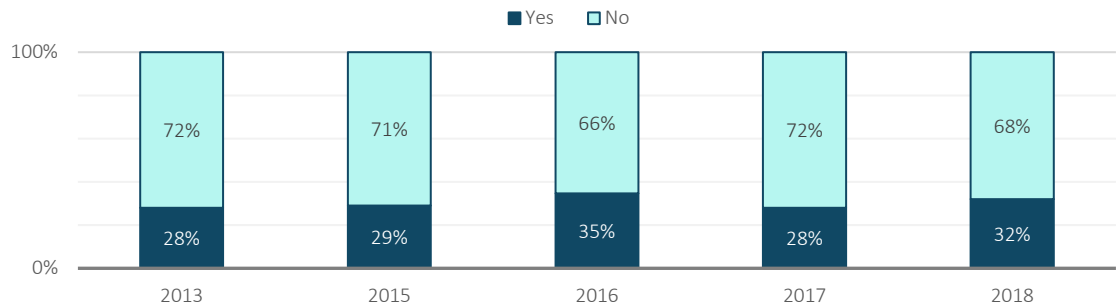
CRIMINAL JUSTICE SYSTEM

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.¹³

INCARCERATION

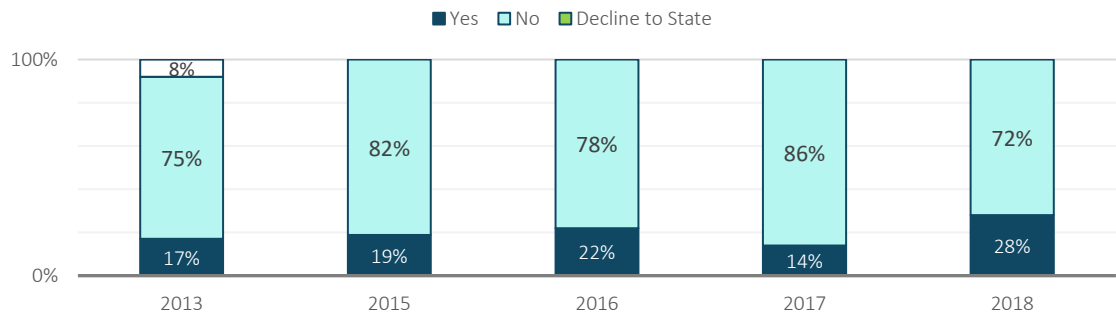
Thirty-two percent (32%) of respondents experiencing homelessness reported spending at least one night in jail or prison within the past 12 months, an increase from 28% in 2017. Twenty percent (20%) of survey respondents reported that they were on probation or parole at the time they most recently became homeless, and 28% reported they were on probation or parole at the time of the survey – double the number of those on probation or parole in 2017 (14%).

FIGURE 57. SPENT A NIGHT IN JAIL OR PRISON IN THE LAST 12 MONTHS



2013 n=473; 2015 n=602; 2016 n=574; 2017 n=744; 2018 n=500

FIGURE 58. CURRENTLY ON PROBATION OR PAROLE



2013 n=524; 2015 n=569; 2016 n=536; 2017 n=737; 2018 n=488

Note: Decline To State was given as an answer option solely in 2013.

¹³ Greenberg, GA, Rosenheck, RA. (2008). Jail Incarceration, Homelessness, and Mental Health: A National Study. *Psychiatric Services*, 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 2018 Sonoma County Homeless Point-in-Time Census and Survey.

Subpopulation: 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.¹⁴ Data from communities across the country reveal 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.

In 2017, the U.S. Department of Housing and Urban Development reported that 86,962 individuals, representing 24% of the overall homeless population, were experiencing chronic homelessness.¹⁵ In 2018, Sonoma County identified 747 chronically homeless individuals who comprised 25% of the total homeless population. 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.

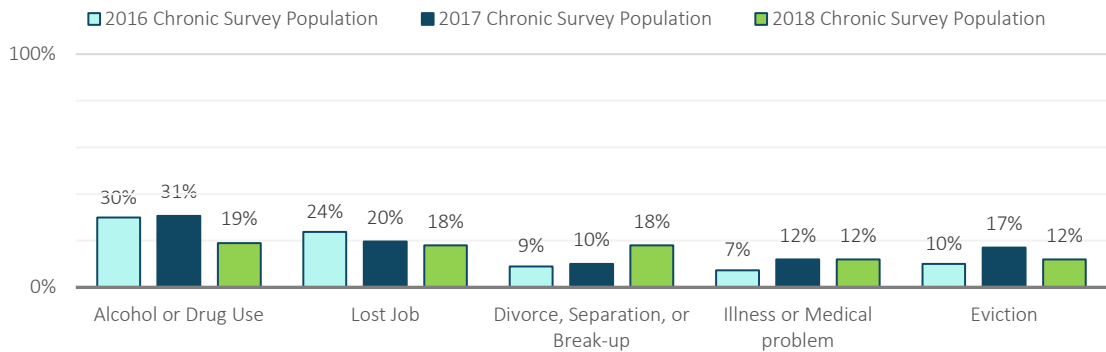
¹⁴ United States Interagency Council on Homelessness. (2010). Supplemental Document to the Federal Strategic Plan to Prevent and End Homelessness: June 2010. Retrieved 2017 from https://www.usich.gov/resources/uploads/asset_library/BkgrdPap_ChronicHomelessness.pdf

¹⁵ Department of Housing and Urban Development. (2017). Annual Assessment Report to Congress. Retrieved 2018 from <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>

PRIMARY CAUSE OF HOMELESSNESS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Nineteen percent (19%) of chronically homeless survey respondents reported alcohol or drug use as the primary cause of their homelessness, compared to 17% of all other survey respondents and 31% of 2017 chronically homeless respondents. Additionally, chronically homeless survey respondents most frequently attributed their homelessness to job loss (18%), the dissolution of a relationship (18%), illness or medical problem (12%), and eviction (12%).

FIGURE 59. PRIMARY CAUSE OF HOMELESSNESS AMONG CHRONICALLY HOMELESS (TOP FIVE 2018 RESPONSES)



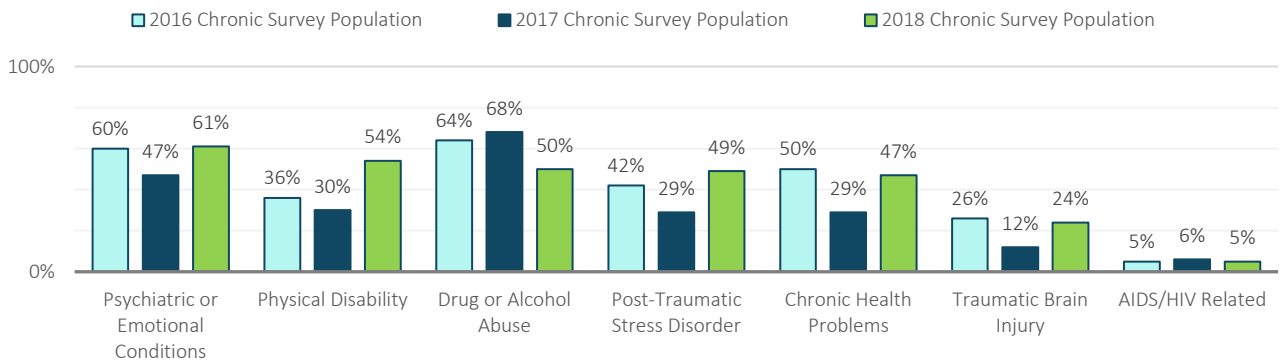
2016 n=164; 2017 n=183; 2018 n=152

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. Half (50%) of chronically homeless survey respondents reported experiencing alcohol or drug abuse, a notably higher percentage when compared with all other survey respondents (26%). However, the percentage of chronically homeless survey respondents reporting drug or alcohol abuse decreased significantly, from 68% in 2017 to 50% in 2018. Additionally, a higher percentage of chronically homeless individuals reported experiencing a psychiatric or emotional condition compared to other survey respondents (61% and 23%, respectively).

FIGURE 60. HEALTH CONDITIONS AMONG CHRONICALLY HOMELESS



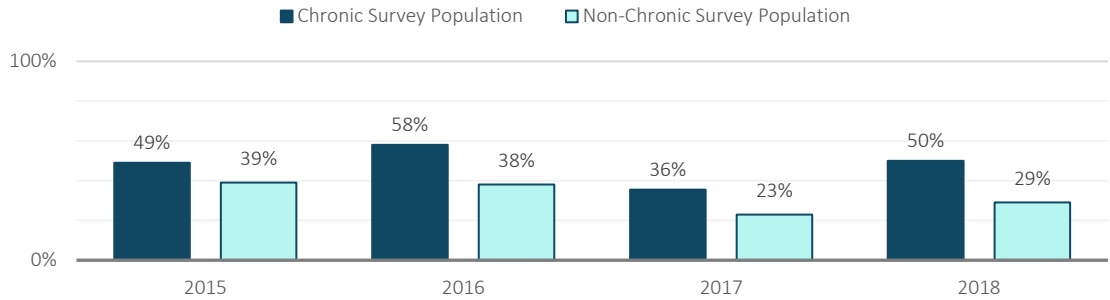
2016 n=171; 2017 n=187; 2018 n=153

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

EMERGENCY ROOM USE AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Fifty percent (50%) of chronically homeless respondents reported visiting the emergency room at least once in the last three months, a higher rate than both non-chronically homeless survey respondents (29%) and 2017 chronically homeless survey respondents (36%).

FIGURE 61. EMERGENCY ROOM USE IN THE LAST THREE MONTHS, CHRONIC AND NON-CHRONIC COMPARISON

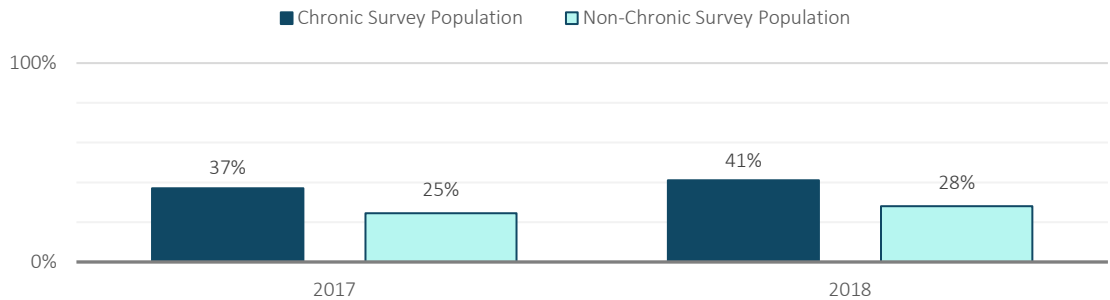


2015 Chronic Survey Population n=116, Non-Chronic Survey Population n=310; 2016 Chronic Survey Population n=133, Non-Chronic Survey Population n=269; 2017 Chronic Survey Population n=185, Non-Chronic Survey Population n=488; 2018 Chronic Survey Population n=128, Non-Chronic Survey Population n=322

INCARCERATION AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Forty-one percent (41%) of chronically homeless survey respondents reported spending at least one night in jail in the last 12 months, compared to 28% of non-chronically homeless respondents. A lower percentage of chronically homeless respondents reported being on probation or parole at the onset of their homelessness compared to non-chronically homeless survey respondents (17% and 22%, respectively).

