



# Solano County

HOMELESS CENSUS & SURVEY

COMPREHENSIVE REPORT

2019

## ABOUT THE RESEARCHER

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

### HOUSING INSTABILITY RESEARCH DEPARTMENT

Project Manager: Marissa Jaross, MPH

Senior Data Analyst: Yoonyoung Kwak, Ph.D.

Graphic Design and Layout: Jenna Gallant

Department Vice President: Peter Connery

Department Director: Samantha Green, MSc

Department Coordinator: Jenna Gallant

### SUGGESTED CITATION

Jaross, M., Kwak, Y., & Gallant, J. (2019). Solano County Homeless Count and Survey Comprehensive Report 2019. *Applied Survey Research*.

### LOCATIONS

#### **Central Coast:**

55 Penny Lane, Suite 101  
Watsonville, CA 95076  
tel 831-728-1356

#### **Bay Area:**

1871 The Alameda, Suite 180  
San Jose, CA 95126  
tel 408-247-8319

[www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org)

# Acknowledgements

The considerable talents and efforts of many individuals helped ensure the success of this endeavor. Solano County Joint Powers Authority (JPA) and Applied Survey Research (ASR) would like to thank the many service providers who facilitated the process of homeless peer enumeration by recruiting count workers, assisting in the administration of surveys, and opening the doors of their facilities to host training sessions, deploy count workers, and distribute surveys. Finally, Solano County JPA and ASR would like to thank the homeless count and survey workers, as well as the survey respondents, whose efforts are reflected throughout the findings of this report.

## FINANCIAL SUPPORT

City of Benicia

City of Dixon

City of Fairfield

City of Rio Vista

City of Suisun City

City of Vacaville

City of Vallejo

County of Solano

## PROJECT COORDINATORS

Carolyn Wylie, MPP, J.D.  
*Deputy Director, Homebase*

Kelly Shaban, J.D.  
*Managing Attorney, Homebase*

Marie Libeson, M.A.  
*Paralegal, Homebase*

Taylor Kiely, M.S.W.  
*Policy Analyst, Homebase*

Kyle Wehner  
*Policy Analyst, Homebase*

## HOUSING FIRST SOLANO CONTINUUM OF CARE BOARD

John Eckstrom  
*Shelter, Inc.*

Katrina Morrow  
*Circle of Friends*

Scott Mulvey  
*City Church 2:42*

Shelley Tiran, Secretary  
*City of Fairfield*

Tamara Colden  
*City of Vacaville*

Judy Shepard-Hall  
*City of Vallejo*

Kathy Lawton-Caesar  
*City of Suisun City*

Sandy Rose  
*County of Solano*

Tranine Chisom  
*Caminar, Inc.*

Maurilio Leon  
*CHOC Housing*

Michael Ambrose  
*Fairfield Police Department*

Lori Bowley  
*Veterans Administration*

Reginald Doss  
*3<sup>rd</sup> Degree Grace*

Joey Carrizales  
*Citizen of Vallejo*

Ruth Matz  
*Community Action North Bay*

Colleen Berumen, Chair  
*Opportunity House*

Debi Tavey, Vice-Chair  
*Fairfield-Suisun Chamber of Commerce*

Madonna Garcia-Crowley  
*La Clinica de la Raza*

## **TRAINING, DEPLOYMENT & SURVEY DISTRIBUTION SITES**

### **SPECIAL THANKS TO:**

Judy Shepard-Hall  
*City of Vallejo*

Carolyn Burrell  
*Christian Help Center, Vallejo*

Shelley Tiran  
*City of Fairfield*

Gerald Chan  
*Community Action North Bay,  
Fairfield*

Emily Cantu  
*City of Vacaville*

Colleen Berumen  
*Opportunity House, Vacaville*

## **YOUTH COUNT & SURVEY COORDINATORS**

County of Solano  
*Special Thanks to Kristian Moore*

Seneca Family of Agencies  
*Special Thanks to Caleb Hervey*

Solano County Office of Education, Educational Options  
*Special Thanks to Christopher Morris*



# Table of Contents

<b>ACKNOWLEDGEMENTS</b> .....	<b>3</b>
Financial Support .....	3
Project Coordinators.....	3
Training, Deployment & Survey Distribution Sites .....	4
Youth Count & Survey Coordinators .....	4
<b>INTRODUCTION</b> .....	<b>6</b>
Federal Definition of Homelessness for the Point-in-Time Census.....	7
Project Purpose and Goals.....	7
<b>EXECUTIVE SUMMARY</b> .....	<b>8</b>
<b>POINT-IN-TIME COUNT</b> .....	<b>10</b>
Number and Characteristics of Homeless Persons in Solano County .....	11
Point-in-Time Count: Subpopulations .....	15
<b>HOMELESS SURVEY FINDINGS</b> .....	<b>27</b>
Duration and Recurrence of Homelessness.....	28
Living Accommodations.....	29
Primary Cause of Homelessness.....	32
Services and Assistance .....	33
Employment, Income, and Education .....	35
Health .....	37
Domestic Violence and Abuse .....	38
Criminal Justice System.....	40
LGBTQ+ .....	41
Survey Demographics.....	42
<b>HOMELESS SURVEY FINDINGS: SUBPOPULATIONS</b> .....	<b>43</b>
Chronically Homeless.....	44
Veterans .....	48
Families with Children .....	51
Unaccompanied Homeless Children and Transition-Age Youth.....	54
Older Adults Age 62+ .....	57
<b>CONCLUSION</b> .....	<b>60</b>
<b>APPENDIX A: METHODOLOGY</b> .....	<b>62</b>
Street Count Methodology .....	63
Youth Street Count Methodology.....	64
Shelter Count Methodology.....	65
Survey Methodology .....	66
<b>APPENDIX B: DEFINITIONS AND ABBREVIATIONS</b> .....	<b>68</b>
<b>APPENDIX C: TABLE OF FIGURES</b> .....	<b>70</b>



# 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, in cars, abandoned properties, or other places not meant for human habitation.

