# TABLE OF CONTENTS

Acknowledgements ........................................... 3

Introduction .................................................... 5

Count of Homeless Individuals ....................... 7
  Total Population ............................................ 7
  Federally-Prioritized Subpopulations ............... 12
    Chronically Homeless Individuals & Families ............................................. 12
    Homeless Veterans .......................................... 13
    Homeless Families with Children .......................................................... 14
    Unaccompanied Homeless Children & Single Transition Age Youth ........... 15

Characteristics & Experiences of Homeless Individuals ........................................... 17
  Brief Snapshot of the Homeless Population ... 17
    Race/Ethnicity .............................................. 18
    Education & Employment .................................. 18
    Tobacco Use .................................................. 19
  Prior to Becoming Homeless ......................... 19
    Prior Place of Residence ................................ 19
    Prior Living Accommodations .............................. 20
  Becoming Homeless ......................................... 20
    Causes of Homelessness .................................. 21
    Episodes of Homelessness ................................ 21
    Length of Homelessness ................................... 22
  Health, Economic & Social Barriers ............... 22
    HUD-Eligible Disabling Conditions .................... 23
    Other Health Conditions .................................. 24
    Obstacles to Securing Permanent Housing ............. 25
  Safety, Violence & Criminal Justice ............... 25
  Access to Support Services ......................... 27
    Access to Shelters ......................................... 27
    Access to Permanent Housing ............................. 28
    Access to Food ............................................... 28
    Government Assistance ..................................... 29
    Other Services and Assistance ......................... 30
    Access to Care ............................................... 30
  Income .......................................................... 31

A Spotlight on Unaccompanied Homeless Children & Transition Age Youth .... 33

A Spotlight on Homeless Veterans ..................... 37

Conclusion ..................................................... 40

Appendix I: Methodology ................................. 42

Appendix II: Volunteer Acknowledgements ........... 48

Appendix III: 2013 Homeless Data Exchange Submission .................................. 49

Appendix IV: Definitions & Abbreviations ............... 50

Appendix V: Endnotes .......................................... 51
ACKNOWLEDGEMENTS

The considerable talents and efforts of many individuals helped to ensure the success of this endeavor. The Sonoma County Community Development Commission (SCCDC) and Applied Survey Research (ASR) would like to thank the many service providers who facilitated the process of homeless peer enumeration by recruiting census workers, assisted in the administration of surveys, and opened the doors of their facilities to host training sessions, deploy census workers, and distribute surveys. Finally, SCCDC and ASR would like to thank the homeless census and survey workers, as well as the survey respondents, whose efforts are reflected throughout the findings of this report. Please see Appendix II for a list of the volunteers who helped with the street count.

Financial Support
Sonoma County Community Development Commission (SCCDC) • City of Cloverdale • City of Cotati • City of Healdsburg • City of Petaluma • City of Rohnert Park • City of Santa Rosa • City of Sebastopol • City of Sonoma • Town of Windsor

Cindy Rich, Senior Community Development Specialist, Sonoma County Community Development Commission
Jenny Helbraun Abramson, Coordinator, Sonoma County Continuum of Care

Sonoma County Continuum of Care (COC) Steering Committee
Chair: Mark Krug, SCCDC • Co-chair: Mike Johnson, Committee on the Shelterless • Nancy Gornowicz, City of Santa Rosa • Bonne Gaebler, City of Petaluma • Robert Judd, Community Foundation Sonoma County • Darlene Fiscus, United Way of the Wine Country • Chuck Fernandez, Catholic Charities • Mary Varley, Sonoma County Task Force for the Homeless • Kym Valdez, Sonoma County Vet Connect • Tom Bieri, Community Support Network • Jenny Helbraun Abramson, CoC Coordinator

Applied Survey Research
ASR is a non-profit social research organization with extensive experience in homeless enumeration and research.

Project Director: Peter Connery
Project Manager: Laura Connery
Project Supervisor: Ken Ithiphol
Research Analysts: Susan Brutschy • James Connery • John Connery • Amanda Gonzales • Samantha Green • Javier Salcedo • Deanna Zachary
Graphic Design: Michelle Luedtke

Kathleen Kane, Executive Director, Sonoma County Community Development Commission
Mark Krug, Community Development Manager, Sonoma County Community Development Commission
Teddie Pierce, Community Development Associate, Sonoma County Community Development Commission
Training, Deployment & Survey Distribution Sites

Guerneville Veterans Hall, Guerneville
Special thanks to Katrina Thurman, David Cameron & James Elerick

Healdsburg Day Labor Center, Healdsburg
Special thanks to Martha Núñez

COTS Mary Isaak Center, Petaluma
Special thanks to Bill Hess, Monica Savon & Burt Hutten

Samuel L. Jones Hall, Santa Rosa
Special thanks to Jennielynn Holmes, Brendan Ward & Allison MacDonald

Sonoma Overnight Support, Sonoma
Special thanks to Lisa Leeb

Youth Census & Survey Coordinators

Social Advocates for Youth (SAY), Santa Rosa
Special thanks to Lisa Fatu

COTS Mary Isaak Center, Petaluma
Special thanks to Burt Hutten

Sonoma County GIS Department

Tim Pudoff, GIS Manager
Special thanks to Michael Hansen, GIS Technician
INTRODUCTION

Close to two million people in the United States experience homelessness each year.¹ For most, this is caused by the gap between income and the cost of housing. Yet for many, health conditions, mental illness, substance abuse, trauma, and lack of support services prevent them from obtaining stable housing.

All jurisdictions across the United States receiving federal funding to provide housing and services for the homeless are required by the U.S. Department of Housing and Urban Development (HUD) to conduct a point-in-time count of sheltered and unsheltered homeless persons every two years, sometime during the last ten days of January. The data collected through these counts help the federal government and local jurisdictions better understand the nature and extent of homelessness nationwide. Additionally, local jurisdictions use the findings of their point-in-time count to apply for federal funding for programs addressing homelessness. In 2013, the Sonoma County Continuum of Care is expecting to receive over $2.6 million in federal funds for homeless services.

Project Overview & Goals

The Sonoma County Community Development Commission (SCCDC) partnered with Applied Survey Research (ASR) to conduct the Sonoma County Homeless Census and Survey. Together, they identified several important project goals:

» To obtain an representative count of the number of individuals and families experiencing homelessness in the county;
» To preserve current federal funding for homeless services and to enhance the ability to raise new funds;
» To enhance 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, and to track progress toward ending homelessness; and
» To assess the status of specific subpopulations.

In this study, HUD’s definition of homelessness for point-in-time counts was used. The 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.²
The methodology had three major components:

1. **Shelter Count**: A point-in-time count of the sheltered homeless population on the night of January 24, 2013, including those staying in emergency shelters, transitional housing facilities, and hotels/motels using vouchers;

2. **Street Count**: A point-in-time count of the unsheltered homeless population on January 25, 2013 from approximately 6 a.m. to noon, including those living outdoors (on the street, in vehicles, in encampments); and


For a detailed explanation of the methodology used for the 2013 Sonoma County Homeless Census & Survey, please refer to Appendix I.

The results of both the census and survey presented in this report provide invaluable data about the size and characteristics of the homeless population in Sonoma County. These data can help guide community-wide efforts to mitigate and end homelessness.
COUNT OF HOMELESS INDIVIDUALS

The 2013 point-in-time count included a complete enumeration of all sheltered and unsheltered homeless persons residing in Sonoma County. The following section presents the results from the point-in-count, including breakdowns by household type, age, gender, and geographic region. Additionally, an annual estimate is included to give an estimation of the number of unique persons who experience homelessness throughout a given year in Sonoma County.

Total Population

A total of 4,280 homeless individuals were counted in Sonoma County on January 25, 2013, 77% of whom were unsheltered. More than half (54%) were counted in the Central Santa Rosa region, 24% were in South County, 8% were in North County, 7% were in West County, and 5% were in the Sonoma Valley.³

Data by household type showed that the majority (83%) of the homeless population was comprised of people in households without children, while family households represented 11% and households comprised of children only accounted for 6% in 2013.