FIGURE 62. A NIGHT SPENT IN JAIL OR PRISON IN THE LAST 12 MONTHS, CHRONIC AND NON-CHRONIC COMPARISON



2017 Chronic Survey Population n=180 Non-Chronic Survey Population n=472; 2018 Chronic Survey Population n=150, Non-Chronic Survey Population n=350

Subpopulation: Homeless Veterans

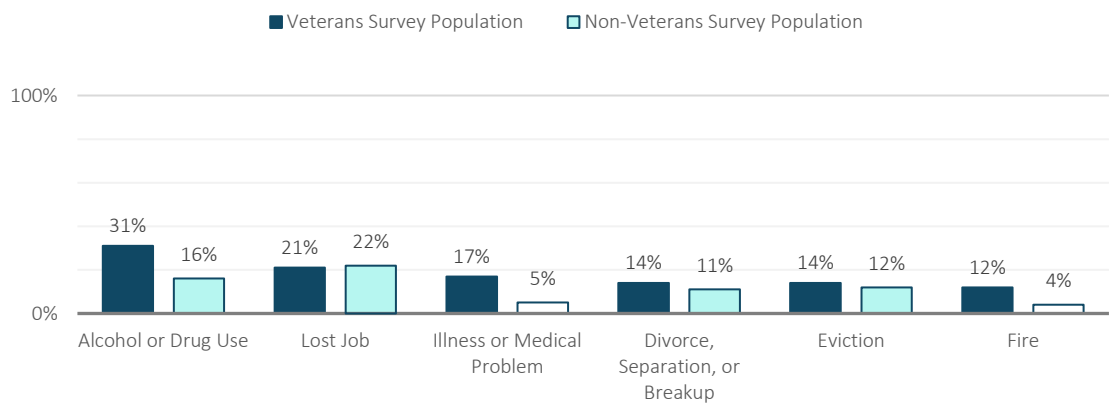
Many U.S. veterans experience conditions that place them at increased risk for homelessness. Veterans experience higher rates of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), sexual assault, and substance abuse. Veterans experiencing homelessness are more likely to live on the 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 HOMELESS VETERANS

Thirty-one percent (31%) of veteran survey respondents reported alcohol or drug use as the primary cause of their homelessness, compared with 16% of non-veteran survey respondents. Job loss was the second highest reported cause of homelessness among veterans (21%), followed by illness or medical problem (17%), divorce, separation, or breakup (14%), and eviction (14%). Twelve percent (12%) of veteran survey respondents reported the primary cause of their homelessness was the fires, compared with 4% of non-veteran survey respondents.

FIGURE 63. PRIMARY CAUSES OF HOMELESSNESS, VETERANS AND NON-VETERANS COMPARISON



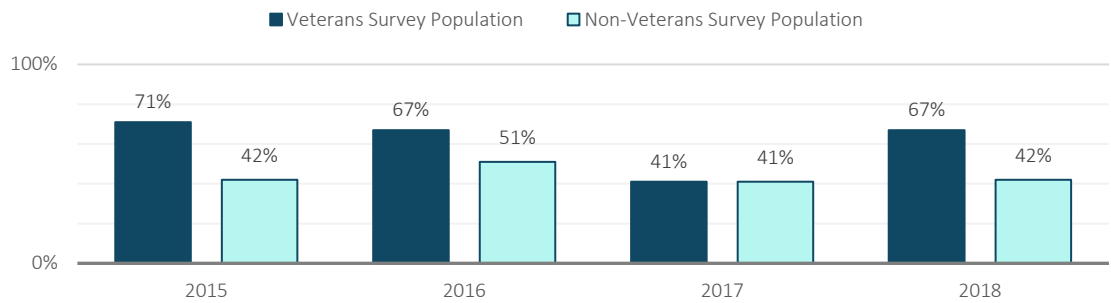
2018 Veterans Survey Population n=42; Non-Veterans Survey Population n=464

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

DISABLING CONDITIONS AMONG HOMELESS VETERANS

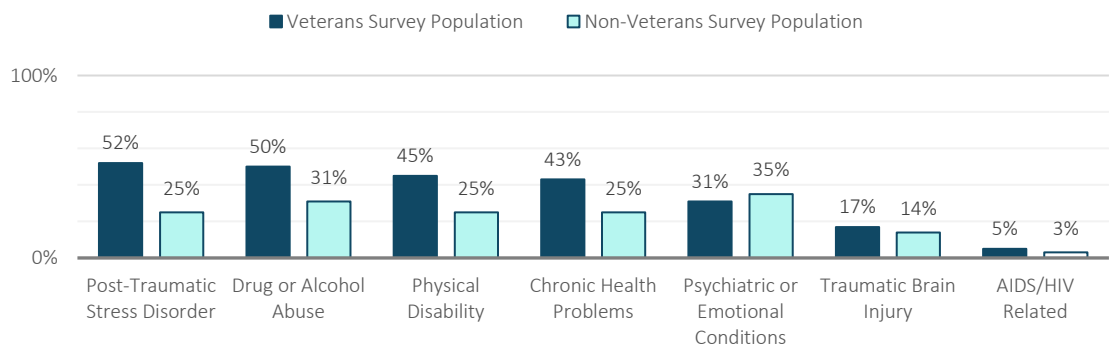
Two out of three veteran survey respondents (67%) reported one or more disabling conditions, higher than 42% of non-veteran survey respondents. Over half (52%) of veteran respondents reported living with post-traumatic stress disorder, compared with 25% of non-veterans. Half (50%) of veteran survey respondents reported some type of drug or alcohol abuse, compared with 31% of non-veteran survey respondents. Veterans reported a physical disability or chronic health problems at far higher rates than non-veteran survey respondents (45% compared with 25% and 43% compared with 25%, respectively).

FIGURE 64. DISABLING CONDITIONS AMONG HOMELESS VETERANS, VETERANS AND NON-VETERANS 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; 2018 Veterans Survey Population n=42, Non-Veterans Survey Population n=473

FIGURE 65. HEALTH CONDITIONS, VETERANS AND NON-VETERANS COMPARISON

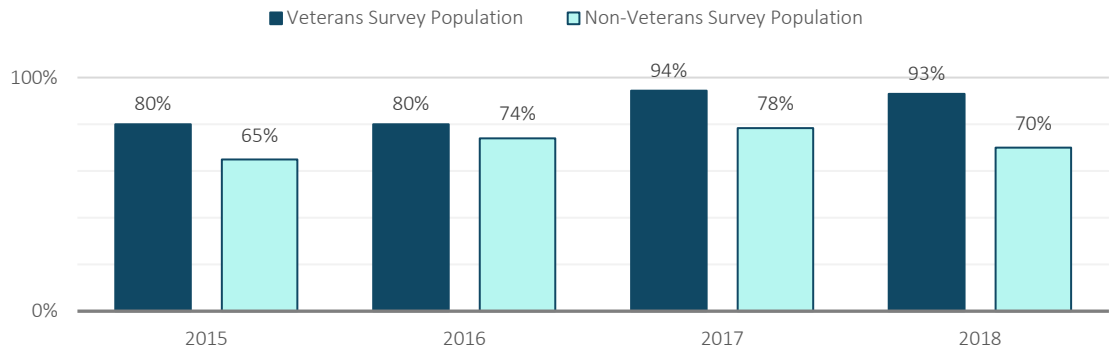


2018 Veterans Survey Population n=42; Non-Veterans Survey Population n=477
 Note: Multiple response question. Percentages may not add up to 100.

ACCESS TO GOVERNMENT SERVICES AMONG VETERANS

Ninety-three percent (93%) of veteran survey respondents reported receiving some form of government assistance, compared with 70% for non-veteran survey respondents. The most common form of government assistance received among veterans were Medi-Cal or Medicare benefits (42%), followed by food stamps/SNAP/WIC/CalFresh (37%), veterans benefits such as GI and health care (32%), SSI/SSDI compensation (29%), and VA specific disability compensation (27%).

FIGURE 66. ACCESS TO GOVERNMENT ASSISTANCE, VETERANS AND NON-VETERANS COMPARISON



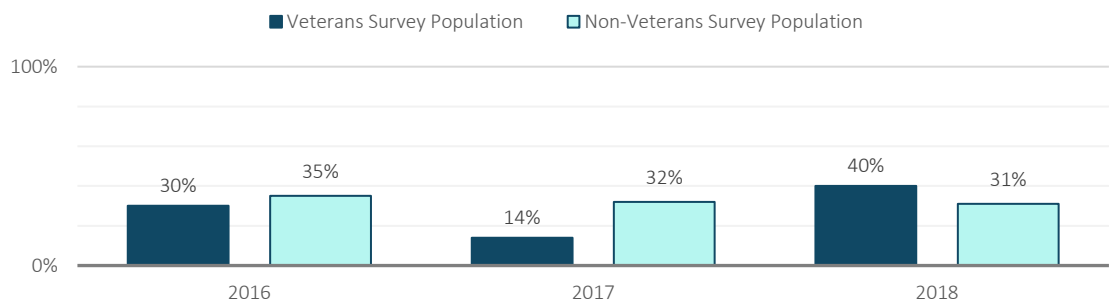
2015 Veteran Survey Population n=45, Non-Veteran Survey Population n=533; 2016 Veteran Survey Population n= 60, Non-Veteran Survey Population n= 415; 2017 Veteran Survey Population n=125, Non-Veteran Survey Population n=456; 2018 Veteran Survey Population n=41, Non-Veteran Survey Population n=453

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 receive longer prison sentences. Veterans who are incarcerated may also face the loss of various VA benefits during this time.¹⁶

Forty percent (40%) of veteran survey respondents indicated spending at least one night in jail in the 12 months prior to the survey, an increase from 14% in 2017. Additionally, 31% of veteran survey respondents reported being on probation or parole at the onset of their homelessness, compared with 19% of non-veteran respondents.

FIGURE 67. A NIGHT SPENT IN JAIL OR PRISON IN THE LAST 12 MONTHS, VETERANS AND NON-VETERANS 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; 2018 Veterans Survey Population n=42; Non-Veterans Survey Population n=458

¹⁶ Military Benefits. (2014). Incarcerated Veterans. Retrieved 2017 from <http://www.military.com/benefits/veterans-benefits/incarcerated-veterans.html>.

Subpopulation: Homeless Families with Children

National data from 2017 suggest that 33% of all people experiencing homelessness are persons in families.¹⁷ 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 with other subpopulations, including unaccompanied children and transition-age youth. Data on families experiencing homelessness suggest that they are not much different from other families living in poverty.

Nationally, the majority of homeless families are households headed by single women and families with children under the age of six.¹⁸ 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.¹⁹

PLACE OF RESIDENCE AMONG HOMELESS FAMILIES WITH CHILDREN

Ninety-seven percent (97%) of persons in homeless families were living in Sonoma County at the time they most recently became homeless, compared with 83% of non-family respondents. This represented a slight increase from 2017, when 94% of survey respondents in homeless families reported living in Sonoma County at the time of their most recent housing loss.