The Point-in-Time Count is the only source of nationwide data on sheltered and unsheltered homelessness and is required by the U.S. Department of Housing and Urban Development (HUD) of all jurisdictions receiving federal funding to provide housing and services for individuals and families experiencing homelessness. Currently, Housing First Solano, the Solano County Continuum of Care (CoC) receives approximately \$1.2 million dollars annually in federal funding, a key source of funding for the county's homeless services.

CoCs 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 Count and Survey data also help to inform communities' local strategic planning, capacity building, and advocacy campaigns to prevent and end homelessness.

Housing First Solano worked in conjunction with ASR to conduct the 2019 Solano Homeless Point-in-Time Count and Survey. ASR is a social research firm with extensive experience in homeless enumeration and needs assessment that has worked with Solano on their Point-in-Time Counts since 2015.

The Housing First Solano Homeless Point-in-Time Count 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 2019 Solano Homeless Point-in-Time Count was a comprehensive community effort. With the support of 109 community volunteers and 22 individuals with lived experience of homelessness, the entire county was canvassed between the hours of 5:00 AM and 9:00 AM on January 23, 2019. 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. Emergency 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 and 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. 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 432 unsheltered and sheltered individuals and families. The survey gathered basic demographic details as well as information about service needs and utilization.

This report provides data regarding the number and characteristics of people experiencing homelessness in Solano County on a single night in January. 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 2015 and 2017 are provided where available and applicable.

## **FEDERAL DEFINITION OF HOMELESSNESS FOR THE POINT-IN-TIME CENSUS**

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.

## **PROJECT PURPOSE AND GOALS**

In order for the 2019 Solano County Point-in-Time Count 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 2019 Planning Committee, and were instrumental to ensuring the 2019 Solano Homeless Point-in-Time Count and Survey reflected the needs and concerns of the community.

The 2019 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 Solano Homeless Point-in-Time Count and Survey, and to track progress toward ending homelessness;
- To increase public awareness of overall homeless issues and generate support for constructive solutions; and
- To assess the status of specific subpopulations, including veterans, families, unaccompanied children, transition-age youth, and those who are chronically homeless.

This report is intended to assist service providers, policy makers, funders, and local, state, and federal 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.

# Solano County

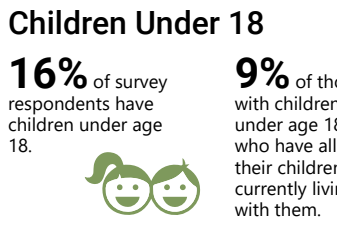
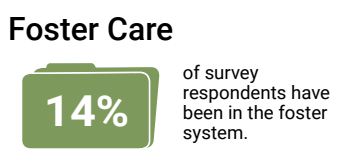
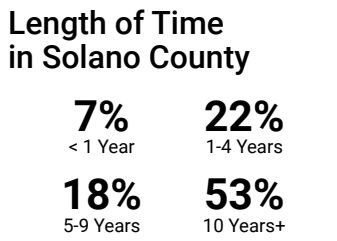
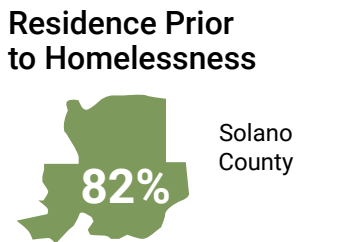
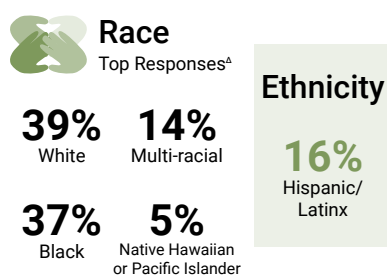
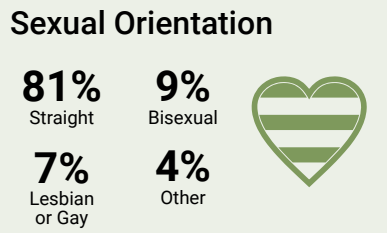
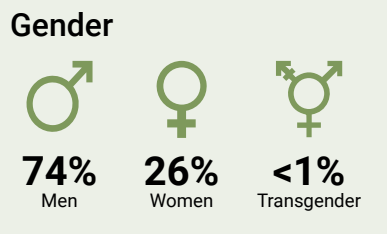
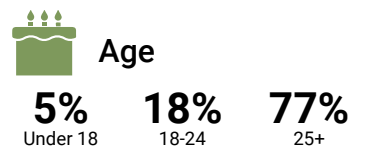
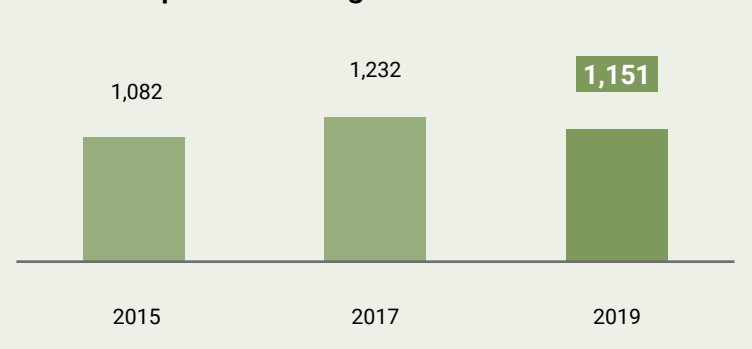
## Homeless Census & Survey

### 2019 Executive Summary

Every two years, during the last 10 days of January, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care.