As the homeless count on January 25, 2013 only provides a snapshot of homelessness in Sonoma County at one single point-in-time, it may not adequately reflect the number of people experiencing homelessness at a different time of year nor may it reflect the number of people who access the homeless support system over a given year. Therefore, an annual estimation formula was used to extrapolate the number of persons experiencing homelessness in Sonoma County over the course of a year. This estimate was 9,749 unique homeless persons in 2013, which represents 2% of the overall population of 484,102 people in Sonoma County.⁴
Figure 1: Total Point-in-Time (PIT) Homeless Population


Note: The total point-in-time count excludes an additional 40 individuals who were sheltered in institutional settings not recognized by HUD for the point-in-time count, such as residential rehabilitation facilities, hospitals, and jails. This is a decrease from 58 individuals in 2011. The 2013 annual estimate reflects a 22% decrease from 2011 primarily due to an increase in the homeless population experiencing multiple episodes of homelessness in the past year and a decrease in the newly homeless population (within the last seven days).
Figure 3: Total PIT Population by Shelter Status


Figure 4: Total PIT Population by Household (HH) Type (Number of Persons)

Number of HH without children: 2009=2,570; 2011=3,524; 2013=3,352
Number of family HH: 2009=165; 2011=196; 2013=152
Number of HH with only children: 2009=92; 2011=264; 2013=277

Figure 5: Total PIT Population by Gender

Figure 6: Total PIT Population by Age Group (2013)

Figure 7: Total PIT Population by Region & Jurisdiction

<table>
<thead>
<tr>
<th>Region</th>
<th>Unsheltered</th>
<th>Sheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>North County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cloverdale</td>
<td>99</td>
<td>97</td>
<td>-2</td>
</tr>
<tr>
<td>Healdsburg</td>
<td>70</td>
<td>24</td>
<td>-46</td>
</tr>
<tr>
<td>Town of Windsor</td>
<td>10</td>
<td>15</td>
<td>+5</td>
</tr>
<tr>
<td>Other areas</td>
<td>50</td>
<td>164</td>
<td>+114</td>
</tr>
<tr>
<td>South County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotati</td>
<td>12</td>
<td>16</td>
<td>+4</td>
</tr>
<tr>
<td>Petaluma</td>
<td>266</td>
<td>717</td>
<td>+451</td>
</tr>
<tr>
<td>Rohnert Park</td>
<td>366</td>
<td>31</td>
<td>-335</td>
</tr>
<tr>
<td>Other areas</td>
<td>61</td>
<td>64</td>
<td>+3</td>
</tr>
<tr>
<td>West County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sebastopol</td>
<td>67</td>
<td>44</td>
<td>-23</td>
</tr>
<tr>
<td>Other areas (such as lower Russian River communities &amp; Sonoma Coast)</td>
<td>497</td>
<td>253</td>
<td>-244</td>
</tr>
<tr>
<td>Sonoma Valley</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sonoma</td>
<td>28</td>
<td>52</td>
<td>+24</td>
</tr>
<tr>
<td>Other areas (such as Glen Ellen &amp; Kenwood)</td>
<td>125</td>
<td>151</td>
<td>+26</td>
</tr>
<tr>
<td>Central Santa Rosa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Rosa</td>
<td>1,465</td>
<td>1,522</td>
<td>+57</td>
</tr>
<tr>
<td>Other areas</td>
<td>250</td>
<td>159</td>
<td>-91</td>
</tr>
<tr>
<td>Confidential</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>


Note: Confidential locations include domestic violence shelters, etc.
The inconsistencies of mobilizing only once every two years, and the inherently mobile nature of homeless encampments, can lead to wide variances that become more pronounced the smaller the geographical focus. This must be kept in mind when comparing regional and jurisdictional data from year to year. Between 2011 and 2013 there were some large swings that may indicate movement of unsheltered people between jurisdictions. Some of the movement cannot be explained; variances in implementation that could have affected the tract-by-tract tally are noted below. Variances up and down tend to cancel one another out: the primary focus should be on countywide reporting.

» **North County:** Between 2009 and 2011, the North County saw a significant drop in street homeless, especially in unincorporated areas. By 2013, the total number of homeless people found in the North County had increased 22%, with the largest growth in unincorporated areas. The enormous increase in unincorporated areas suggests the recovery of the agricultural sector and the return of the migrant worker population.

» **South County:** Overall there was almost no change in the number of homeless people found in the South County region, however there were considerable variances from 2011 in some census tracts and jurisdictions. Anecdotal reports indicate a known large encampment in Rohnert Park may have gone unreported, and may be responsible for a sizeable decrease in the reported count of homeless in that census tract. A large and mysterious increase in the number of people counted in Petaluma may indicate temporary movement from other jurisdictions due to weather, or “traveling youth” moving through town.

» **West County:** Significantly fewer people were found than in 2011 in the city of Sebastopol and in most unincorporated areas of west Sonoma County; within the lower Russian River communities, the homeless count appears unchanged in relation to 2011. Those who canvassed other West County locations reported seeing campsites abandoned amidst rain and mud, which suggests some West County homeless individuals may have been counted elsewhere. The loss of a knowledgeable guide in one remote area may also be responsible for part of the decrease.

» **Sonoma Valley:** Like the North County, the Sonoma Valley showed a 33% increase in the homeless census, primarily in unincorporated areas. This increase could signal a returning migrant worker population, but may also represent simply a better counting effort than in 2011.

» **Central Santa Rosa:** The overall homeless population in the central region appeared stable in relation to 2011. Most of the small decrease seen was due to losses of transitional housing units.

**Figure 8: Total PIT Population by Region (2013)**

Federally-Prioritized Subpopulations

In order to move towards the goal of ending homelessness, the federal government has identified four primary subpopulations upon which to focus: chronically homeless individuals and families, homeless veterans, homeless families, and unaccompanied homeless children and transition age youth. The following section of the report provides a summary of findings on the count of these homeless subpopulations.

Chronically Homeless Individuals & Families

The mortality rate for those experiencing chronic homelessness is four to nine times higher than the general population. The public costs incurred by those experiencing extended periods of homelessness include emergency room visits, interactions with law enforcement, incarceration, and regular access to existing poverty and homeless services.

The number of chronically homeless individuals in Sonoma County increased 13% since 2011, and comprised more than one-quarter (27%) of the homeless population in 2013. Although the majority (90%) of chronically homeless individuals was unsheltered in 2013, the number of sheltered chronically homeless individuals doubled from 59 in 2011 to 119 in 2013. There were a total of seven chronically homeless families with 20 family members, 75% of whom were staying in an emergency shelter.
The percentage of chronically homeless individuals in Sonoma County in 2013 (27%) was higher than that of the nation in 2012 (16%). The federal strategic plan to end homelessness includes a plan to end chronic homelessness by 2015 by focusing on permanent supportive housing for those with the greatest needs and barriers to housing stability.

**Figure 9: Estimated Number of Chronically Homeless Individuals**

There were a total of 400 homeless veterans in Sonoma County in 2013, which represents 11% of the overall adult homeless population (over age 18), a smaller percentage than the national percentage in 2012 (13%). Sonoma County has made great efforts to house homeless veterans through extensive veteran-to-veteran outreach and a large Veterans Affairs Supportive Housing (VASH) program. These appear to be making a difference as the homeless veteran percentage is lower than the national percentage.

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. Eighty-six percent of homeless veterans were unsheltered. Eight percent of the veteran population was female in 2013. Sixty-nine percent of homeless veterans had an honorable or general
discharge status which presumably makes them eligible for Department of Veterans Affairs (VA) medical care and possibly eligible for other benefits. Forty-one percent of homeless veterans reported they had received health care or benefits from a VA center.

For qualitative data on homeless veterans, please see the section, A Spotlight on Homeless Veterans.

**Figure 10: Estimated Number of Homeless Veterans**

![Graph showing the estimated number of homeless veterans from 2009 to 2013, divided by sheltered and unsheltered categories.]

Note: In 2013, sheltered subpopulation data was collected by the Continuum of Care.

**Homeless Families with Children**

Children in families experiencing homelessness have increased incidences of illness and are more likely to have emotional and behavioral problems, than children with consistent living accommodations.11

In Sonoma County, there were 152 homeless families in 2013, which is a 20% decrease from 190 families in 2011. Persons in families also decreased between 2011 and 2013, from 567 to 451 persons. While the number of persons in homeless families decreased locally, the number of persons in families experiencing homelessness nationally has increased more than 1% between 2011 and 2012.12
In 2013, persons in families represented 11% of the overall homeless population, which was less than a third of the national percentage (38%). However, data on the rate of homelessness per 1,000 population showed that:

» Sonoma County had virtually the same rate of homeless persons in families in 2013 as the United States overall in 2012 (1 per 1,000 persons in families were homeless); and
» Sonoma County had a higher rate of single homeless individuals than the United States overall (32 compared to 6 per 1,000 single individuals, respectively).

Figure 11: Rate of Homelessness per 1,000 Population by Household Type

<table>
<thead>
<tr>
<th>Household Type</th>
<th>Sonoma County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>People in family households</td>
<td>1.24</td>
<td>0.98</td>
</tr>
<tr>
<td>People in non-family households</td>
<td>31.85</td>
<td>6.02</td>
</tr>
<tr>
<td>Total</td>
<td>33.09</td>
<td>6.98</td>
</tr>
</tbody>
</table>


Unaccompanied Homeless Children & Single Transition Age Youth

Unaccompanied Children

Sonoma County 2013 Point-in-Time Count
Unaccompanied Children

HUD Definition: Children under 18 who are homeless and living independent of an adult.