¹⁷ U. S. Department of Housing and Urban Development. (2017). The 2017 Annual Assessment Report (AHAR) to Congress. Retrieved 2018 from <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>

¹⁸ U. S. Department of Health and Human Services. (2007). Characteristics and Dynamics of Homeless Families with Children. Retrieved 2015 from <http://aspe.hhs.gov/>

¹⁹ U.S. Interagency Council on Homelessness. (2015). Opening Doors. Retrieved 2015 from <http://www.usich.gov/>

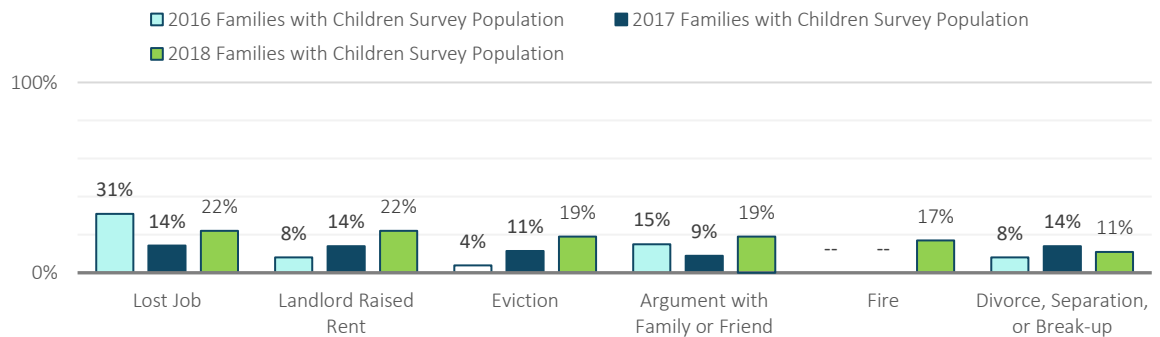
PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS FAMILIES WITH CHILDREN

The primary reasons reported for homelessness among families with children changed markedly from 2016 and 2017. Twenty-two percent (22%) of survey respondents in families with children reported job loss, up from 14% in 2017. Twenty-two percent (22%) reported their rent was raised by a landlord, also up from 14% in 2017. Eviction (19%) and arguments with family or friends (19%) were also more frequently cited when compared with family survey respondents from the previous year (11% and 9%, respectively).

In 2016 and 2017, drug or alcohol use was cited more than any other reason as the primary cause of homelessness. In 2018, 6% of survey respondents in families with children reported drug or alcohol use as their primary cause of homelessness, down from 27% and 20% in 2016 and 2017, respectively.

In reference to the damaging fires that swept through Sonoma County in October 2017, survey respondents were provided the option to indicate whether fire was the primary cause of their homelessness. Seventeen percent (17%) of families with children specified fire, making it the fifth most common primary cause of homelessness among families with children in 2018.

FIGURE 68. PRIMARY CAUSE OF HOMELESSNESS AMONG FAMILIES WITH CHILDREN



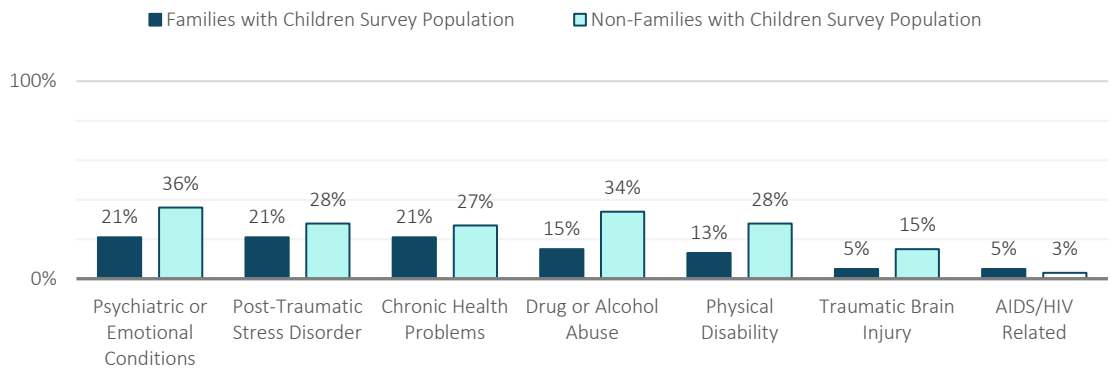
2016 n=26; 2017 n=35; 2018 n=36

Note: Multiple response question. Percentages may not add up to 100. Fire was not given as an option prior to 2018.

HEALTH CONDITIONS AMONG HOMELESS FAMILIES WITH CHILDREN

The most common health conditions reported among respondents in families with children were psychiatric or emotional conditions (21%, up from 49% in 2017), post-traumatic stress disorder (21%), and chronic health problems (21%). Survey respondents in families with children had lower percentages of health conditions than all other survey respondents, with the exception of AIDS or HIV related illnesses.

FIGURE 69. HEALTH CONDITIONS, FAMILIES WITH CHILDREN AND NON-FAMILIES WITH CHILDREN COMPARISON



2018 Families with Children Survey Population n=39; Non-Families with Children Survey Population n=480
 Note: Multiple response question. Percentages may not add up to 100.

Subpopulation: Unaccompanied Homeless Children and Transition-Age Youth

Due to the often hidden nature of youth homelessness, limited data are available on unaccompanied children and transition-age youth experiencing homelessness. Although largely considered an undercount, nationwide estimates from 2017 suggest there are at least 40,799 unaccompanied children and transition-age youth on the streets and in public shelters, an increase of 14% over 2016.²⁰ This increase may be due, in part, to the focus on unaccompanied youth during the 2017 Point-in-Time Count, which served as a nationwide baseline year.

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.²¹

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 transition-age youth during the Point-in-Time Count.

²⁰ U. S. Department of Housing and Urban Development. (2017). The 2017 Annual Assessment Report (AHAR) to Congress. Retrieved 2018 from <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>

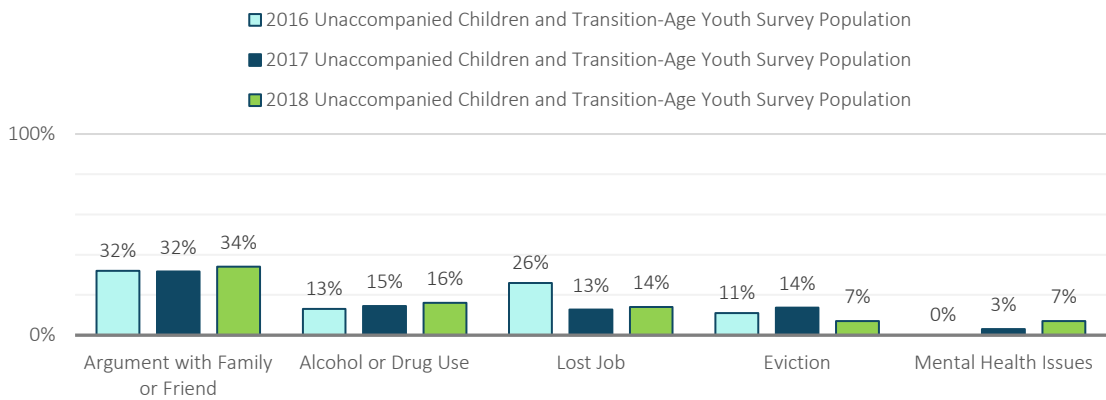
²¹ National Coalition for the Homeless. (2011). Homeless Youth Fact Sheet. Retrieved 2011 from <http://www.nationalhomeless.org>.

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

Approximately one out of three (34%) youth survey respondents indicated that an argument with friends or family led to them becoming homeless, a much higher percentage compared with non-youth respondents (12%). Sixteen percent (16%) of youth respondents reported alcohol or drug use as the cause of their homelessness, compared to 18% of non-youth respondents.

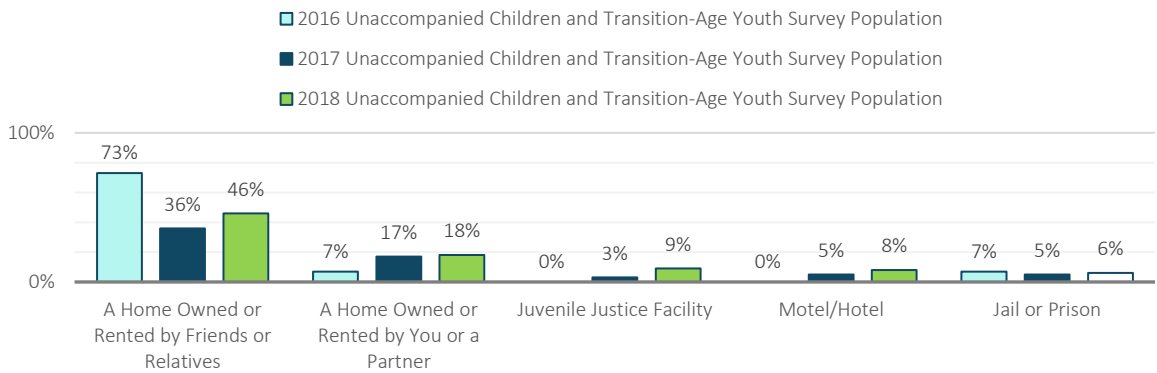
Immediately prior to becoming homeless, 46% of youth respondents reported living with friends or relatives, 18% reported living in a home owned or rented by themselves or a partner, and 9% reported living in a juvenile justice facility.

FIGURE 70. PRIMARY CAUSE OF HOMELESSNESS AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH (TOP FIVE 2018 RESPONSES)



2016 n=105; 2017 n=117; 2018 n=89
 Note: Multiple response question. Percentages may not add up to 100.

FIGURE 71. PREVIOUS LIVING ARRANGEMENTS AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH (TOP FIVE 2018 RESPONSES)



2016 n=30; 2017 n=118; 2018 n=90
 Note: Multiple response question. Percentages may not add up to 100.

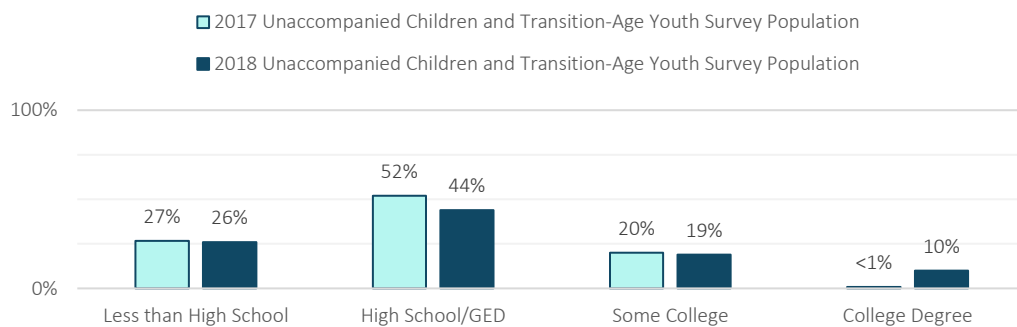
EDUCATION AND EMPLOYMENT AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

In March of 2017, a national study examining homelessness among community college students reported that on average, between 13% and 14% of community college students are homeless, with 27% of these students under the age of 21. Of those who reported being homeless, just over 2% reported spending time in a shelter.²²

While all but four unaccompanied youth survey respondents were over the age of 18, 26% had not obtained a GED or high school diploma. Thirty percent (30%) of youth reported completing some or all of college. Of note, 82% of youth having attended at least some college were unsheltered.

Twenty-eight percent (29%) of youth respondents reported some form of employment, either full-time, part-time, or seasonal. This was a decrease from 2017, when 37% of youth respondents reported some form of employment.