The 2019 Solano County Point-in-Time Count was a community-wide effort conducted on January 23<sup>rd</sup>, 2019. In the weeks following the street count, a survey was administered to 432 unsheltered and sheltered individuals experiencing homelessness in order to profile their experience and characteristics.

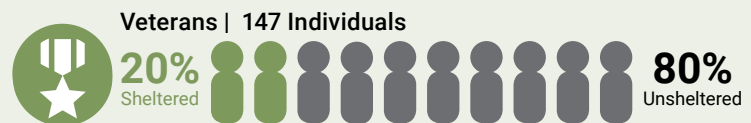
#### Census Population: Longitudinal Trend



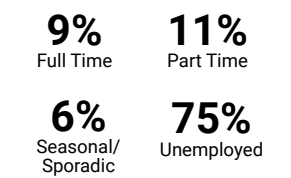
#### 2019 Sheltered/ Unsheltered Population



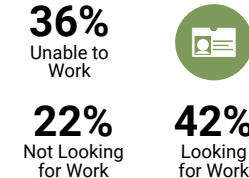
#### Subpopulation\* Data



#### Employment Status



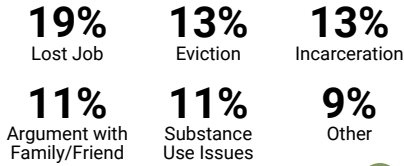
#### If Unemployed...





## Primary Event or Condition That Led to Homelessness\*

Top 6 Responses<sup>Δ</sup>



## History of Domestic Violence

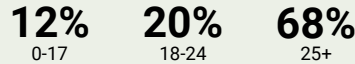
**10%** of survey respondents reported they had experienced domestic violence.

## Interest in Permanent Housing



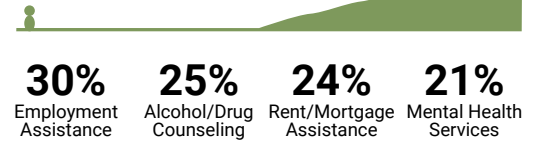
**93%** of survey respondents said they would like affordable permanent housing if it became available soon.

## Age at First Episode of Homelessness



## What Might Have Prevented Homelessness\*

Top 4 Responses<sup>Δ</sup>



## Duration of Current Episode of Homelessness



## Self-Reported Health\*

Current health conditions that may affect the housing stability or employment of those experiencing homelessness.



**29%**  
Psychiatric/Emotional Conditions



**24%**  
Post-Traumatic Stress Disorder



**22%**  
Alcohol & Drug Abuse



**22%**  
Chronic Health Problems



**18%**  
Physical Disability



**10%**  
Traumatic Brain Injury



**1%**  
HIV/AIDS Related Illness

## Disabling Conditions

**31%** of survey respondents reported having at least one disabling condition.



A disabling condition is defined by HUD as a developmental disability, HIV/AIDS, or a long-term physical or mental impairment that impacts a person's ability to live independently but could be improved with stable housing.

## Assessment with Resource Connect Solano



**6%** of survey respondents had completed an assessment with Resource Connect Solano.

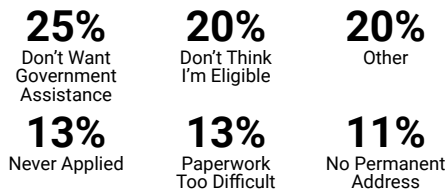
## Government Services and Assistance

**65%** of survey respondents reported receiving government benefits.



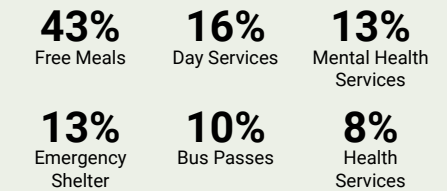
## Reasons for Not Receiving Any Government Assistance\*

Top 6 Responses<sup>Δ</sup>



## Non-Government Services Currently Accessing\*

Top 6 Responses<sup>Δ</sup>



## \*Subpopulation Definitions

### Chronically Homeless

An individual with one or more disabling conditions 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.

### 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 Youth & Young Adults

Youth under the age of 18 and young adults between the ages of 18 and 24 years old (TAY) who are experiencing homelessness and living without a parent or legal guardian.

+ Multiple response question, results may not add up to 100%.

Δ Only displaying top responses.

Note: Some percentages have been rounded so total percentage will equal 100%.

The complete comprehensive report includes a more detailed profile of those experiencing homelessness in Solano County. Source: Jaross, M., Kwak, Y., & Gallant, J. (2019). Solano County Homeless Count and Survey 2019. *Applied Survey Research*.