277


Single Transition Age Youth

Sonoma County 2013 Point-in-Time Count
Single Transition Age Youth

HUD Definition: Single individuals between the ages of 18 and 24 years old.

851

While there is little documentation of the extent of homelessness among unaccompanied children and single transition age youth, there is evidence to suggest a growing national subpopulation. In Sonoma County, there were a total of 277 unaccompanied homeless children under the age of 18 in 2013, a slight increase from 264 unaccompanied homeless children identified in the 2011 count. Additionally, 851 single transition age youth were counted in Sonoma County in 2013. Although 437 single transition age youth were counted in 2011, it is important to note that the 2011 and 2013 transition age youth counts are not directly comparable due to a more rigorous methodology to capture age information and estimate the number of transition age youth in 2013, including:

» Age information and estimates for homeless individuals in additional unsheltered settings, such as encampments, vehicles, and abandoned buildings and

» Age information for sheltered and unsheltered adult members in family and non-family households.

Note: Transition age youth data was only captured for non-family household members in general unsheltered settings in 2011.

In total, the 1,128 unaccompanied homeless children and single transition age youth comprised more than one-quarter (26%) of the total point-in-time homeless population in Sonoma County in 2013. The large majority (95%) of unaccompanied homeless children and single transition age youth were unsheltered in 2013.

In combination with persons in families under the age of 25, one-third (33% or 1,410 people) of the total 2013 homeless population comprised of children and transition age youth (unaccompanied/single and those in families). Based on age distribution census data by setting and household type, and knowledge of local homeless youth service providers, it is believed that the number of homeless individuals under the age of 25 has decreased since 2011.

For qualitative data on unaccompanied children and transition age youth, please the section, A Spotlight on Unaccompanied Children & Transition Age Youth.
CHARACTERISTICS & EXPERIENCES OF
HOMELESS INDIVIDUALS

The following section provides an overview of the qualitative findings generated from a representative survey of 533 homeless individuals in Sonoma County in 2013. Included in this section is qualitative information about the homeless population, including causes and length of homelessness, previous living accommodations, and obstacles to obtaining permanent housing. Trend data is also provided where appropriate.

Brief Snapshot of the Homeless Population

The mean age of homeless individuals in Sonoma County was 39 years old. The race/ethnic distribution has stayed fairly consistent from 2009 to 2013, with the majority of the homeless population identifying as White/Caucasian (66%). In comparison to the overall population of Sonoma County, there were a disproportionate number of Black/African American and multi-ethnic persons experiencing homelessness.

Data also showed that 14% of the homeless population had been in foster care. Thirty-nine percent had children and of those, 19% reported that their school age children were not attending school. Sixty percent of the homeless population indicated that they were current cigarette smokers, a much higher percentage than the overall population in Sonoma County in 2009 (14%). Of homeless individuals who were current cigarette smokers, 76% said they smoked 10 or more cigarettes per day.

Twenty percent of the homeless population had received some college education, compared to 65% of the overall population in Sonoma County. Further, while the unemployment rate for the overall Sonoma County population was 8% in January 2013, the unemployment rate among the homeless population was 82% (a decrease from 86% in 2011).

In 2013, respondents were asked to identify their sexual orientation for the first time. Data showed that 15% of the adult homeless population (over age 18) identified as gay, lesbian, or bisexual, compared to 4% of the overall adult population in Sonoma County in 2009.
Race/Ethnicity

Figure 12: Race/Ethnic Distribution

Education & Employment

Figure 13: Educational Attainment (2013)

Figure 14: Current Employment Status (Top 3 Responses)

N: 2009=599; 2011=615; 2013=523
Note: 2013 “employed part-time” data includes those who indicated they were a seasonal worker, day laborer, or temporary employee.
Tobacco Use

Figure 15: Percent Who Currently Smoke Cigarettes (2013)

Figure 16: Number of Cigarettes Smoked by Current Smokers per Day (2013)

Prior to Becoming Homeless

The majority (80%) of the homeless population was living in Sonoma County when they became homeless, which is an increase from 75% in 2011. Of those living in Sonoma County when they became homeless in 2013, 70% had been living in Sonoma County for 10 years or more. In terms of living accommodations prior to becoming homeless, 49% were living in a home owned or rented by them or their partner and 29% were living with friends/relatives. Between 2009 and 2013, the percentage whose prior living accommodation was jail or prison increased from 4% to 9%.

Prior Place of Residence
Prior Living Accommodations

Figure 17: Living Accommodations Immediately Prior to Becoming Homeless (Top 5 Responses)

Becoming Homeless

An individual’s experience with homelessness is often the result of multiple and compounding causes originating at both the individual and community level.\(^{20}\)

In a struggling economy, many face financial vulnerability to homelessness.\(^{21}\) Data showed that between 2009 and 2011, the primary causes of homelessness reported by the homeless population have stayed consistent, with the top response being job loss (32% in 2013).

The experience of homelessness is part of a long and recurring history of residential instability for many homeless individuals. Individuals may fall in and out of homelessness as they piece together different subsistence strategies and housing opportunities, and data suggests that this is the case for many in Sonoma County. When asked about the number of homeless episodes they have experienced in the past year, and in the past three years in a subsequent question, data showed an upward trend in the percentage who have experienced a previous episode. It also showed a downward trend in those experiencing homelessness for the first time. The percentage who experienced a previous episode of homelessness in the past year doubled from 15% to 30% between 2009 and 2013, and more than half (51%) had been homeless for a year or more in 2013, which was up from 46% in 2011.
Causes of Homelessness

Figure 18: Primary Causes of Current Episode of Homelessness (Top 5 Responses)

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lost job (34%)</td>
<td>Lost job (33%)</td>
<td>Lost job (32%)</td>
</tr>
<tr>
<td>2</td>
<td>Alcohol or drug use (16%)</td>
<td>Alcohol or drug use (16%)</td>
<td>Argument with family or friend who asked you to leave (19%)</td>
</tr>
<tr>
<td>3</td>
<td>Argument with family or friend who asked you to leave (8%)</td>
<td>Argument with family or friend who asked you to leave (9%)</td>
<td>Alcohol or drug use (16%)</td>
</tr>
<tr>
<td>4</td>
<td>Family/domestic violence (7%)</td>
<td>Divorced or separated (4%)</td>
<td>Evicted (9%)</td>
</tr>
<tr>
<td>5</td>
<td>Illness or medical problem (5%)</td>
<td>Family/domestic violence (4%)</td>
<td>Divorce/separation/breakup (6%); Incarceration (6%)</td>
</tr>
</tbody>
</table>

N: 2009=597; 2011=612; 2013=521
Note: “Evicted” was added as a response option in 2013.

Episodes of Homelessness

Figure 19: Percent Experiencing Homelessness for the First Time

N: 2009=600; 2011=617; 2013=533
Figure 20: Homeless Episodes in the Last 12 Months (Including This Current Time)

Figure 21: Homeless Episodes in the Last 3 Years (Including This Current Time)

Length of Homelessness

Figure 22: Length of Current Episode of Homelessness

Health, Economic & Social Barriers

Qualitative data about the homeless population showed that individuals experience many health, economic, and social barriers while homeless. For instance, 63% of the homeless population self-reported having experienced at least one HUD-Eligible disabling condition. Further, 67% reported experiencing at least one medical condition (of any kind). An estimated 1,299 homeless individuals (30% of the homeless population in 2013) in Sonoma County have experienced a severe mental illness (including chronic depression, Post-Traumatic Stress Disorder, or another mental illness such as bipolar disorder or schizophrenia). Additionally, an estimated 1,315 homeless individuals have experienced substance abuse
and 37 homeless individuals were living with HIV/AIDS. The percentage of homeless individuals living with HIV/AIDS in 2013 (0.86%) was higher than that of the general population in Sonoma County in 2009 (0.25%).

When asked about obstacles to securing permanent housing, the most commonly cited obstacles were associated with income. Sixty-one percent reported a lack of income or job and 53% reported an inability to afford rent as a circumstance preventing them from securing permanent housing.

Safety and lack of sanctuary is another important issue for the homeless population. Nearly a quarter (22%) of the homeless population had been the victim of a violent attack since becoming homeless, and an estimated 288 homeless individuals or 7% of the homeless population had experienced home/domestic violence or abuse.

Individuals leaving institutions face an increased risk for homelessness and encounter greater barriers to employment and housing opportunities. At the same time, those experiencing homelessness are more susceptible to incarceration which creates additional legal and economic barriers to permanent housing. More than one-quarter (28%) of homeless individuals in Sonoma County reported having spent at least one night in jail or prison in the past year, which was an increase from 23% in 2011. In 2013, 14% of the homeless population was on probation or parole at the time of becoming homeless and 19% were currently on probation or parole.