FIGURE 72. HIGHEST LEVEL OF EDUCATION OBTAINED AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH



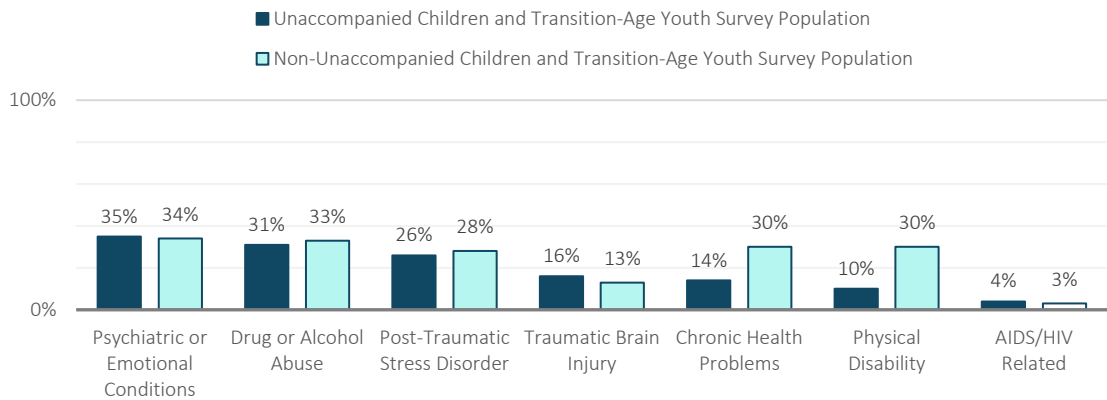
	2017	2018
Less than High School	32	23
High School/GED	62	39
Some College	24	17
College Degree	1	9
Total	119	88

²² 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-five percent (35%) of youth survey respondents reported a psychiatric or emotional condition, followed by drug or alcohol abuse (31%) and post-traumatic stress disorder (26%).

FIGURE 73. HEALTH CONDITIONS, UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH AND NON-UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH COMPARISON



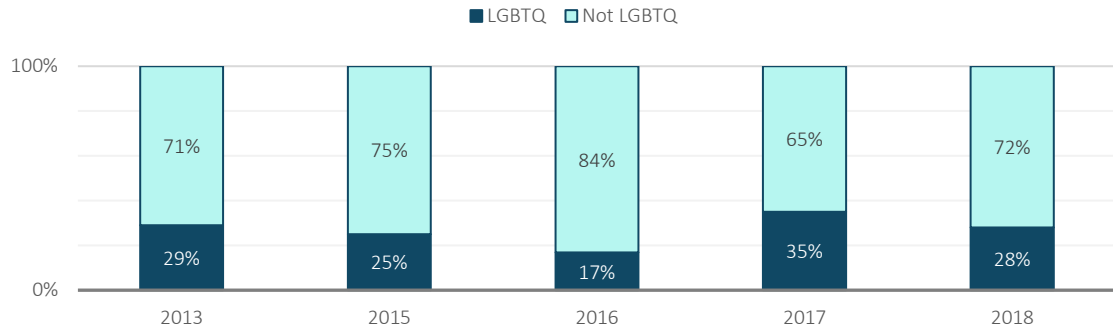
Unaccompanied Children and Transition-Age Youth n=95; Non-Unaccompanied Children and Transition-Age Youth Survey Population n=424

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

SEXUAL ORIENTATION AND LGBTQ IDENTITY

Twenty-eight percent (28%) of youth survey respondents identified as LGBTQ in 2018, a decrease from 35% in 2017. This was also higher than the percentage of adults identifying as LGBTQ (18%). Of youth respondents identifying as LGBTQ, 44% identified as bisexual, 19% as lesbian, 15% as gay, 15% as another sexual orientation, and 7% as queer. Eleven percent (11%) of respondents identified as transgender.

FIGURE 74. LGBTQ STATUS AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH



2013 n=97; 2015 n=79; 2016 n=115; 2017 n=120; 2018 n=95
 Note: Percentages may not add up to 100 due to rounding.

FIGURE 75. GENDER IDENTITY AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH

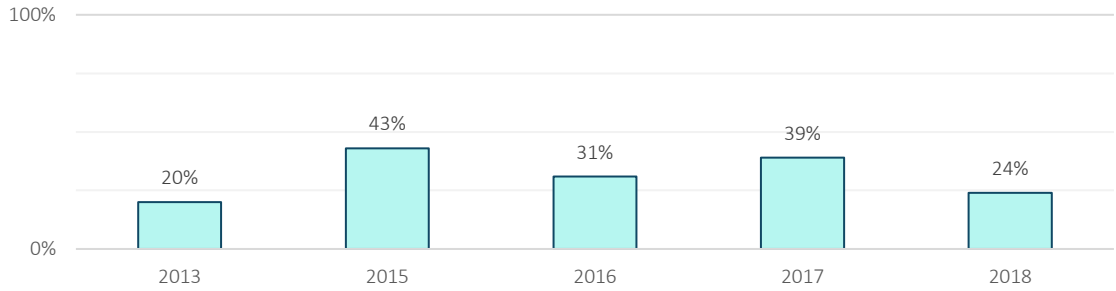
Breakout of Respondents Answering Yes	%	n
Gay	15%	4
Lesbian	19%	5
Queer	7%	2
Bisexual	44%	12
Transgender	11%	3
Other	15%	4

LGBTQ n=95; Breakout n=27 respondents offering 30 responses
 Note: Multiple response question. Percentages may not add up to 100.

FOSTER CARE AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

Just under one-quarter (24%) of youth survey respondents reported a history of foster care, compared with 18% of the adult homeless population.

FIGURE 76. HISTORY OF FOSTER CARE AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH

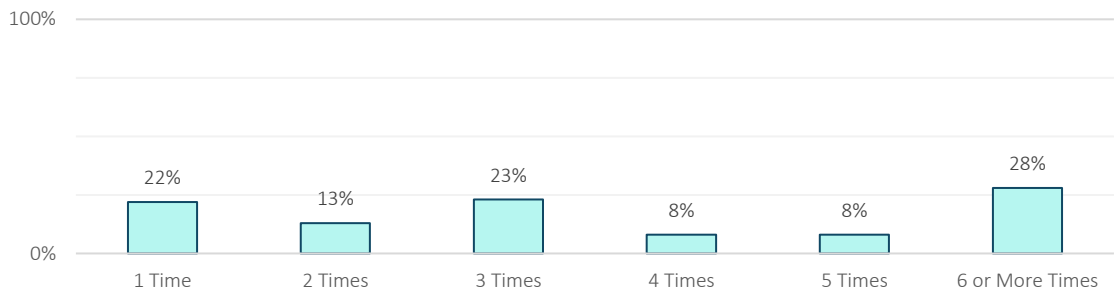


2013 n=106; 2015 n=75; 2016 n=101; 2017 n=113; 2018 n=93

HOUSING INSTABILITY AND FAMILY CONTACT AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

When asked how many times they had experienced housing instability over the past three years, 22% of unaccompanied homeless children and transition-age youth reported one time, 43% reported two to four times, and 35% reported five or more times.

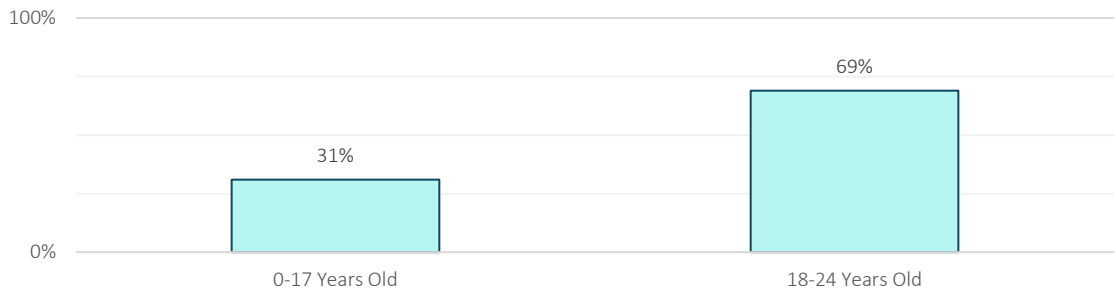
FIGURE 77. HISTORY OF HOUSING INSTABILITY AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH



2018 n=79

Unaccompanied children and transition-age youth respondents were also asked about the age at which they first experienced homelessness. Thirty-one percent (31%) reported becoming homeless for the first time under age 18 and 69% reported becoming homeless for the first time from age 18-24.

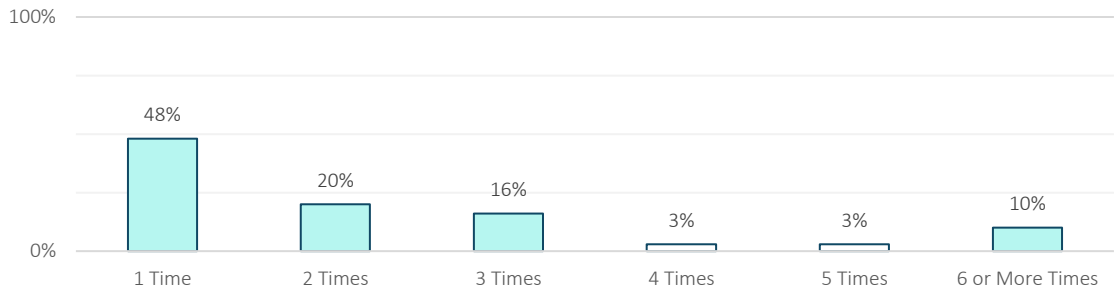
FIGURE 78. AGE AT FIRST EXPERIENCE OF HOMELESSNESS AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH



2018 n=93

When asked how many times they had tried to move back in with their parents or other family members, 48% reported they had tried once. Thirty-nine percent (39%) reported trying to move back two to four times, and 13% reported five or more attempts to move back in with parents or other family members.

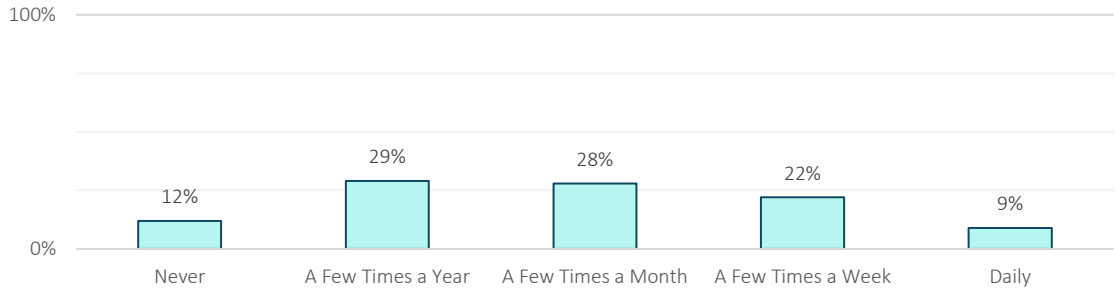
FIGURE 79. TIMES ATTEMPTED TO MOVE BACK IN WITH PARENTS OR FAMILY AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH



2018 n=61

Unaccompanied children and transition-age youth were also asked how many times they had had contact with their families in the past 12 months. Twelve percent (12%) reported no contact with their families, 29% reported having contact a few times a year, 28% reported having contact a few times a month, and 22% reported having contact a few times a week. Nine percent (9%) of youth reported having daily contact with their families.