# Point-In-Time Count

The 2019 Solano County Homeless Point-in-Time Count and Survey included a complete enumeration of all unsheltered and publicly or privately sheltered homeless persons. The general street count was conducted on January 23, 2019 from approximately 5:00 AM to 9:00 AM and covered all of Solano 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 2019 Homeless Point-in-Time Count and Survey is commonly described as a “blitz count” since it is conducted by a large team over a very short period of time. As this method was conducted in Solano County, the result was an observation-based count of individuals and families who appeared to be homeless.

The occupancy of homeless shelters in Solano County was collected for the night of January 22, 2019. All shelter data were gathered either directly from the shelter or from Solano County’s 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 population experiencing homelessness. 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, Solano County also conducted a dedicated youth count similar to the youth count that was conducted in 2017. The dedicated youth count methodology was improved in 2019 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: Methodology*.

## NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS IN SOLANO COUNTY

Point-in-Time Census data from 2019 identified 1,151 persons experiencing homelessness in Solano County, a 7% decrease in the total number of persons experiencing homelessness in Solano County in 2017. The number of unsheltered persons remained relatively constant, while sheltered persons decreased by 31%. An increasing proportion of the population was unsheltered in 2019, with 81% of those enumerated remaining unsheltered. The most significant changes in places of residence were in transitional housing and vehicles: the percentage of those in transitional housing fell from 15% in 2017 to 7% in 2019 and the percentage of those in vehicles rose from 30% in 2017 to 37% in 2019.

Figure 1. TOTAL HOMELESS CENSUS, WITH TREND

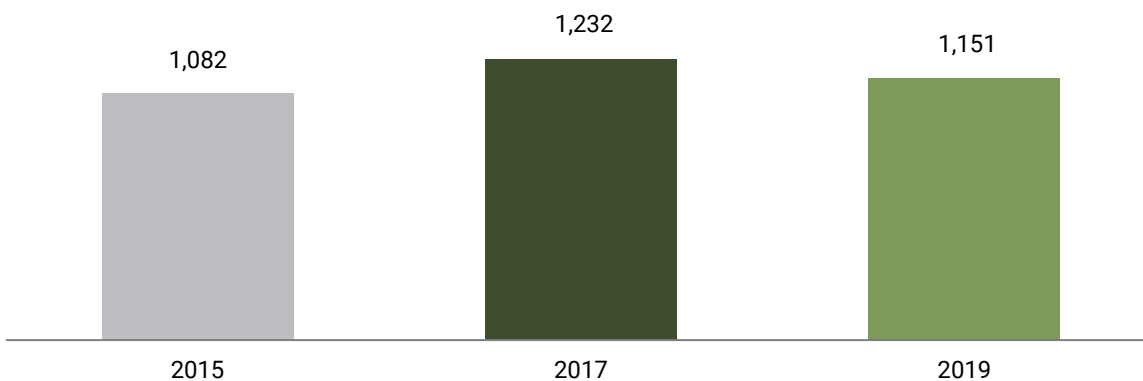
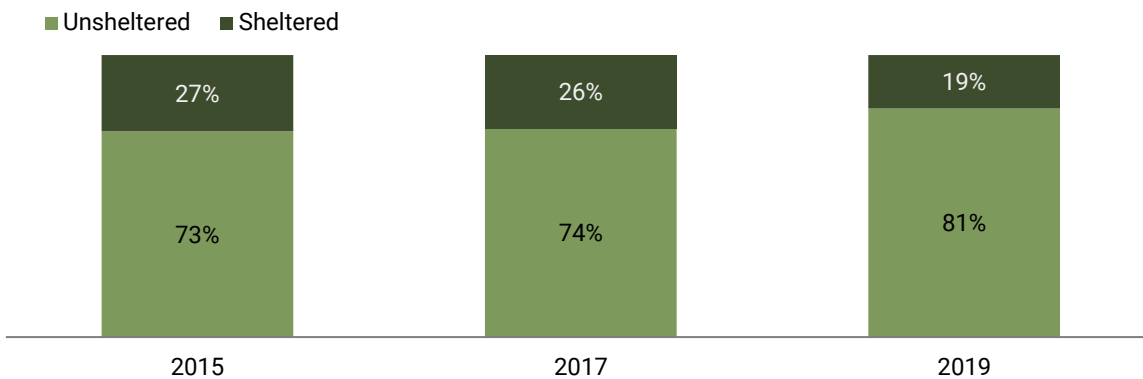


Figure 2. TOTAL HOMELESS CENSUS, BY SHELTER STATUS



	2015	2017	2019	17-19 % CHANGE
Sheltered	287	315	219	↓ 31%
Unsheltered	795	917	932	↑ 2%
<b>Total</b>	<b>1,082</b>	<b>1,232</b>	<b>1,151</b>	↓ 7%