**HUD-Eligible Disabling Conditions**

**Figure 23:** Homeless Individuals’ Experience of HUD-Eligible Disabling Conditions (2013)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse disorder (alcohol or drug)</td>
<td>36%</td>
</tr>
<tr>
<td>Chronic depression</td>
<td>30%</td>
</tr>
<tr>
<td>Post-traumatic stress disorder (PTSD)</td>
<td>21%</td>
</tr>
<tr>
<td>Chronic physical illness</td>
<td>18%</td>
</tr>
<tr>
<td>Mental illness (including bipolar or schizophrenia)</td>
<td>18%</td>
</tr>
<tr>
<td>Physical disability</td>
<td>17%</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>8%</td>
</tr>
<tr>
<td>Developmental disability</td>
<td>6%</td>
</tr>
<tr>
<td>Traumatic brain injury</td>
<td>5%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>1%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1%</td>
</tr>
</tbody>
</table>

N: 2013=513

Other Health Conditions

Figure 24: Homeless Individuals' Experience of Other Health Conditions (2013)

- Asthma: 13%
- Diabetes: 4%
- Emphysema: 4%
- Heat Stroke/Heat Exhaustion: 4%
- Heart disease: 3%
- Liver disease, Cirrhosis, or End Stage Liver Disease: 3%
- Cancer: 2%
- Frostbite, Hypothermia, or Immersion Foot: 1%
- Kidney disease/End Stage Renal Disease or Dialysis: 1%

N: 2013=513

Figure 25: Percentage Who Indicated that Their Disabling or Other Health Conditions Limit Their Ability to Get a Job or Take Care of Personal Matters (2013)

- No: 51%
- Yes: 49%

N=337
Obstacles to Securing Permanent Housing

Figure 26: Obstacles to Securing Permanent Housing (Top 5 Responses)

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Can’t afford rent (69%)</td>
<td>Can’t afford rent (67%)</td>
<td>No job/no income (61%)</td>
</tr>
<tr>
<td>2</td>
<td>No job/no income (56%)</td>
<td>No job/no income (63%)</td>
<td>Can’t afford rent (53%)</td>
</tr>
<tr>
<td>3</td>
<td>No money for moving costs (42%)</td>
<td>No money for moving costs (45%)</td>
<td>No money for moving costs (32%)</td>
</tr>
<tr>
<td>4</td>
<td>No transportation (24%)</td>
<td>No transportation (22%)</td>
<td>No housing availability (21%)</td>
</tr>
<tr>
<td>5</td>
<td>Bad credit (24%)</td>
<td>Alcohol or drug use (17%)</td>
<td>Bad credit (18%)</td>
</tr>
</tbody>
</table>

N: 2009=597; 2011=614; 2013=524

Safety, Violence & Criminal Justice

Figure 27: Percent Who Have Been the Victim of a Violent Attack Since Becoming Homeless (2013)

N: 2013=526

Figure 28: Estimated Number of Homeless Persons Experiencing Home/Domestic Violence or Abuse (2013)

Note: In 2013, sheltered subpopulation data was collected by the Continuum of Care.
Figure 29: Number of Times Cited for Illegal Camping or Sleeping in a Vehicle in the Last 12 Months

![Bar Chart]

N: 2011=615; 2013=514

Figure 30: Number of Nights Spent in Jail or Prison in the Last 12 Months

![Bar Chart]

N: 2009=552; 2011=600; 2013=473

Figure 31: Percent Who Were on Probation or Parole at the Time of Becoming Homeless Most Recently

![Line Chart]

N: 2009=589; 2011=603; 2013=520

Figure 32: Percent Who Were on Probation or Parole Currently

![Line Chart]

N: 2009=592; 2011=603; 2013=482
Access to Support Services

To help them cope with the multiple challenges they encounter, many homeless individuals depend greatly on supportive services. For instance, 76% of homeless individuals reported receiving government assistance in 2013, an increase from 67% in 2011. Utilization of other services and assistance also increased slightly from 89% in 2011 to 91% in 2013. Free meals (91%), shelter day services (63%), bus passes (36%), and health services (34%) were the top services being used in 2013.

A common misperception about individuals experiencing homelessness is that they do not want housing, and prefer to live outdoors. However, 76% of homeless individuals indicated that they would want to move into safe, affordable permanent housing if it were available. Additionally, 23% of the homeless population have attempted to stay at an emergency shelter or transitional housing facility in the past 30 days and been turned away, mostly due to there not being any beds available (56%).

Further, access to medical care is vital to the health of many homeless individuals struggling with medical issues. It is estimated that when admitted to a hospital, those experiencing homelessness stay four days or 36% longer per hospital admission than non-homeless patients. Without regular access to health care, homeless individuals not only suffer from longer hospitalizations, but also from preventable illness and a higher rate of premature death. According to the National Coalition for the Homeless, the average life expectancy for a person without permanent housing was between 42 and 52 years, more than 25 years younger than the average person in the United States. The percentage of homeless individuals who needed health care and have been unable to receive it in Sonoma County decreased from 35% in 2009 to 18% in 2013. Free/community clinics (51%) and the emergency room (28%) were the top sources of medical reported by homeless individuals.

Access to Shelters

Figure 33: Percent Who Have Ever Tried to Stay at an Emergency Shelter or Transitional Housing Facility in Sonoma County and Been Turned Away in the Last 30 Days

![Graph showing the percentage of homeless individuals who have tried to stay at an emergency shelter or transitional housing facility in Sonoma County and been turned away in the last 30 days. The percentages are 32% in 2009, 21% in 2011, and 23% in 2013.](image)

N: 2009=595; 2011=617; 2013=533
Sonoma County Homeless Survey.
Figure 34: Reasons for Being Turned Away (Top 5 Responses)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>There were no beds available (43%)</td>
<td>There were no beds available (56%)</td>
</tr>
<tr>
<td>2</td>
<td>Had no identification (22%)</td>
<td>Alcohol/drug problems (15%)</td>
</tr>
<tr>
<td>3</td>
<td>Didn’t accept pets (17%)</td>
<td>Couldn’t follow shelter rules (9%)</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol/drug problems (15%)</td>
<td>Didn’t accept partner/friend (8%)</td>
</tr>
<tr>
<td>5</td>
<td>Couldn’t follow shelter rules (13%)</td>
<td>Didn’t accept pets (5%)</td>
</tr>
</tbody>
</table>

N: 2011=610; 2013=115
Note: “Had no identification” was not a response option in 2013 because having identification is not required for staying at an emergency shelter or transitional housing facility. Information regarding lack of identification was captured elsewhere.

Access to Permanent Housing

Figure 35: Percent Who Would Want to Move into Safe, Affordable Permanent Housing If It Were Available (2013)

Yes, with no supportive services 25%
Yes, with supportive services 51%
Unclear 15%
No 9%

N: 2013=533
Note: The question about accessing services to help make the transition was only asked of those who indicated wanting to move into safe, affordable permanent housing if it were available.

Access to Food

Figure 37: Percent Who Usually Get Enough to Eat (Those who Responded “Yes”)

N: 2011=610; 2013=525
Government Assistance

Figure 38: Percent Who Were Receiving Government Assistance

![Graph showing percent who were receiving government assistance from 2009 to 2013.]

N: 2009=577; 2011=598; 2013=525
Note: The “Food Stamps/SNAP/WIC/CalFresh” response option was modified in 2013 by combining several response options from 2009 and 2011.

Figure 39: Types of Government Assistance Received (Top 5 Responses in 2013)

![Bar chart showing types of government assistance received in 2009, 2011, and 2013.]