FIGURE 80. FAMILY CONTACT IN THE PAST YEAR AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH

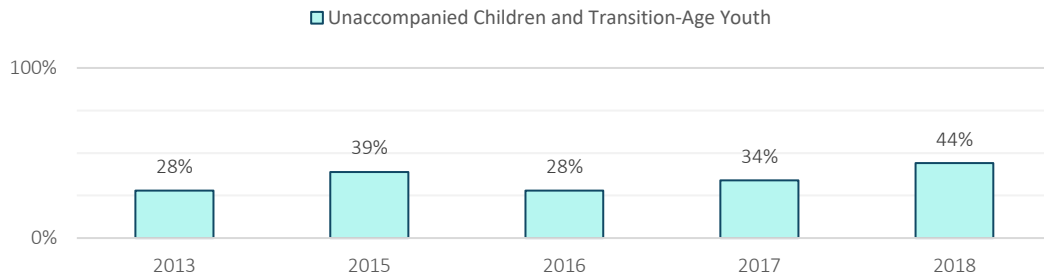


2018 n=78

EXPERIENCE WITH THE CRIMINAL JUSTICE SYSTEM

Marking a steady increase since 2016, 44% of youth survey respondents reported spending at least one night in jail in the 12 months prior to the survey, compared with 30% of all other survey respondents. One-quarter (25%) of youth reported being on probation or parole at the time they became homeless, compared with 19% of all other survey respondents. Additionally, 31% of youth reported being on probation or parole at the time of the survey. Nine percent (9%) of youth respondents were in a juvenile justice facility immediately prior to experiencing homelessness, and 6% were in jail or prison.

FIGURE 81. UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH WHO SPENT A NIGHT IN JAIL OR PRISON IN THE LAST 12 MONTHS



2013 n=96; 2015 n=80; 2016 n=107; 2017 n=119; 2018 n=88
 Note: Multiple response question. Percentages may not add up to 100.

Subpopulation: Homeless Older Adults

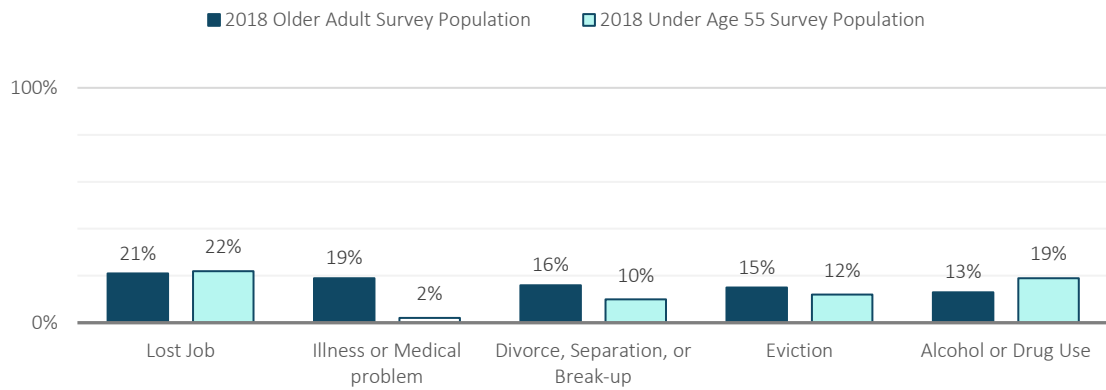
Growth of older adults experiencing homelessness has risen in accordance with the overall growth of the population age 45 and older in the U.S. Because older adults experiencing homelessness have unmet mental health, substance use, and physical health needs, their mortality rates are higher than that of the general population.²³

While homeless older adults have not been identified as a specific subpopulation of interest by the federal government, Sonoma County recognized the growing trend and initiated an effort to gather additional information on the population. The following section details the characteristics of adults ages 55 and older experiencing homelessness in Sonoma County.

PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS OLDER ADULTS

Nineteen percent (19%) of homeless older adult survey respondents reported an illness or medical condition as the primary cause of their homelessness, compared to 2% of all other survey respondents. Additionally, homeless older adult survey respondents attributed their homelessness to job loss (21%), the dissolution of a relationship (16%), eviction (15%), and alcohol or drug use (13%).

FIGURE 82. PRIMARY CAUSE OF HOMELESSNESS (TOP FIVE 2018 RESPONSES), OLDER ADULTS AND UNDER AGE 55 COMPARISON



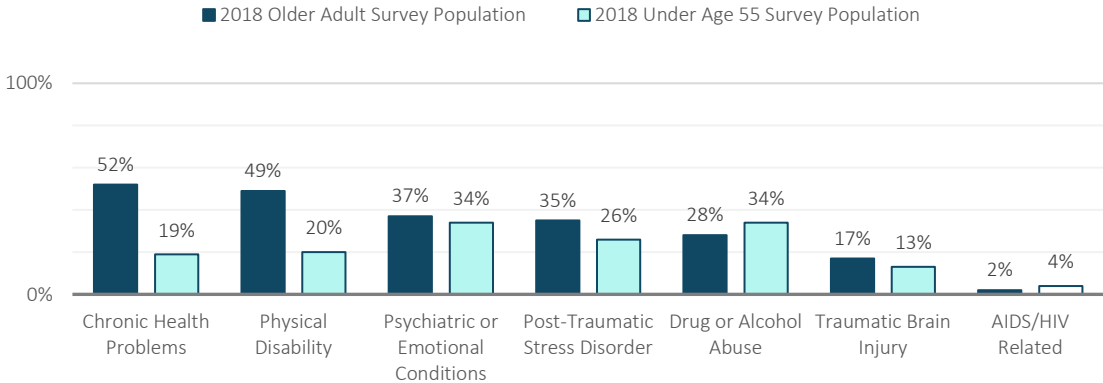
2018 Older Adults n=115; 2018 Under Age 55 n=391
 Note: Multiple response question. Percentages may not add up to 100.

²³ CSH & Hearth (2011). Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing. Retrieved 2017 from <http://www.csh.org/>.

HEALTH CONDITIONS AMONG HOMELESS OLDER ADULTS

Sixty-two percent (62%) of homeless older adult survey respondents reported experiencing at least one disabling condition, compared with 39% of those under age 55. Fifty-two percent (52%) of homeless older adult survey respondents reported experiencing chronic health problems compared with 19% of survey respondents under age 55. Similarly, a higher percentage of homeless older adults reported a physical disability when compared with other survey respondents (49% and 20%, respectively).

FIGURE 83. HEALTH CONDITIONS, OLDER ADULT AND UNDER AGE 55 COMPARISON

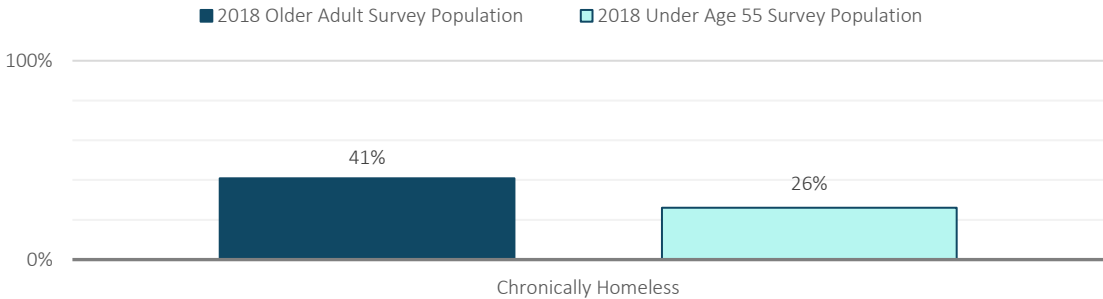


2018 Older Adults n=115; 2018 Under Age 55 n=404
Note: Multiple response question. Percentages may not add up to 100.

CHRONIC HOMELESSNESS AMONG HOMELESS OLDER ADULTS

Forty-one percent (41%) of older adult survey respondents indicated experiencing chronic homelessness, compared to 26% of survey respondents under age 55. Additionally, 65% of homeless older adults reported being homeless for one year or more, compared with 54% of those under age 55.

FIGURE 84. CHRONIC HOMELESSNESS, OLDER ADULT AND UNDER AGE 55 COMPARISON

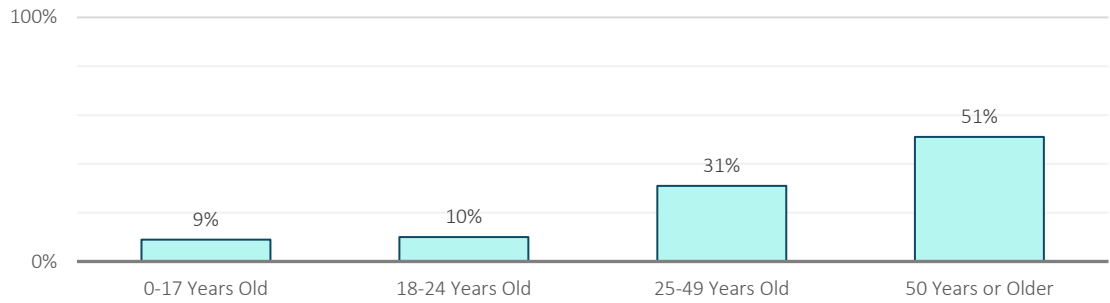


2018 Older Adults n=115; 2018 Under Age 55 n=404

AGE AT FIRST EXPERIENCE OF HOMELESSNESS

Over half (51%) of homeless older survey respondents reported first experiencing homelessness at age 50 or older, and 31% reported experiencing homelessness for the first time between the ages of 25 and 49.

FIGURE 85. OLDER ADULT AGE AT FIRST EXPERIENCE OF HOMELESSNESS



2018 Older Adults n=114



Telephone Survey

The annual Sonoma County Point-in-Time Count only captures those who are living in sheltered and unsheltered locations, but not those in the community who are temporarily doubled-up, precariously housed, or otherwise vulnerable to homelessness. Along with the yearly comprehensive count, Sonoma County engaged Applied Survey Research (ASR) to conduct an additional assessment of unstably housed and fire-affected populations. Individuals discussed in the following section are not included in the Point-in-Time Count, and the data presented are supplemental findings.

In March 2018, Sonoma County and ASR implemented a representative, telephone-based household survey to understand the impacts of the October 2017 fires. This report provides an overview of the findings from the household survey and an estimate of the population of unstably housed residents of Sonoma County.

Telephone surveys were administered to a randomized sample of Sonoma County residents between March 16 and April 19, 2018. More than 21,240 phone calls were attempted, resulting in 1,191 complete and unique surveys.²⁴ Based on a 2016 estimate by the U.S. Census of 208,150 households in Sonoma County, with a randomized survey sampling process, these 1,191 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 Sonoma County.²⁵ 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. For more information regarding the telephone survey methodology, please see *Appendix A*.

This section is intended to assist service providers, policy makers, funders, and local and state government in gaining a better understanding of the population of individuals who are not homeless but who lack a residence of their own, how the 2017 fires affected the county at large, and planning for the future.

²⁴ Out of a total of 1,250 surveys, 59 respondents reported no longer living in Sonoma County. Of these former Sonoma County residents, 6 reported leaving the county due to the fires.

²⁵ U.S. Census Bureau. (May 2018). Annual Estimates of Housing Units for the United States, Regions, Divisions, States, and Counties: April 1, 2010 to July 1, 2016. Retrieved from <http://factfinder2.census.gov>.

STUDY POPULATION

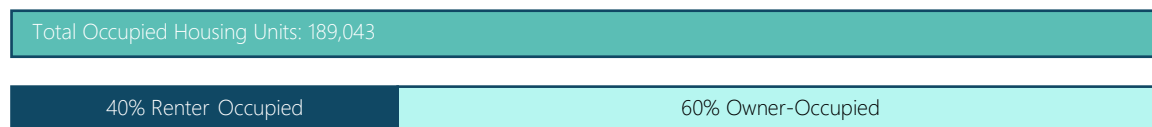
This study examined two primary populations: those who were temporarily doubled-up due to the loss of housing from the recent Sonoma County wildfires, and those who were temporarily staying with others due to other economic or social factors. The population includes households that reported someone was temporarily residing at the location who would otherwise be without housing. This study does not include multi-generational households, households that are over-crowded, or other living situations in which multiple households share one residence on a more permanent basis.