2015 N=1,082; 2017 N=1,232; 2019 N=1,151

Figure 3. RESIDENCE ON THE NIGHT OF THE COUNT

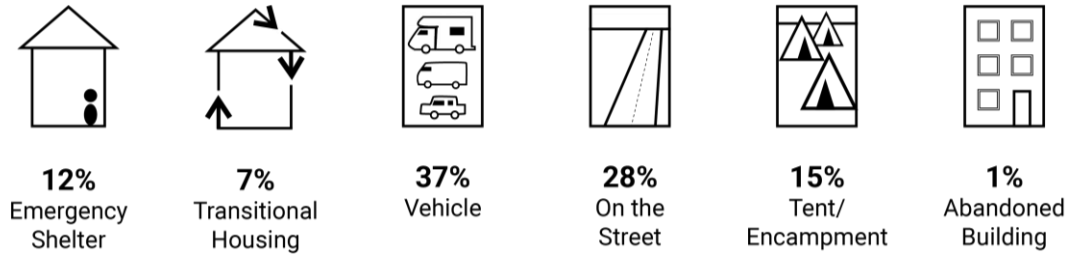
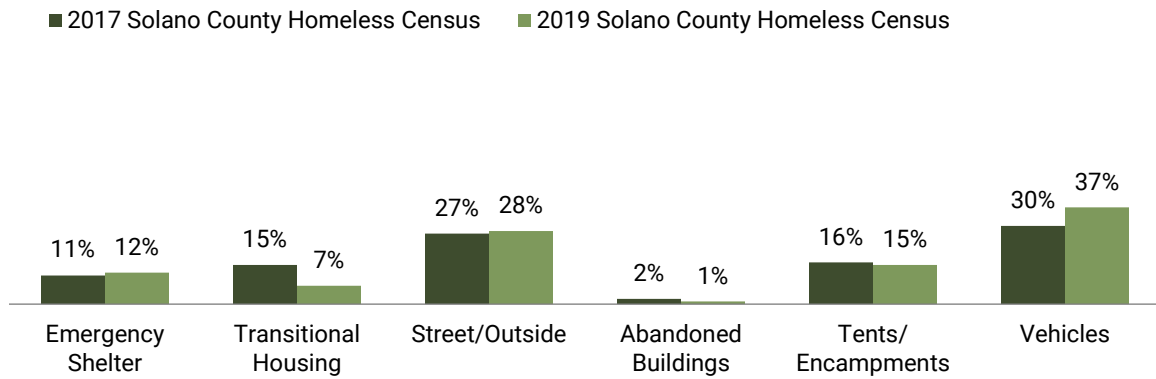


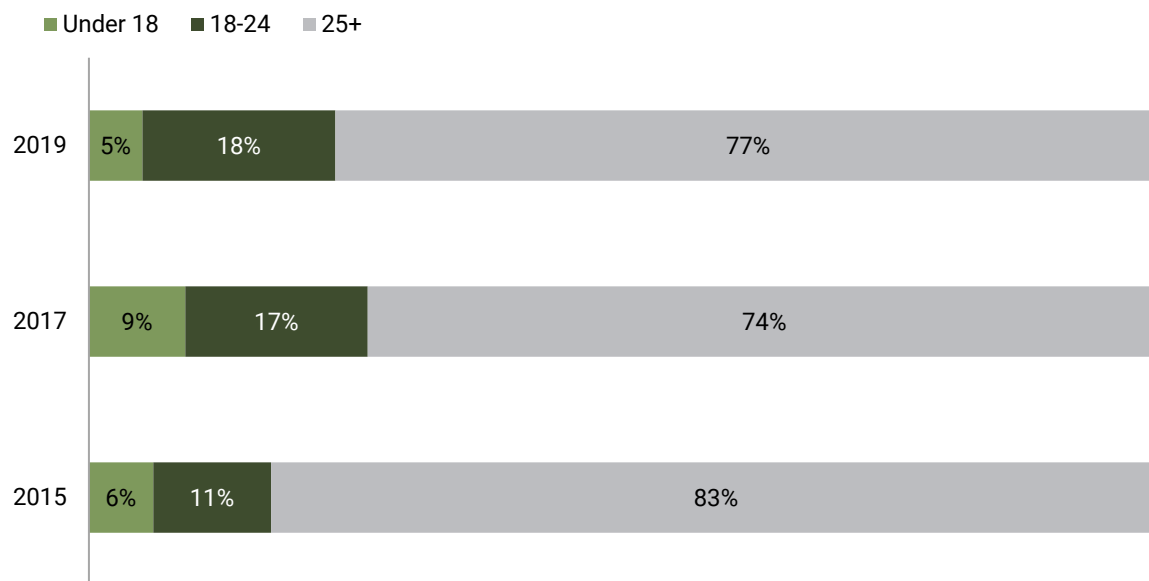
Figure 4. RESIDENCE ON THE NIGHT OF THE COUNT, WITH TREND



2017 N=1,232; 2019 N=1,151

Age can be an indicator of services needed. Over three-quarters (77%) of the population experiencing homelessness were age 25 and older, 18% were transition-age youth ages 18-24, and 5% were children under age 18.