Figure 40: Reasons for Not Receiving Government Assistance (Top 5 Responses)

<table>
<thead>
<tr>
<th>2009</th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Don’t think I’m eligible (31%)</td>
<td>Don’t think I’m eligible (34%)</td>
</tr>
<tr>
<td>2</td>
<td>Never applied (17%)</td>
<td>Never applied (25%)</td>
</tr>
<tr>
<td>3</td>
<td>Turned down (16%)</td>
<td>No permanent address (16%)</td>
</tr>
<tr>
<td>4</td>
<td>No permanent address (15%)</td>
<td>Will apply soon (16%)</td>
</tr>
<tr>
<td>5</td>
<td>Don’t have ID (14%)</td>
<td>Don’t have ID (14%)</td>
</tr>
</tbody>
</table>

N: 2009=258; 2011=184; 2013=119
Other Services and Assistance

**Figure 41:** Types of Other Services/Assistance Utilized by Those Accessing Other Services/Assistance (Top 7 Responses in 2013)

- *Free meals:* 73% (2009), 74% (2011), 91% (2013)
- *Shelter day services:* 26% (2009), 28% (2011), 63% (2013)
- *Bus passes:* 28% (2009), 19% (2011), 36% (2013)
- *Health services:* 28% (2009), 14% (2011), 34% (2013)
- *Mental health services:* 18% (2009), 11% (2011), 16% (2013)
- *Alcohol/drug counseling:* 14% (2009), 10% (2011), 13% (2013)
- *Job training/employment services:* 8% (2009), 6% (2011), 11% (2013)


Access to Care

**Figure 42:** Usual Source of Medical Care (Top 5 Responses in 2013)

- *Free/community clinic:* 37% (2009), 44% (2011), 51% (2013)
- *Hospital emergency room:* 40% (2009), 32% (2011), 28% (2013)
- *Private doctor:* 5% (2009), 6% (2011), 6% (2013)
- *Urgent care:* 4% (2009), 4% (2011), 3% (2013)
- *VA Hospital/clinic:* 3% (2009), 3% (2011), 2% (2013)


Note: "Urgent care" was not a response option in 2009.
Income

While the U.S. Department of Health and Human Services Federal Poverty Guideline for one person is approximately $958 per month in 2013, the self-sufficiency standard, a more realistic measure of income adequacy, in Sonoma County was $1,998 per month for a single adult in 2008.26 Since 2009, there has been a decline in the homeless population reporting that they receive an income from non-government sources, from almost half to 20%. Of those, the average total monthly income from non-government sources was $569 in 2013.
Figure 47: Percent Who Were Receiving an Income from Government Benefits & Non-government Sources

- 2009: 47% Government benefits, 52% Non-government sources
- 2011: 62% Government benefits, 48% Non-government sources
- 2013: 18% Government benefits, 20% Non-government sources

N, Government: 2009=589; 2011=617; 2013=533
N, Non-government: 2009=584; 2011=617; 2013=533
Note: The question about average total monthly income was only asked of those indicating that they were receiving an income from government benefits or other non-government sources.

Figure 48: Average Total Monthly Income (2013)

- Government benefits: $523
- Non-government sources: $569
- Total: $550

N, Government: 2013=317; N, Non-government: 2013=60;
N, Total: 2013=364
A SPOTLIGHT ON UNACCOMPANIED HOMELESS CHILDREN & TRANSITION AGE YOUTH

Data on unaccompanied homeless children (under 18) and transition age youth (18-24) are extremely limited at both the local and national level. What little data are available suggest that the negative effects of homelessness on children are high, and that those children experiencing homelessness face even greater challenges than their adult counterparts. Homeless youth have a harder time accessing services, including shelter, medical care, and employment. In order to better understand the experiences of this subpopulation, Sonoma County has made great strides to collect qualitative data about this population through a targeted survey effort. The following section highlights qualitative data from 106 general surveys and 76 youth addendum surveys completed by homeless transition age youth 18-24 years old in 2013. While there were 18 children respondents under 18 years old in 2011, no children completed the general or youth survey in 2013.

Brief Snapshot of the Unaccompanied Children & Transition Age Youth Population

» **Race/Ethnicity:** A greater percentage of the youth population identified themselves as multi-ethnic (25%), compared to the older adult homeless population over the age of 24 (5%).

» **Sexual Orientation:** National research shows a higher prevalence of lesbian, gay, bisexual, transgendered, or questioning (LGBTQ) individuals among youth, especially among the homeless youth population. In Sonoma County, 29% of the homeless youth population (age 18-24) identified as gay, lesbian, or bisexual, a much higher percentage than the older adult homeless population (over age 24) at 9%.

» **Education:** Thirty-nine percent of the homeless youth population had less than a high school degree, while 50% had at least a high school diploma in 2013. Only 9% of the homeless youth population in 2013 were currently in school (down from 15% in 2011), but 24% would like to go back to school to finish high school or get their GED, and 50% would like to go to college.

» **Homeless Parents:** Thirteen percent reported that their parents were currently homeless or had been homeless in the past.

» **Trading Sex or Drugs for Sleeping Accommodations:** Nine percent of homeless youth had traded sex for a place to stay, 5% had traded drugs for a place to stay, and 9% had traded both for a place to stay.

» **Foster Care Experience:** Twenty percent of homeless youth reported that they had been in foster care. This is compared to less than 1% of the overall Sonoma County population under 18 who were in foster care in 2012.
Prior to Becoming Homeless

» Prior Place of Residence: A greater percentage of homeless youth (86%) were living in Sonoma County prior to becoming homeless, compared to 78% of the adult population over the age of 24.

» Prior Living Accommodations: Nearly two-thirds (62%) of homeless youth were living with friends/relatives immediately before becoming homeless.

Becoming Homeless

» First Episode of Homelessness: Sixty-one percent were experiencing homelessness for the first time (as compared to 64% in 2011). Thirty-five percent were less than 18 years old when they first experienced homelessness.

» Cause of Homelessness: Nearly half (49%) of homeless youth reported that an argument with family or friend was the cause of their homelessness, which was an increase from 21% in 2011. Forty-five percent of homeless youth reported that they have some contact with their parents or other adult family member and 25% reported that they had tried to move back in with their parents/family.

» Length of Homelessness: Forty-two percent of homeless youth indicated having been homeless for a year or more, which was 33% in 2011.

Figure 49: Contributing Factors to Youth Homelessness (Top 5 Responses)

N: 2011=67; 2013=76
Health & Social Barriers

» **Mental Health:** While the majority (79%) reported that their general mental health was “good” or “very good,” 15% of homeless youth reported that they had suffered from chronic depression.

» **Substance Abuse:** The majority (76%) of the homeless youth population was using alcohol or drugs and 11% percent reported that they had or were currently experiencing substance abuse disorder. Of those who use drugs or alcohol, the top primary drugs of choice included alcohol (53%), marijuana (47%), and meth/amphetamines (23%).

**Figure 50:** Homeless Youth’s Experience of HUD-Eligible Disabling Conditions
(Top 5 Conditions, 2013)

- **Chronic depression:** 43% Age 24 years or younger, 35% Over age 24
- **Substance abuse disorder (alcohol or drug):** 20% Age 24 years or younger, 43% Over age 24
- **Mental illness (including bipolar or schizophrenia):** 25% Age 24 years or younger, 20% Over age 24
- **Post-traumatic stress disorder (PTSD):** 25% Age 24 years or younger, 15% Over age 24
- **Developmental disability:** 25% Age 24 years or younger, 11% Over age 24

- **Perceived Safety:** When asked how safe they feel in their current living situation, 7% of homeless youth said they felt “very safe,” 72% reported feeling “somewhat safe,” and 21% reported that they felt “not at all safe.” Forty percent felt that their safety had been threatened at least one time in the past month.

» **Violence & Abuse:** Twenty-five percent had been the victim of a violent attack since becoming homeless. Forty percent had been assaulted or physically attacked in the past 12 months. A greater percentage of homeless youth reported experiencing emotional, physical, and sexual abuse before becoming homeless than since becoming homeless. More than half (55%) of homeless youth were experiencing emotional abuse (“very often” or “always”) before becoming homeless, compared to 8% who reported experiencing emotional abuse since becoming homeless.
Interaction with Police: Forty-one percent reported that they had been harassed by police or law enforcement in the past 12 months.

Figure 51: Experience of Abuse Before & Since Becoming Homeless (Those who Responded “Always” or “Very Often,” 2013)

Support for Children & Youth

Services: Nearly half (47%) of homeless youth reported that they “always” or “very often” access youth specific services.

Social Supports: The majority (68%) had an adult in the community that they can trust in 2013 (a slight increase from 66% in 2011), and 65% had someone they could rely on for support in a time of crisis.
A SPOTLIGHT ON HOMELESS VETERANS

Many U.S. veterans experience conditions which place them at an increased risk for homelessness. Veterans have higher rates of Post-Traumatic Stress Disorder (PTSD), traumatic brain injury, sexual assault, and substance abuse. In order to better understand the experiences of homeless veterans in Sonoma County, the following section highlights qualitative data from 59 general surveys completed by homeless veterans in 2013.

Brief Snapshot of the Homeless Veteran Population

» **Age:** The homeless veteran population was older than the non-veteran homeless population, but younger compared to 2011. The majority (76%) of the homeless veteran population were over the age of 40, compared to less than half (45%) of the non-veteran population. However, there was an increased percentage of younger veterans 18-30 years old, doubling from 7% in 2011 to 15% in 2013.

» **Race/Ethnicity:** While the majority of the veteran and non-veteran homeless population were White/Caucasian (67% and 66%, respectively), there was a greater percentage of homeless veterans who identified as Black/African American (14% versus 6%) but a smaller percentage who identified as Hispanic/Latino (5% versus 11%).

» **Foster Care Experience:** A greater percentage of homeless veterans had been in foster care in their lifetime (19%), compared to 14% of non-veterans.

» **Chronic Homelessness:** More than 1 in 3 homeless veterans (39%) were chronically homeless.