EFFECTS OF FIRES ON SONOMA COUNTY HOUSING

In October 2017, the Tubbs, Nuns, and Pocket fires burned significant portions of Sonoma County, including populated areas in Santa Rosa. Over 5,000 housing units were destroyed among the 112,380 acres burned across Sonoma and Napa counties. The fires exacerbated a housing market with already low vacancy levels, leading to questions of how residents would be affected.

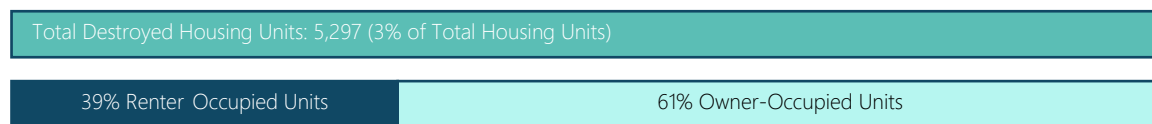
According to the U.S. Census Bureau, in 2016 (prior to the fires) Sonoma County had 189,043 occupied housing units, a homeowner vacancy rate of 1%, and a rental vacancy rate of 3%. Forty percent (40%) of occupied housing units were inhabited by renters and 60% were owner-occupied.²⁶ With low vacancy rates and a growing population, the fires had a marked effect on housing availability in Sonoma County.

FIGURE 86. STATUS OF HOUSING UNITS PRIOR TO FIRES



A Federal Emergency Management Agency (FEMA) needs assessment reported that a total of 5,297 or 3% of housing units were destroyed in the 2017 fires, of which 39% were renter-occupied and 61% were owner-occupied. Three percent (3%) of owner-occupied and 3% of renter-occupied homes were destroyed.^{27,28}

FIGURE 87. HOUSING UNITS AFFECTED BY FIRES



²⁶ U.S. Census Bureau. (May 2018). American Community Survey 2015 5-Year Estimates, Table DP04: ACS Demographic and Housing Estimates. Retrieved from <http://factfinder2.census.gov>

²⁷ United States. Federal Emergency Management Agency. FEMA Unmet Needs Assessment. Washington, DC: FEMA, 2017.

²⁸ This product uses the Federal Emergency Management Agency's API, but is not endorsed by FEMA.

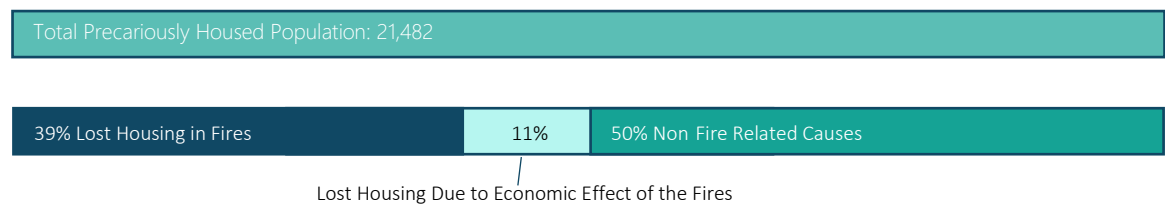
TEMPORARILY HOUSED AND DOUBLED-UP

NUMBER AND CHARACTERISTICS OF PRECARIOUSLY HOUSED PERSONS IN SONOMA COUNTY

Approximately 7% of households in Sonoma County are housing someone on a temporary basis. It is estimated that 21,482 people are temporarily residing with other households in Sonoma County. This means that in Sonoma County, for every one person experiencing homelessness, seven are precariously housed (1:7). This is slightly lower than the national rate where, for every 1 person experiencing homelessness, eight are precariously housed (1:8).²⁹ While many of these people will recover stable housing of their own, some will not and will be at-risk of homelessness.

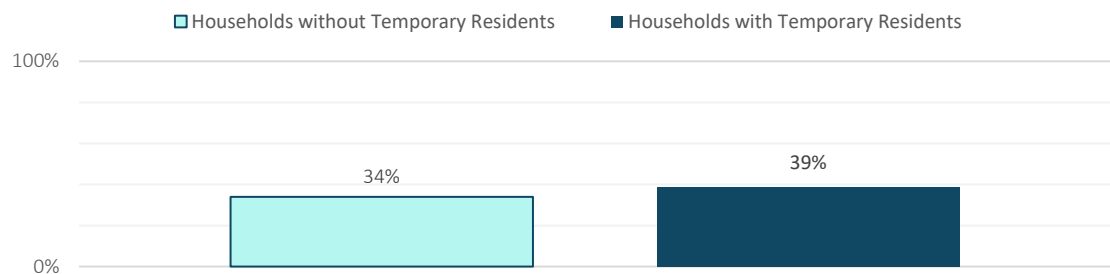
Among those who are doubled-up, it is estimated that 39% (8,358 people) are doubled-up due to the direct loss of housing from the Sonoma County wildfires. An additional 11% (2,430 people) lost their housing as a result of displacement by owners returning to their rental properties and rent increases since the fires. Still, 50% (10,694 individuals) were doubled up due to circumstances beyond the Sonoma County wildfires.

FIGURE 88. TOTAL PRECARIOUSLY HOUSED INDIVIDUALS IN SONOMA COUNTY



Just over one-third (34%) of households without temporary residents reported that their housing was affected by the fires while 39% of households with a temporary resident reported being affected.

FIGURE 89. HOUSING AFFECTED BY FIRES

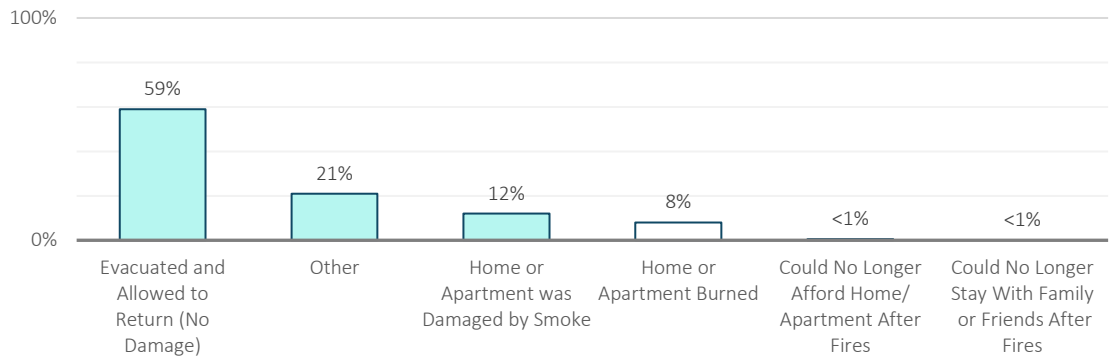


Households without Temporary Residents n=1,072; Households with Temporary Residents n=79

²⁹ National Alliance to End Homelessness. (May 2018). The State of Homelessness in America. Retrieved from <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/>

Thirty-four percent (34%) of respondents reported that their housing situation was affected by the fires in some way. Among these respondents, 59% were evacuated and allowed to return to their homes, 12% had their home damaged by smoke, and 8% had their home or apartment burn.

FIGURE 90. HOW HOUSING SITUATION WAS AFFECTED BY FIRES



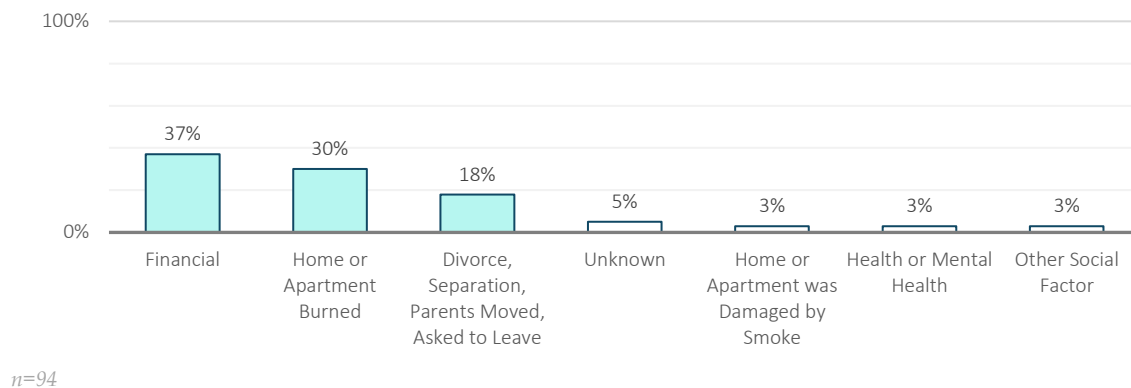
All Households n=395

Note: "Other" responses included poor air quality, loss of utilities and damage to fencing and landscaping.

PROFILE OF TEMPORARY RESIDENTS

Thirty-seven percent (37%) of those who were temporarily housed cited financial reasons as the primary cause of their temporary residence. Nearly a third (30%) attributed their temporary residence to the burning of their home or apartment, while 18% cited a family situation or being asked to leave.

FIGURE 91. PRIMARY CAUSES OF TEMPORARY RESIDENCE



Those who were temporarily housed were further divided into those who were temporarily housed as a direct result of the fires and those who were temporarily housed due to indirect causes of the fires or non-fire related causes. Of those who were temporarily housed due to the fire, 43% were age 55 or older. Those who were temporarily housed due to non-fire or indirect fire issues were predominantly younger. The gender of respondents was fairly similar between those who were temporarily housed due to the fires and those reporting other causes.