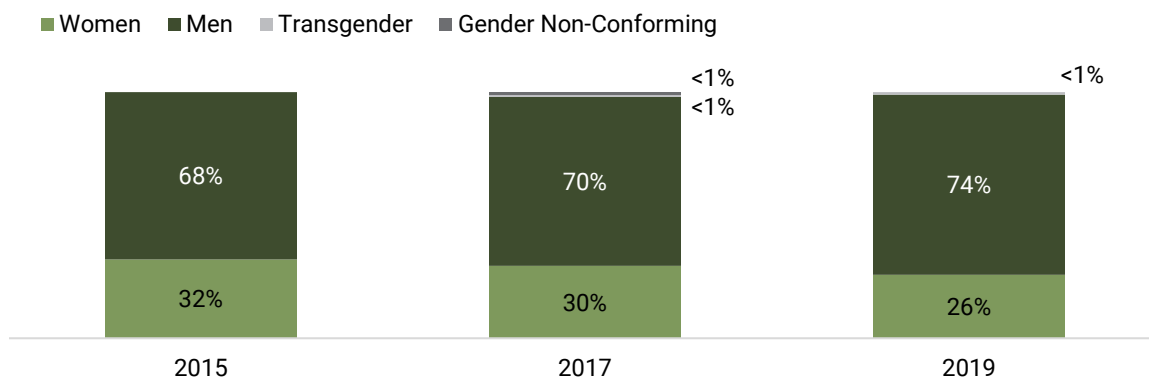
Figure 5. TOTAL HOMELESS CENSUS, BY AGE



2015 N=1,082; 2017 N=1,232; 2019 N=1,151

In a continuing trend from 2015, slightly fewer of those enumerated identified as women in the 2019 count (26% in 2019 down from 32% in 2015). Additionally, less than 1% of those enumerated identified as transgender, and none identified as gender non-conforming.

Figure 6. TOTAL HOMELESS CENSUS, BY GENDER

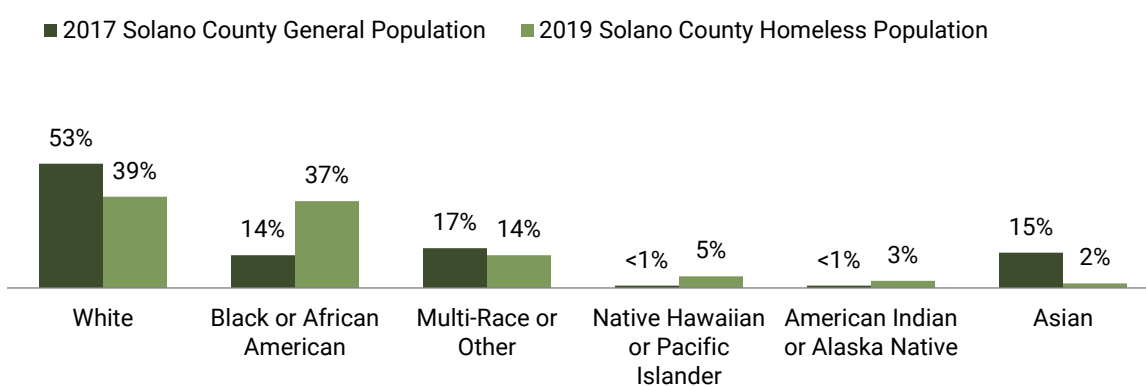


2015 N=1,082; 2017 N=1,232; 2019 N=1,151

Note: Gender Non-Conforming was not measured before 2017.

Those identifying as Black or African American, Native Hawaiian or Pacific Islander, and American Indian or Alaska Native were overrepresented in the homeless population compared to the general population of Solano County. Thirty-seven percent (37%) of those experiencing homelessness identified as Black or African American, compared to 14% of the general population. Those identifying as Black or African American are overrepresented in all subpopulations, as seen in the subsequent section.

Figure 7. TOTAL HOMELESS CENSUS, BY RACE<sup>1</sup>

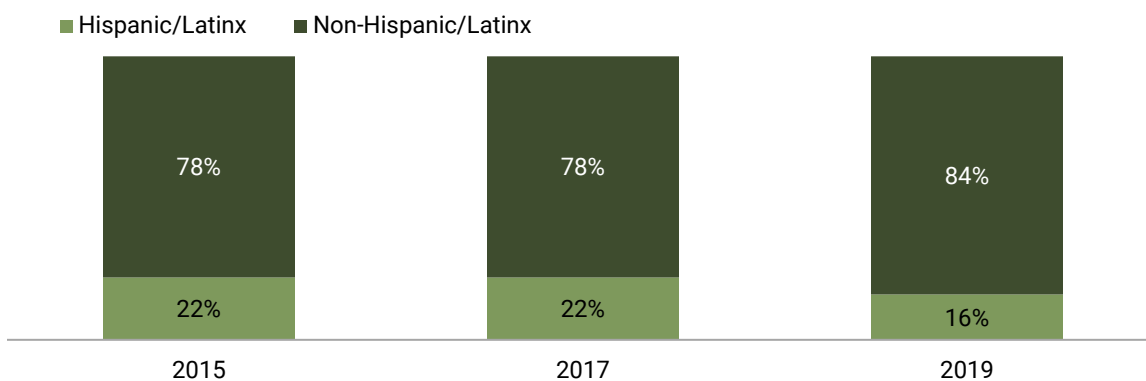


2019 N=1,151

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

Sixteen percent (16%) of those enumerated identified as Hispanic/Latinx, which was a reduction from 22% in both 2015 and 2017.