Prior to Becoming Homeless

» **Prior Place of Residence:** The majority of homeless veterans (75%) were living in Sonoma County at the time they most recently became homeless, which is slightly less than the non-veteran homeless population (81%) and similar to all previous studies.

Becoming Homeless

» **Previous Episode of Homelessness:** More homeless veterans had experienced a previous homeless episode in their lifetime than did the non-veteran homeless population (70% compared to 54%, respectively). Almost a fifth (17%) of homeless veterans had experienced four or more episodes of homelessness in the past year, compared to 7% of non-veterans.

» **Cause of Homelessness:** The leading causes of homelessness were similar for homeless veterans and non-veterans, with one of the top responses being job loss (30% and 32%, respectively). However, a greater percentage of homeless veterans cited alcohol or drug use as the primary cause of their homelessness (30%) than did their non-veteran counterparts (14%).
Length of Homelessness: Homeless veterans had been homeless for a longer period of time than non-veterans and compared to the veteran homeless population in 2011. Sixty percent of homeless veterans had been homeless for one year or longer, compared to 50% of non-veterans in 2013. There was a greater of homeless veterans who had been homeless for a year or longer in 2013 (60%), compared to 2011 (47%). Of homeless veterans who had been homeless for less than a year, 70% were over the age of 40 in 2013, an increase from 62% in 2011. Of the younger homeless veteran population ages 18-30 years old, the percentage who had been homeless for a year or longer increased from 0% in 2011 to 67% in 2013.

Health Barriers

Mental Illness: Greater percentages of homeless veterans compared to non-veterans had or were currently experiencing chronic depression (41% versus 29%), PTSD (29% versus 19%), and other mental illnesses, such as bipolar and schizophrenia (20% versus 17%).

Substance Abuse: A greater percentage of homeless veterans had or were currently experiencing substance abuse disorder (44%), compared to non-veterans (35%).

Other Disabling Conditions: More homeless veterans also reported ever or currently having a physical disability (27% versus 15%), a chronic physical illness (25% versus 17%), and Hepatitis C (17% versus 7%).

Figure 53: Homeless Veterans’ Experience of HUD-Eligible Disabling Conditions (Top 7 Conditions, 2013)

Access to Support Services

» **Access to Medical Care:** A greater percentage of homeless veterans said that since becoming homeless, they had been unable to receive needed medical care (29%), compared to 17% of the non-veteran homeless population.

» **Source of Medical Care:** Fourteen percent of homeless veterans responded that their usual source of medical care was a VA hospital/clinic.

» **Access to Government Assistance:** The majority (83%) of homeless veterans were receiving government assistance, a greater percentage compared to non-veterans (75%). A quarter (25%) of homeless veterans receiving government assistance were receiving VA disability compensation benefits or other veteran benefits.
CONCLUSION

The 2013 Sonoma County Homeless Census and Survey were performed using HUD-recommended practices for counting and surveying the homeless population. The 2013 point-in-time count identified 4,280 homeless individuals residing in Sonoma County. This count, however, should be considered conservative since it is well known that even with the most thorough methodology, many homeless individuals stay in locations where they cannot be seen or counted by enumeration teams. Further, many women, families, and youth try to remain hidden for safety.

While the 2013 point-in-time count reflects a 259 person decrease from the 2011 count, it remains a 32% increase since 2009. Based on the 2013 point-in-time count and qualitative data, it is estimated that 9,749 unique persons experience homelessness over the course of a year in Sonoma County, a 22% decrease from the 2011 annual estimate.

The 2013 Sonoma County Homeless Census and Survey revealed a diverse population with many different needs; however, some consistent themes emerged from the results. Data showed that:

- 77% were unsheltered;
- 80% were living in Sonoma County at the time they became homeless;
- The leading causes of homelessness were job loss (32%), argument with family/friend (19%), and alcohol/drug use (16%);
- More than half (51%) had been homeless for one year or more;
- 67% had at least one medical condition (such as a mental illness, chronic health problem, substance abuse);
- A large majority (82%) were currently unemployed;
- 78% usually get enough to eat (up from 51% in 2009); and
- 76% were receiving some form of government assistance (up from 57% in 2009).

Census and survey data also allowed for the estimation of subpopulations in Sonoma County in 2013:

- 1,148 chronically homeless individuals (27% of the total PIT population), which is an 11% increase from 2011;
- Seven chronically homeless families (with 20 family members); and
- 152 homeless families (with 451 family members, who represent 11% of the total PIT population).

A spotlight on unaccompanied homeless children and transition age youth (18-24) in 2013:

- 1,128 unaccompanied homeless children and transition age youth and 282 accompanied homeless children and transition age youth in families were identified which represents 33% of the total PIT population;
- 42% had been homeless for a year or more;
- 20% had been in foster care;
» 61% of youth identified a fight or a conflict with their parents/guardians as a contributing factor to their homelessness;

» 25% had been the victim of a violent attack since becoming homeless and 40% reported their safety had been threatened at least once in the past month;

» 21% reported that they felt “not at all safe” in their current living situation; and

» 68% had an adult in the community they could trust and 65% had someone they could rely on for support in a time of crisis.

A spotlight on homeless veterans in 2013:

» 400 homeless veterans (11% of the total adult PIT population);

» More homeless veterans had experienced a previous homeless episode in their lifetime than did the non-veteran homeless population (70% compared to 54%, respectively);

» A greater percentage of homeless veterans cited alcohol or drug use as the primary cause of their homelessness (30%) than did their non-veteran counterparts (14%);

» Greater percentages of homeless veterans compared to non-veterans had or were currently experiencing chronic depression (41% versus 29%), PTSD (29% versus 19%), or a physical disability (27% versus 15%);

» 33% of veterans were chronically homeless; and

» A greater percentage of homeless veterans had or were currently experiencing substance abuse disorder (44%), compared to non-veterans (35%).

In summary, the homeless count and survey provided valid and useful data which helped create a more comprehensive picture of those experiencing homelessness in Sonoma County in 2013. These efforts also built upon the 2009 and 2011 efforts and the compilation of comparable multi-year data on the experience of homelessness in Sonoma County. The continued use of the same methodology will continue to allow Sonoma County to track key indicators and gauge the changing conditions experienced by homeless individuals and families throughout the county.

It is hoped that the data presented in this report will be used by planning bodies of Sonoma County and other agencies and organizations within the County to inform additional outreach, service planning, and policy decision-making over the next two years as they work to address homelessness. By sharing and evaluating this enumeration effort and results, the support network in Sonoma County will be better able to produce constructive and innovative solutions to a problem that is clearly growing and has serious ramifications for the long term public health of its community members.
APPENDIX I: METHODOLOGY

The 2013 Sonoma County Homeless Census and Survey methodology had three major components:

1. **Shelter Count**: A point-in-time count of the sheltered homeless population on the night of January 24, 2013, including those staying in emergency shelters, transitional housing facilities, and hotels/motels using vouchers;

2. **Street Count**: A point-in-time count of the unsheltered homeless population on January 25, 2013 from approximately 6 a.m. to noon, including those living outdoors (on the street, in vehicles, in encampments); and


**Definition of Homelessness**

In this study, HUD’s definition of homelessness for point-in-time counts was used. The 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.31

**Shelter Count**

In 2013, data for sheltered individuals was collected through Sonoma County’s Homeless Information Management System (HMIS) software. Emergency shelters and transitional housing facilities entered their client data per HUD standards within five days of the night of January 24, 2013. Multiple queries were run for each facility from an administrative level, and checked against each other for data errors. All HMIS-participating shelters were included, and a few shelters not inputting data in HMIS were queried through an online survey, or by telephone. In addition to providing the total number of persons housed in their programs, participating shelters also provided household type, and age breakdown, for every sheltered individual. Providers were able to provide individual subpopulation information for 96.7%-100% of sheltered individuals, with a small amount of variation in collection of subpopulation data. Where less than 100% of individual client subpopulation data was available, the final subpopulation count was extrapolated from data for similar programs.

**Street Count**

To avoid potential duplicate counting of sheltered and unsheltered homeless persons, it was imperative to enumerate during the narrow time frame when sheltered and unsheltered homeless do not co-mingle. In order to accomplish this, the street count was conducted from approximately 6 a.m. to noon. This early
morning period was selected to increase visibility of the unsheltered homeless and so that the areas around shelters could be canvassed prior to shelter residents being out on the streets.

Volunteer and Worker Recruitment

An enumeration effort of this magnitude only can be successful with the assistance of those who possess an intimate knowledge of the activities and locations of homeless people, as well as participation of other community members. Therefore, the recruitment and training of homeless persons and community volunteers to work as enumerators was an essential part of the street count methodology.

To work on the street count, prospective enumerators were required to attend a one-hour information and training session. Training sessions were held at multiple locations throughout the county during the week prior to the street count.