FIGURE 92. TEMPORARY RESIDENTS BY AGE AND CAUSE

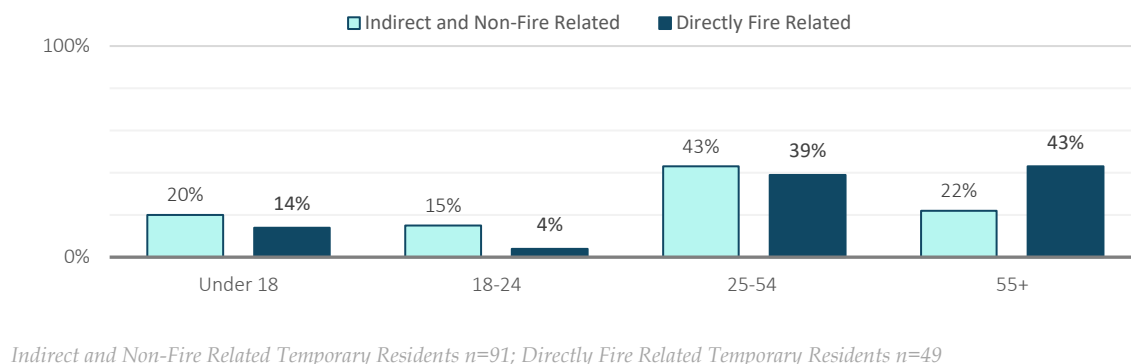
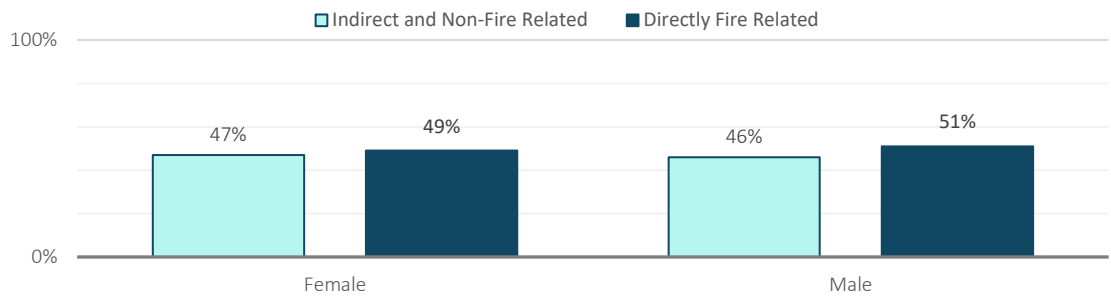


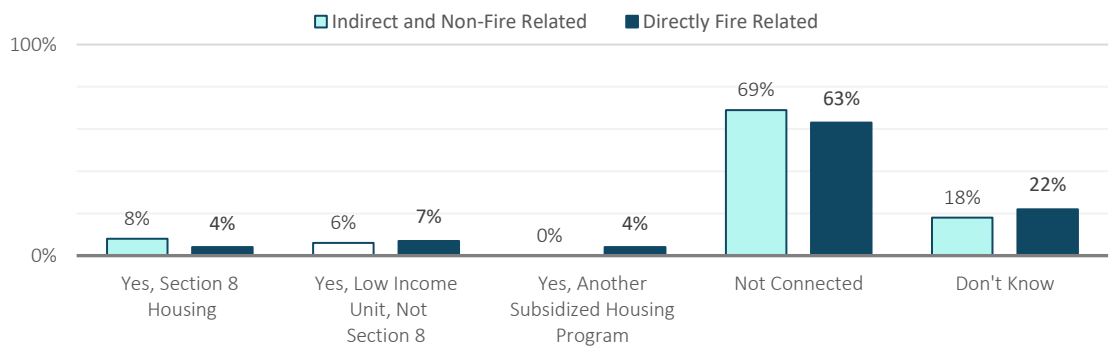
FIGURE 93. TEMPORARY RESIDENTS BY GENDER AND CAUSE



Indirect and Non-Fire Related Residents n=91; Directly Fire Related Residents n=49

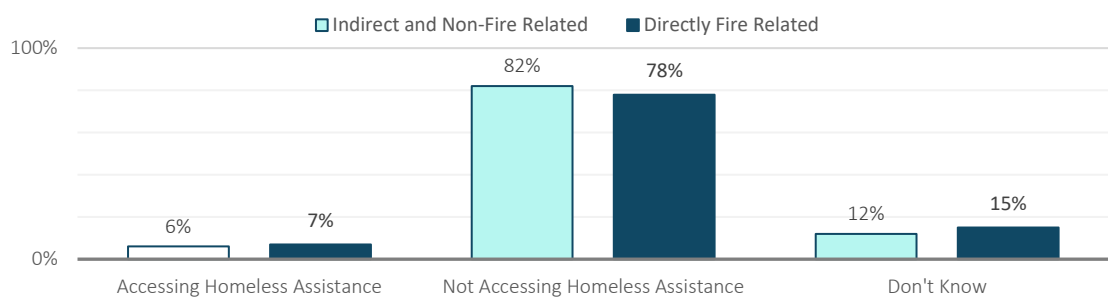
Individuals temporarily housed due to non-fire related or indirect fire-related causes were less likely to be connected to housing assistance (69% and 63%, respectively). Six percent (6%) of respondents temporarily housed due to non-fire related reasons were accessing homeless assistance, compared to 7% of those whose temporary housing situation was directly related to the fires.

FIGURE 94. TEMPORARY RESIDENTS AND CONNECTION TO HOUSING ASSISTANCE BY CAUSE



Indirect and Non-Fire Related Residents n=51; Directly Fire Related Residents n=27
 Note: Percentages may not add up to 100 due to rounding.

FIGURE 95. TEMPORARY RESIDENTS ACCESS TO HOMELESS ASSISTANCE BY CAUSE



Indirect and Non-Fire Related Residents n=51; Directly Fire Related Residents n=27



Conclusion

HOMELESS CENSUS AND SURVEY

The 2018 Sonoma County Homeless Census and Survey was performed using HUD-recommended practices for counting and surveying the homeless population. The 2018 Point-in-Time Count identified 2,996 persons experiencing homelessness in Sonoma County. This represents an increase of 6% from the count conducted in 2017. The number of individuals experiencing homelessness in Sonoma County increased for the first time since 2011, reversing the downward trend observed from 2011 to 2017.

There are numerous interpretations for the cause(s) of the reported increase. While the continued efforts of Sonoma County's local service providers have assisted homeless individuals in finding permanent housing in the county, other factors have contributed to an increase in individuals, including the participation of outreach staff in the count, a low housing vacancy rate, and the disruption of housing due to the 2017 fires.

The 2018 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:

- 64% were unsheltered
- 38% lived on the streets or in encampments, 24% in vehicles, and 4% in abandoned buildings
- 56% were homeless for a year or more, 34% were homeless for 1-11 months, and 10% were homeless for 30 days or less
- 35% were experiencing homelessness for the first time
- 19% had experience in foster care
- 34% had been physically, emotionally, or sexually abused
- 20% identified as LGBTQ
- 84% lived in Sonoma County before becoming homeless
- 72% cited affordable rent as the primary obstacle in obtaining permanent housing
- 64% reported living with one or more health conditions
- The number of chronically homeless individuals increased from 598 chronically homeless persons in 2017 to 747 chronically homeless persons in 2018

- The number of homeless veterans decreased slightly from 211 veterans in 2017 to 207 veterans in 2018
- The number of homeless families decreased slightly from 111 families in 2017 to 104 families in 2018
- The number of homeless unaccompanied children under age 18 decreased from 116 unaccompanied children in 2017 to 34 unaccompanied children in 2018
- The number of homeless transition-age youth (age 18-24) increased from 416 unaccompanied transition-age youth in 2017 to 481 transition-age youth in 2018

In summary, there are still many 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.

TELEPHONE SURVEY

The 2018 Sonoma County Telephone Survey served to help understand the state of the county's precariously housed residents and the housing impacts of the 2017 wildfires. The effects of the fires are still being realized, and the true impacts to homelessness in Sonoma County will likely only be known after the 2019 Point-in-Time Count.

The telephone survey resulted in an estimate of 21,482 precariously housed persons in Sonoma County. Of these precariously housed persons, it is estimated that 39% (8,358 individuals) are doubled up or temporarily housed due to loss of housing related to the Sonoma County wildfires. An additional 11% (2,430 individuals) of precariously housed persons reported losing their housing due to economic effects of the fires, such as rising rents or owners moving back into rental properties. Fifty percent (50%, 10,694 individuals) of precariously housed persons reported being doubled up or temporarily housed due to circumstances unrelated to the Sonoma County wildfires.

The telephone survey revealed the diversity of the precariously housed population. Valuable insights from the data collected from this survey include:

- 34% of residents reported their housing situation was affected by the fires in some way
- 59% of those affected by the fires were evacuated but allowed to return to their homes
- 37% of those temporarily housed attributed financial difficulties as the primary cause of their temporary residence
- 30% of those temporarily housed attributed their home burning as the primary cause of their temporary residence
- 43% of those temporarily housed due to fires were age 55 or older
- 14% of those temporarily housed due to indirect and non-fire related reasons were connected to housing assistance and 6% were accessing homeless assistance
- 15% of those temporarily housed due to the fires were connected to housing assistance and 7% were accessing homeless assistance

The effects of the 2017 Sonoma County wildfires had a deep impact on many of the county's residents. The full extent of the effects on the precariously housed and homeless populations, as well as the long-term economic impacts of the fires, will likely be understood in the

coming years. Telephone survey data are intended to assist service providers, policy makers, funders, and local and state government to gain a better understanding of the population of individuals who are not homeless but who lack a residence of their own, how the 2017 fires affected the county at large, and how to best plan for the future.

CLOSING

The 2018 Sonoma County Homeless Census and Survey provides valid and useful data that help 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 2018 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 A: Methodology

OVERVIEW

The purpose of the 2018 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 2018 had five primary components:

- 1) General street count: an enumeration of unsheltered homeless individuals between the hours of 6:00AM to 10:00AM;
- 2) Youth street count: a targeted enumeration of unsheltered homeless youth under the age of 25 between the hours of 3:00 PM and 8:00 PM;
- 3) Shelter count: an enumeration of sheltered homeless individuals on the night before the street count;
- 4) Survey: an in-person survey of unsheltered and sheltered individuals conducted by peer surveyors in the weeks following the general street count; and
- 5) Sonoma County Office of Education count: an enumeration of families previously identified as unsheltered.

The general street count was designed to take place before most shelters released persons who slept at the shelter the 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 18 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 the Chapin Hall at the University of Chicago publication, *Conducting a Youth Count: A Toolkit*.

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 included enumerators with a diverse range of knowledge, including expertise regarding areas frequented by homeless individuals, individuals living in vehicles, and persons residing in encampments. 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 2018 street count methodology followed an established, HUD approved methodology used in the 2009, 2011, 2013, 2015, 2016, and 2017 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 2018, 177 community volunteers and homeless guides participated in the general street count on February 23, 2018. 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 an hour-long 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 and guides were requested to attend an hour-long training before the count. Trainings were held in multiple locations throughout the county. Training covered all aspects of the count, including the definition of homelessness, how to identify homeless individuals, potential locations where homeless individuals may be located, how to safely and respectfully conduct the count, 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 every safety precautions possible, including bringing flashlights and maintaining a respectful 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 their familiarity with the area or their convenience. The planning team determined 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 maps, tally sheets, training guidelines, and other supplies.

All accessible streets, roads, parks, and highways in the enumerated tracts were traversed 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 in addition to 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 their assigned territory.

SONOMA COUNTY OFFICE OF EDUCATION CENSUS

In the days following the February 23rd Point-in-Time Count, representatives from Santa Rosa City Schools, Petaluma City Schools, Wright Elementary School District, and Cotati-Rohnert Park Unified School District called households known to have recently experienced homelessness to ascertain where they stayed on the night of February 22nd.

A total of 343 households were contacted in the week after the census and 218 confirmed their sleeping location on the night of the Point-in-Time Count. The majority of the 218 households were in a doubled-up situation, with some reporting motel/hotel or shelter stays. Six households confirmed that they were unsheltered on the night of the count. These six households were comprised of four children under age 18, four transition-age youth age 18-24, and 9 adults age 25 and older.

After the six households were screened for duplication, they were added to the Point-in-Time Count results.

YOUTH STREET COUNT METHODOLOGY

GOAL

The goal of the 2018 dedicated youth count was to improve representation of unaccompanied homeless children and youth under the age of 25 in the Point-in-Time Count. 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 2018 supplemental youth count included homeless youth service providers and youth with lived experience of homelessness. Local service 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 to conduct the youth count.

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 and VOICES Sonoma took the lead on recruiting sixteen youth to work as peer enumerators in addition to sixteen youth service provider staff members who accompanied and transported the youth around the county. These teams counted homeless youth in the identified areas of Sonoma County on February 23, 2018.

Youth workers were paid \$15 per hour for their time, including time spent in training prior to the count. Youth and youth service provider staff members 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 3:00 PM to 8:00 PM on February 23, 2018. 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, these agencies accept and recommend that communities count youth at times when they can be seen rather than during traditional enumeration times.