Figure 8. TOTAL HOMELESS CENSUS, BY ETHNICITY



2015 N=1,082; 2017 N=1,232; 2019 N=1,151

<sup>1</sup> U.S. Census Bureau. (2018). American Community Survey 2017 5-Year Estimates, Table DP05: ACS Demographic and Housing Estimates. Retrieved 2019 from <http://factfinder2.census.gov>

## POINT-IN-TIME COUNT: SUBPOPULATIONS

### CHRONICALLY HOMELESS

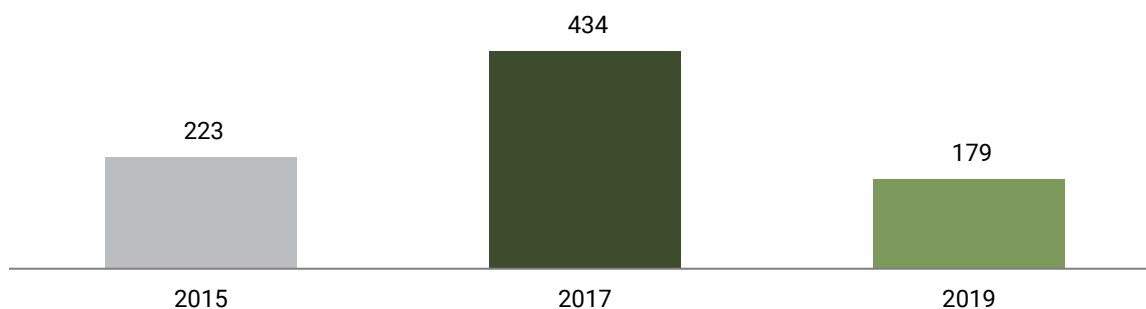
The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless individual as someone who has experienced homelessness for a year or longer—or who has experienced at least four episodes of homelessness totaling 12 months in the last three years—and also has a disabling condition 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.<sup>2</sup> 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.

In 2018, HUD reported that 88,640 individuals, representing 24% of the overall homeless population, were experiencing chronic homelessness.<sup>3</sup> 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.

Sixteen percent (16%) of those experiencing homelessness in Solano County qualified as chronically homeless, lower than the national average. It is estimated that 179 individuals were experiencing chronic homelessness in Solano County in 2019, representing a 59% decrease from 2017 and a 20% decrease from 2015. Twenty-one percent (21%) of chronically homeless individuals were sheltered, an increase from 14% in 2017.

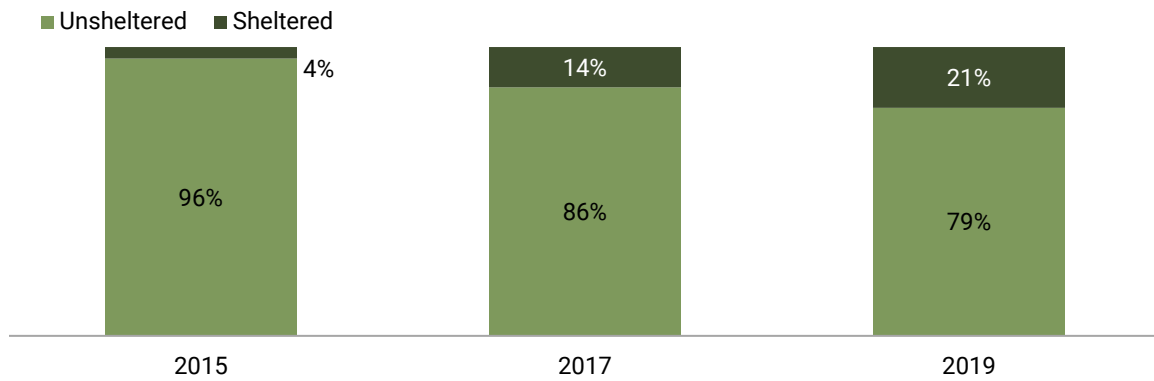
Figure 9. CHRONICALLY HOMELESS CENSUS, WITH TREND



<sup>2</sup> 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](https://www.usich.gov/resources/uploads/asset_library/BkgrdPap_ChronicHomelessness.pdf)

<sup>3</sup> Department of Housing and Urban Development. (2018). Annual Assessment Report to Congress. Retrieved 2019 from <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>

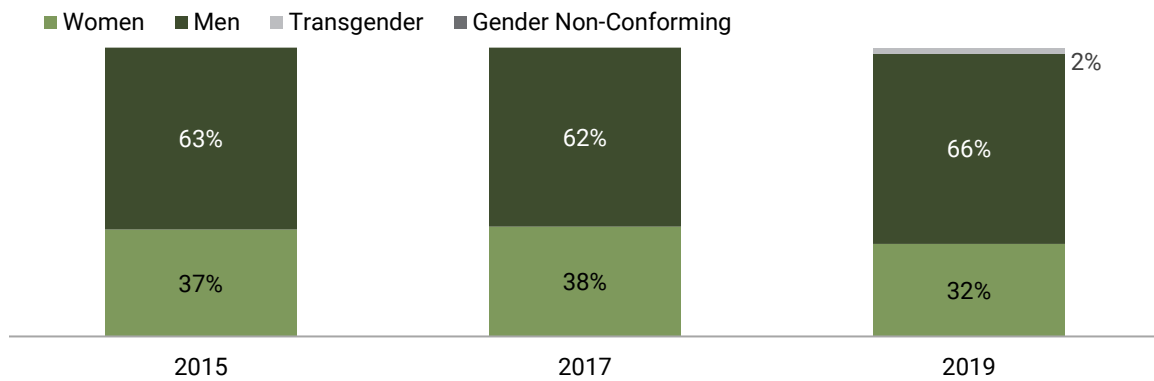
Figure 10. CHRONICALLY HOMELESS CENSUS WITH TREND, BY SHELTER STATUS



	2015	2017	2019	17-19 % CHANGE
Sheltered	9	60	38	↓ 37%
Unsheltered	214	374	141	↓ 62%
<b>Total</b>	<b>223</b>	<b>434</b>	<b>179</b>	<b>↓ 59%</b>

The gender breakdown of those experiencing chronic homelessness remained steady, with two-thirds (66%) identifying as men, 32% as women, and 2% as transgender.