Homeless persons who completed the required training session were paid $10.00 on the morning of the street count. Homeless workers were also paid $10.00 per hour for their work on the count, and were reimbursed for any expenses (mainly transportation costs) they incurred during the hours they worked. In total, 76 homeless persons and 97 community volunteers participated in the street count.

Street Count Teams

On the morning of the street count, two-person teams were created to enumerate designated areas of the county for the street count. Each team ideally was comprised of one trained volunteer and one trained homeless guide, and were provided with their assigned census tract map area, tally sheet, training guidelines, and other supplies. All accessible streets, roads, and highways in the enumerated tracts were traveled by foot, bike, or car. No direct contact with enumerated homeless people was made during the census enumeration. Homeless enumerators were also instructed to include themselves on their tally sheets for the street count, if they were not going to be counted by the shelter count.

Upon their return, teams turned in their census tally sheets and were debriefed by the deployment captains. Observational comments and the integrity of the enumeration effort were reviewed and assessed. This review was primarily done to check for double-counting (i.e., counting a family as both family members and individuals) and to verify that every accessible road within the assigned area was enumerated. In approximately six hours, all 99 census tracts in Sonoma County were enumerated.

Targeted Count of Unaccompanied Children and Transition Age Youth

Unaccompanied children (under age 18) and transition age youth (18-24 years old) tend to be difficult to enumerate in the morning census, since they do not usually co-mingle with adults over the age of 24. For this reason, special youth enumeration teams consisting of homeless youth and formerly homeless youth were formed to enumerate unaccompanied homeless children and youth. These youth enumerators were given a general geographical area in Sonoma County to count rather than specific census tract maps. These teams counted between 3 p.m. and 7 p.m.
when homeless youth are most likely to be visible on the streets.

Safety Precautions
Every effort was made to minimize potentially hazardous situations. Precautions were taken to prepare a safe environment in all deployment centers. Law enforcement districts were notified of pending street count activity in their jurisdictions. No official reports were received in regards to unsafe or at-risk situations occurring during the street census in any area of the county.

Survey
The survey of 533 homeless persons was conducted in order to yield qualitative data about the homeless population. The survey elicited information that allows for greater perspective to current issues of homelessness and to the provision and delivery of services. The survey findings also provide a measure of the changes in the composition of the homeless population.

In addition to the general survey, youth 18-24 years old were given an additional page of survey questions, which asked specifically about their experience as homeless youth. In total, 76 youth surveys were conducted. These surveys were conducted by other homeless youth survey interviewers in order to maintain the peer-to-peer protocol. It is important to note that in 2013, no surveys were completed by children under the age of 18. The overall protocol for youth surveys was similar to the general survey.

Surveys were conducted by trained homeless interviewers (who were compensated at a rate of $5.00 per completed survey) and service provider volunteers. Training sessions led potential interviewers through a comprehensive orientation that included project background information and detailed instruction on respondent eligibility, interviewing protocol, and confidentiality. Because of confidentiality and privacy issues, service providers typically conducted the surveys administered within shelters.

Survey Incentive
It was determined that survey data would be more easily collected if an incentive gift was offered to respondents in appreciation for their time and participation. Because of the very cold winter, warm socks were selected as the incentive for participation. These socks were easy to obtain and distribute, were thought to have wide appeal, and could be provided within the project budget.

Survey Sampling
In order to select a random sample of respondents, survey interviewers were trained to employ a randomized “every third encounter” survey approach. Survey interviewers were instructed to approach the third person they encountered whom they considered to be an eligible survey respondent. If the person declined to take the survey, the survey worker could approach the next eligible person they encountered. After completing a survey, the randomized approach was resumed.

Strategic attempts were made to reach individuals in various geographic locations and of various subset groups, such as homeless
youth, minority ethnic groups, military veterans, domestic violence victims, and families, including recruiting survey workers from these subset groups.

In order to assure the representation of both the sheltered and unsheltered homeless population, survey quotas were created to reach individuals and heads of family households living in these programs.

**Figure 54: PIT Census Population versus Survey Sample (2013)**

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Census</th>
<th>Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered</td>
<td>23%</td>
<td>15%</td>
</tr>
<tr>
<td>Persons in families</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Transition age youth</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>Female</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Total population</strong></td>
<td><strong>4,280</strong></td>
<td><strong>533</strong></td>
</tr>
</tbody>
</table>

Based on the 2013 point-in-time count of 4,280 homeless persons in Sonoma County, with a randomized survey sampling process, the 533 valid surveys represent a confidence interval of +/-4% with a 95% confidence level when generalizing the results of the survey to the entire homeless population.

**Survey Administration**

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. Overall, the interviewers experienced excellent cooperation from respondents.

In order to avoid potential duplication of respondents, the survey requested respondents’ initials and date of birth, so that duplication could be avoided without compromising the respondents’ anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate duplicates. This process examined respondents’ date of birth, initials, gender, ethnicity, and length of homelessness, and consistencies in patterns of responses to other questions on the survey. Surveys that were considered invalid (duplicate, incomplete, or contained false responses were removed from the sample.

Due to the sensitive nature of the survey, respondents were not required to answer every survey question and respondents were asked to skip questions that were not applicable. For this reason, the number of respondents for each survey question may not equal the number of surveys.

**Figure 55: Survey Administration Details (2013)**

<table>
<thead>
<tr>
<th>Survey Detail</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey distribution sites</td>
<td>6</td>
</tr>
<tr>
<td>Surveyors</td>
<td>33</td>
</tr>
<tr>
<td>General surveys administered</td>
<td>539</td>
</tr>
<tr>
<td>Invalid general surveys</td>
<td>6</td>
</tr>
<tr>
<td>Valid general surveys</td>
<td>533</td>
</tr>
<tr>
<td>Spanish general surveys</td>
<td>6</td>
</tr>
<tr>
<td>General survey refusals</td>
<td>35</td>
</tr>
<tr>
<td>Valid youth surveys</td>
<td>76</td>
</tr>
</tbody>
</table>
Annual Estimation

A point-in-time homeless count has an inherent bias of not capturing homeless persons who experience short episodes of homelessness during other times of the year. More people experience homelessness annually than can be counted at any given point-in-time, as people cycle in and out of homelessness. For example, someone may be homeless between February and May, and another person may become homeless between October and January. Counting only those persons found in a January census could under-represent those experiencing homelessness in the other months of the year.

Therefore, based on the survey responses of the 2013 survey, ASR used the annual estimate formula detailed by the Corporation for Supportive Housing to calculate an annual estimate of the number of homeless persons in Sonoma County over the course of a year. This approach is the HUD-approved method for calculating the annual estimate of homeless persons based on the PIT count.

The equation for calculating the annual estimate is as follows: $A + [(B^*51)^*(1-C)] = \text{Annual estimate}$

- $A$ = the PIT count of currently homeless people
- $B$ = the number of currently homeless people who 1) became homeless within the last 7 days, or 2) were already homeless, but entered the county's boundaries within the last 7 days; and
- $C$ = the proportion of currently homeless people who have experienced a previous homeless episode within the past 12 months.

It is important to note that prior to 2013, the annualize estimate did not include homeless individuals who had entered the boundaries of Sonoma County within the seven days prior to the survey.

Assumptions of Annual Estimation

The calculations used to project an annual estimate of homelessness are based on two very important assumptions.

1. The information gathered by the homeless survey is indicative of responses that would have been given at any other time during the year and is representative of the general diversity of the study area’s homeless population.
2. The point-in-time count is reasonably indicative of a count that would have been obtained at any other time during the year.

Service providers have supported these assumptions by indicating that the demand for services, and the total number accessing services, has stayed relatively consistent over time and does not fluctuate throughout the year.

Estimates of the number of people who experience homelessness in a given year are important for planning purposes and HUD reporting requirements. Because many homeless experiences are relatively short-term (i.e., less than a year), it is important to account for this
phenomenon when determining the annual demand for homeless services.

Given the size of the survey sample, the statistical reliability of the projections, the undercount inherent in any homeless census, as well as the use of a HUD-approved annual estimate calculation, the project committee and ASR have determined that this methodology was the most complete and accurate of all available approaches.

**Challenges & Limitations**

**Census**

There are many challenges in any homeless enumeration, especially when implemented in a community as diverse and large as Sonoma County. While homeless populations are usually concentrated around city emergency shelters and homeless service facilities, homeless individuals and families can also be found in suburbs, commercial districts, and outlying county areas that are not easily accessed by enumerators.

Homeless populations include many difficult-to-count subsets such as:

» Persons who have children and therefore stay “under the radar” for fear of having to turn their children over to Child Protective Services;

» Homeless youth, who tend to keep themselves less visible than homeless adults;

» Homeless people who live in isolated rural areas; and

» Homeless people who sleep in unfit structures.