STREET COUNT DE-DUPLICATION

Data from the supplemental youth count and general street count were compared and de-duplicated by assessing location, gender, and age. In total, 34 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 February 22, 2018. All shelter data were gathered either directly from the shelter or from Sonoma County's "Efforts to Outcomes" Homeless Management Information System. Although additional individuals were counted at Kaiser Santa Rosa, Turning Point Orenda Detox, and Sonoma County Main Adult Detention Facility, only the three individuals from Kaiser Santa Rosa qualified to be counted for the Point-in-Time Count. Those residing in the detox facility and the detention facility cannot be included due to stipulations from HUD, but a brief overview of these individuals is available in *Appendix B*.

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.

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.

The methods employed in a non-intrusive visual homeless enumeration, while academically sound, have inherent biases and shortcomings. Even with the assistance of dedicated homeless service providers, 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 in 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.

SURVEY METHODOLOGY

PLANNING AND IMPLEMENTATION

A survey of 519 unique individuals experiencing homelessness was conducted between February 23 and March 19, 2018 to yield qualitative data about people experiencing homelessness 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, duration and recurrence of homelessness, 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. Potential interviewers were led through a comprehensive orientation that included project background information as well as 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 obtained if an incentive gift was offered to respondents in appreciation for their time and participation. Socks were provided as an incentive for participating in the 2018 homeless survey. The socks were easy to distribute, had wide appeal, and could be provided within the project budget. The incentives proved to be widely accepted among survey respondents.

SURVEY SAMPLING

Based on a Point-in-Time Count estimate of 2,996 homeless persons, with a randomized survey sampling process, the 519 valid surveys represented a confidence interval of +/- 4% with a 95% confidence level when generalizing the results of the survey to the estimated population of individuals experiencing homelessness in Sonoma County.

The 2018 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 also 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

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 2018 Sonoma County Homeless Survey did not include an equal representation of all homeless experiences. For example, a smaller number of surveys were conducted among veterans 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 suited to conducting interviews and these individuals received comprehensive training about how to conduct interviews. 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.

TELEPHONE SURVEY METHODOLOGY

GOAL

A telephone-based survey was conducted to better understand the population of individuals who are not homeless but who lack a residence of their own how the 2017 fires affected the county at large and how to best plan for the future as housing costs continue to rise.

DEFINITION

For the 2018 telephone survey, respondents were asked if they had anyone staying with them temporarily who might otherwise be homeless or without housing. They were also asked if they themselves were staying with someone else and would themselves otherwise be homeless or without housing. Respondents were asked where they were currently residing, assessing their current housing status. Fourteen individuals contacted through these efforts

were identified as literally homeless, residing in community shelters or in vehicles. It is assumed that these individuals were included in the Homeless Census and Survey and were not included in the unstable or doubled-up population estimates or the Point-in-Time Count total.

SAMPLING

Telephone surveys were administered to a randomized sample of Sonoma County individuals between March 14 and April 5, 2018. This effort resulted in 1,191 complete and unique surveys. Based on a 2016 U.S. Census estimate of 208,150 households in Sonoma County, with a randomized survey sampling process, these 1,191 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 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.

DATA ANALYSIS

Working with the most recent household data, the results of the telephone survey were extrapolated out to the general household population by residence type (owned or rented). The population was estimated based on the average household size of each type of residence as well as cause of temporary residence, as those who had lost their homes due to the fire were more frequently in multi-person households.

SURVEY CHALLENGES AND LIMITATIONS

It is important to recognize that while a large sample of households was contacted, temporary residents are still considered a rare event. Therefore, data resulting from these rare events have a relatively high margin of error. It is for this reason that data presented on the population are largely referenced in terms of percentages rather than extrapolated numbers.

SURVEY IMPLICATIONS

This survey provides a small glimpse into what is happening locally in private homes and residences. Based upon the 2018 Homeless Survey data, a high percentage of respondents reported living with friends or family prior to their homelessness. These living situations can be tenuous; however, understanding the extent to which residents are relying on social support networks provides Sonoma County an opportunity to connect with individuals and families prior to housing loss and prevent entry into the homeless service system. Understanding the underlying cause of homelessness and engaging in prevention efforts are essential to decreasing the number of sheltered and unsheltered persons in Sonoma County.



Appendix B: Additional Populations

The following section details those counted in Sonoma County’s detention facilities and detoxification centers during the 2018 Point-in-Time Count. While these persons do not fall under the HUD definition of homelessness, these populations give greater context to those vulnerable to homelessness in Sonoma County.

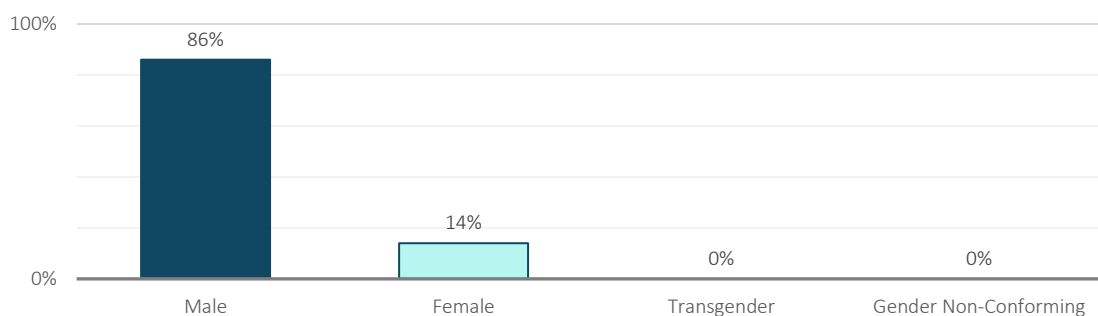
ADULT DETENTION

Individuals counted in the Sonoma County Main Adult Detention Facility were arrested in the last 90 days, had a release date between February 23, 2018 and March 8, 2018, and were without housing at the time of their arrest. Out of 22 persons enumerated, 21 inmates were age 25 or older and one was a transition-age youth between the ages of 18 and 24. Additionally, five inmates were reported to have a severe mental illness.

FIGURE 96. INCARCERATED HOMELESS POPULATION ESTIMATES



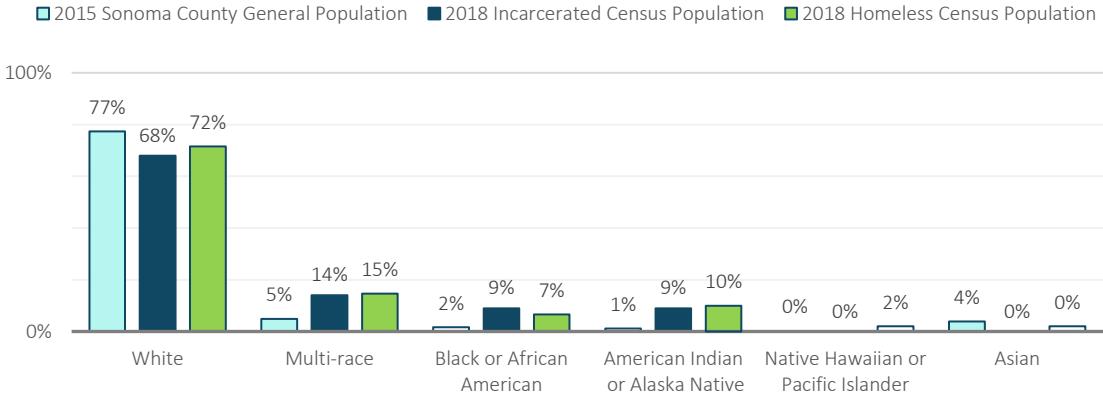
FIGURE 97. INCARCERATED HOMELESS CENSUS POPULATION, BY GENDER



2018 n=22

Note: Percentages may not add to 100 due to rounding. Gender non-conforming was added in 2018.

FIGURE 98. INCARCERATED HOMELESS CENSUS POPULATION, BY RACE



2018 Incarcerated Census Population n=22; 2018 Homeless Census Population n=2,996
 Note: Percentages may not add up to 100 due to rounding.

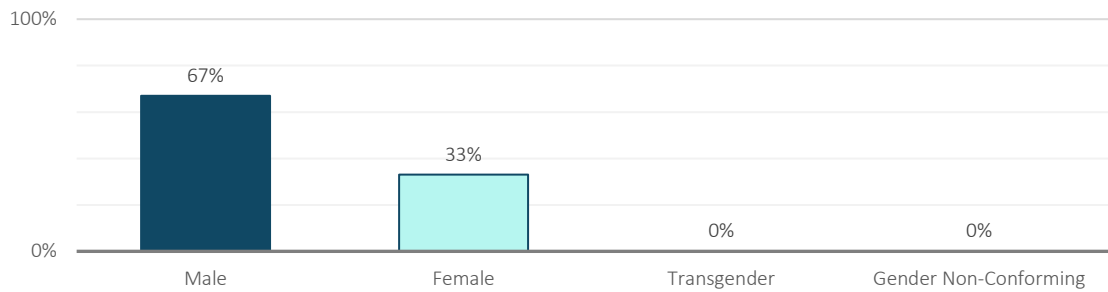
TURNING POINT ORENDA DETOX FACILITY

Individuals who were enumerated at Turning Point Orenda Detox Facility in Sonoma County on the night of February 22, 2018 were without housing upon entry. All fifteen persons identified were categorized as chronically homeless individuals with chronic substance use, and one had severe mental illness.

FIGURE 99. DETOX FACILITY HOMELESS POPULATION ESTIMATES



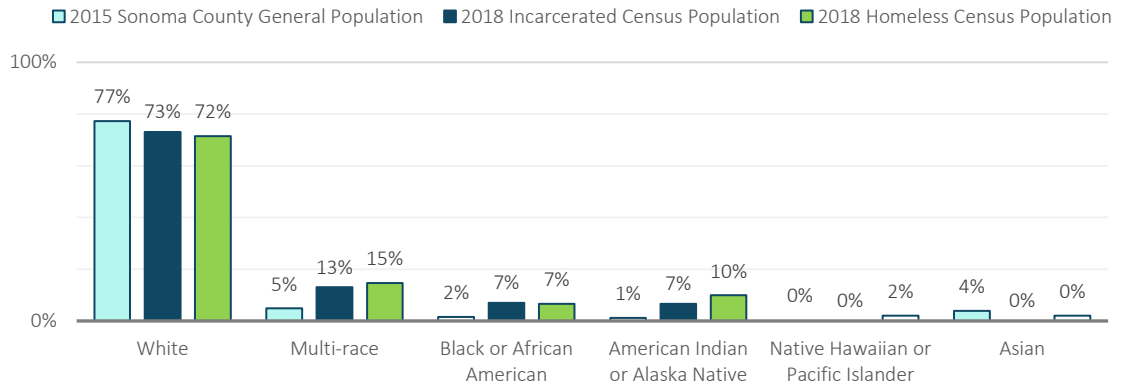
FIGURE 100. DETOX FACILITY HOMELESS CENSUS POPULATION, BY GENDER



2018 n=15

Note: Percentages may not add to 100 due to rounding. Gender non-conforming was added in 2018.

FIGURE 101. DETOX FACILITY HOMELESS CENSUS POPULATION, BY RACE



2018 Detox Facility Census Population n=15; 2018 Homeless Census Population n=2,996

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



Appendix C: 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.

Precariously housed – A person who is staying with the household because they have no other regular or adequate place to stay due to a lack of money or other means of support.

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.



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