For a variety of reasons, homeless persons generally do not want to be seen, and make concerted efforts to avoid detection. In a non-intrusive, point-in-time, visual homeless enumeration, the methods employed, while academically sound, have inherent biases and shortcomings. Even with the assistance of dedicated homeless service providers and currently or previously homeless census enumerators, the methodology cannot guarantee 100% accuracy.

This conservative approach is necessary to preserve the integrity of the data collected. Even though the census 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 and provides valuable data for local and federal service agencies.

**Survey**

The 2013 Sonoma County Homeless Survey did not include an equal representation of all homeless experiences. The survey is limited by respondents’ willingness to share personal experiences with surveyors. Using a peer interviewing methodology allows respondents to be more candid with their answers, and may help reduce the uneasiness of revealing personal information.
APPENDIX II: VOLUNTEER ACKNOWLEDGEMENTS

The Sonoma County Community Development Commission (SCCDC) and Applied Survey Research (ASR) would like to thank the following individuals who volunteered their time and contributed their considerable talents to the street count. Their participation was truly critical to the success of this countywide effort. SCCDC and ASR apologize in advance if anyone’s name was misspelled or mistakenly left out.

Marlene Abel       Karen Curry       Miriam Jimenez       Lisa Planting
Kurt Abel          Justine Curry     Kate Johnson         Virginia Anderegg
Susan Anton        Karen D’Antonio   Marissa Johnston     Emily Quig
Amy Appleton       Beth Dadko        Pat Jones            Lynn Riepenhoff
Chip Atkin          Michelle Davis    Rebecca Kendall      Leonard Riepenhoff
Danny Aviles       Mike Doherty      Devin Kinsey        Babette Roberts
Pat Baskerville     Ashley Duke      Gerry La Londe-Berg Carla Schwarz
Karen Bernard-Flores Joel Dyer         Paul Lane            Alex Sebastian
Doreen Best         James Elrini      Greg Lawson         Marti Shortridge
Tom Bieri           Chuck Fernandez   Lisa Leeb            Dale Smevold
Katie Binn          Bill Frater      Alison Lobb         Emily Smith
Steve Birdlethough  Sandy French      Toomy Medel         Mackenzie Snook
Cheryl Bonacorso    Elsa Frick       Tim Monahan         Kelly Sydow
Heather Bond        Bob Fried         Jim Nelson           Samuel Therion
Gina Bond           Joe Galvan        Keith Newell        Paula Timmerman
Christopher Bowers  Brian Gilmore     Danielle Niemi      Crissy Tuider
Gale Brownell       Bill Glenn        Sherry Novi         Kym Valadez
Mike Bunidant       Bjorn Griepenburg Gary Gutierrez     Kevin O’Connor
Cruz Cavallo        Gary Gutierrez    Mary Papsco         Manuel Vazquez
Daniel Cedarholnss Camille Guzzi      Kindra Pedro        Michael Walsh
Dawn Chandler       John Haig         Lazaro Pencu        Brendan Ward
Jo Anne Cohn        Mark Hale         Stacey Perkins      Rita Wengler
Kevin Connally     Hugo Hernandez     Gary Perkins         Mimi Whittaker
Serene Cooper       Helen Hosley      Teddie Pierce
Tim Crowley         Jesse Irizary     Gary Pierce
## APPENDIX III: 2013 HOMELESS DATA EXCHANGE SUBMISSION

<table>
<thead>
<tr>
<th>Homeless Populations</th>
<th>Emergency</th>
<th>Sheltered</th>
<th>Safe Haven</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households with at least one adult and one child</td>
<td>51</td>
<td>85</td>
<td>16</td>
<td>152</td>
<td></td>
</tr>
<tr>
<td>Total # of households</td>
<td>130</td>
<td>267</td>
<td>54</td>
<td>451</td>
<td></td>
</tr>
<tr>
<td>Total # of persons (all ages)</td>
<td>73</td>
<td>161</td>
<td>26</td>
<td>260</td>
<td></td>
</tr>
<tr>
<td># of persons (18-24)</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td># of persons (over 24)</td>
<td>52</td>
<td>97</td>
<td>20</td>
<td>169</td>
<td></td>
</tr>
<tr>
<td>Households with only children</td>
<td>6</td>
<td>0</td>
<td>271</td>
<td>277</td>
<td></td>
</tr>
<tr>
<td># of one-child households</td>
<td>6</td>
<td>0</td>
<td>271</td>
<td>277</td>
<td></td>
</tr>
<tr>
<td># of multi-child households</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total # of persons (under 18)</td>
<td>6</td>
<td>0</td>
<td>271</td>
<td>277</td>
<td></td>
</tr>
<tr>
<td># of persons in multi-child households</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Households without children</td>
<td>362</td>
<td>199</td>
<td>0</td>
<td>2,791</td>
<td>3,352</td>
</tr>
<tr>
<td>Total # of households</td>
<td>368</td>
<td>200</td>
<td>0</td>
<td>2,984</td>
<td>3,552</td>
</tr>
<tr>
<td># of persons (18+)</td>
<td>17</td>
<td>32</td>
<td>0</td>
<td>802</td>
<td>851</td>
</tr>
<tr>
<td># of persons (18-24)</td>
<td>351</td>
<td>168</td>
<td>0</td>
<td>2,182</td>
<td>2,701</td>
</tr>
<tr>
<td>Total # of households</td>
<td>419</td>
<td>284</td>
<td>0</td>
<td>3,078</td>
<td>3,781</td>
</tr>
<tr>
<td>Total # of persons (all ages)</td>
<td>504</td>
<td>467</td>
<td>0</td>
<td>3,309</td>
<td>4,280</td>
</tr>
</tbody>
</table>

### Homeless Subpopulations

<table>
<thead>
<tr>
<th>Homeless Subpopulations</th>
<th>Emergency</th>
<th>Sheltered</th>
<th>Safe Haven</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronically Homeless Subpopulations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronically homeless individuals</td>
<td>119</td>
<td>0</td>
<td>0</td>
<td>1,029</td>
<td>1,148</td>
</tr>
<tr>
<td>Chronically homeless families (total # of families)</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Chronically homeless families (total # of persons)</td>
<td>15</td>
<td>0</td>
<td>5</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Other Homeless Subpopulations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td>57</td>
<td>0</td>
<td>343</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>Female veterans</td>
<td>2</td>
<td>0</td>
<td>29</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Severely mentally ill</td>
<td>242</td>
<td>0</td>
<td>1,057</td>
<td>1,299</td>
<td></td>
</tr>
<tr>
<td>Chronic substance abuse</td>
<td>324</td>
<td>0</td>
<td>991</td>
<td>1,315</td>
<td></td>
</tr>
<tr>
<td>Persons with HIV/AIDS</td>
<td>7</td>
<td>0</td>
<td>30</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Victims of domestic violence (optional)</td>
<td>204</td>
<td>0</td>
<td>84</td>
<td>288</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX IV: DEFINITIONS & ABBREVIATIONS

Chronically homeless individual refers to a single homeless individual with a disabling condition who has either been continuously homeless for a year or more or has experienced at least four episodes of homelessness in the last three years.

Chronically homeless family refers to a family with at least one adult member with a disabling condition who has either been continuously homeless for a year or more or has experienced at least four episodes of homelessness in the last three years.

Disabling condition, for the purposes of this study, is defined as a physical or developmental disability, a chronic physical illness, a mental illness (including chronic depression, PTSD, bipolar disorder, and schizophrenia), a chronic health problem (including tuberculosis, hepatitis C, and HIV/AIDS), substance abuse disorder (alcohol or drug), or traumatic brain injury.

Emergency shelter is a facility with the primary purpose of providing temporary shelter to homeless individuals. It is the provision of a safe alternative to the streets, either in a shelter facility, or through the use of motel vouchers. Domestic violence shelters are typically considered a type of emergency shelter. Emergency shelter is short-term, usually for 180 days or less.

Family is defined by HUD as a household with at least one adult (age 18 or older) and one child (under age 18).

Homelessness 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, and camping ground.

HUD is the abbreviation for the U.S. Department of Housing and Urban Development.

Sheltered homeless individuals are those homeless individuals who are residing in emergency shelters and transitional housing facilities.

Single individuals refer to individuals in a non-family household.

Transitional housing is a type of housing where homeless individuals may stay and receive supportive services for up to 24 months, and which are designed to enable them to move into permanent housing.

Unsheltered homeless individuals are those homeless individuals who are living outdoors, including on the streets, in parks, abandoned buildings, storage structures, vehicles, encampments, or any other outdoor place unfit for human habitation.
APPENDIX V: ENDNOTES

3. Refer to the “Total PIT Population by Region” chart for a list of jurisdictions in each region.
7. Ibid.
8. Ibid.
9. Ibid.
13. Ibid.
16. Data is statistically unstable due to a low number of respondents. Caution should be used when interpreting this data.
21. Ibid.
22. Disabling condition is defined in the Definitions & Abbreviations section.