Figure 11. CHRONICALLY HOMELESS CENSUS, BY GENDER

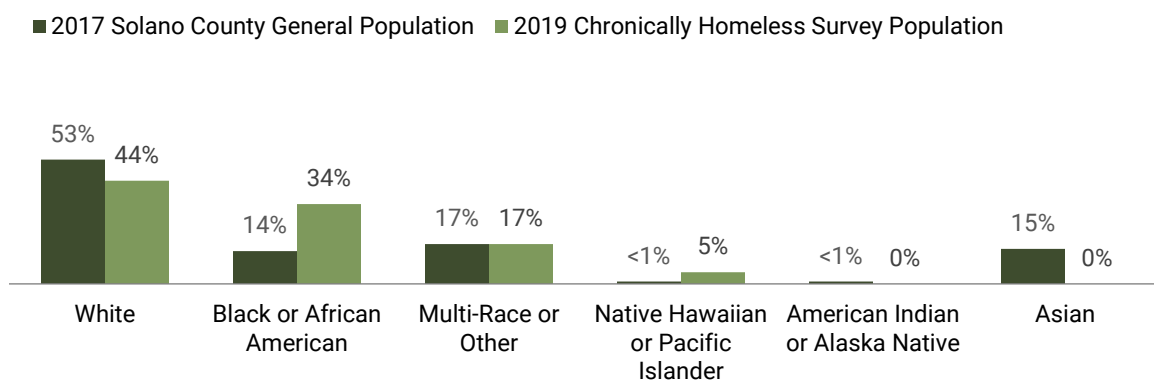


2015 Chronic Survey Population n=39; 2017 Chronic Survey Population n=152; 2019 Chronic Survey Population n=59



Approximately one-third (34%) of those experiencing chronic homelessness identified as Black or African American, far more than the 14% of the general population in the county. Additionally, the number identifying as Hispanic/Latinx fell significantly to 12% in 2019 from 32% in 2017.

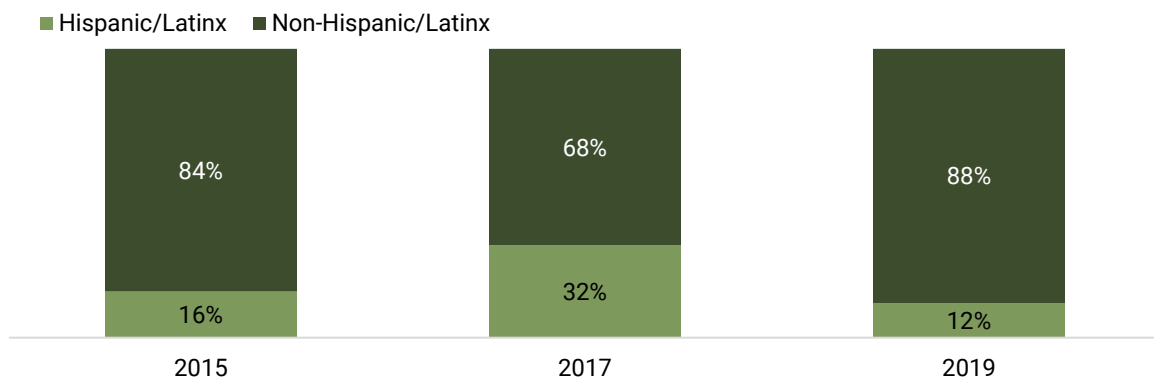
Figure 12. CHRONICALLY HOMELESS CENSUS, BY RACE<sup>4</sup>



2019 Chronic Survey Population n=59

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

Figure 13. CHRONICALLY HOMELESS CENSUS, BY ETHNICITY



2015 Chronic Survey Population n=329; 2017 Chronic Survey Population n=152; 2019 Chronic Survey Population n=58

<sup>4</sup> U.S. Census Bureau. (2018). American Community Survey 2017 5-Year Estimates, Table DP05: ACS Demographic and Housing Estimates. Retrieved 2019 from <http://factfinder2.census.gov>

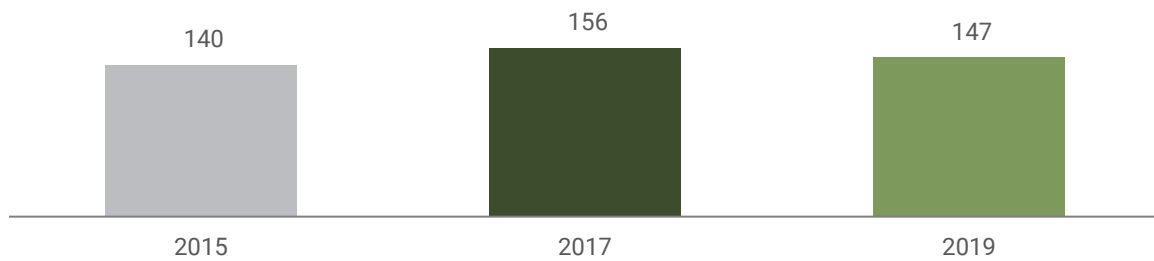
## VETERANS

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.<sup>5</sup>

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.

The number of veterans in Solano County in 2019 decreased slightly to 147 individuals, or 13% of the population experiencing homelessness. Solano County currently has 84 veterans awaiting housing on their by-name list.<sup>6</sup> Overall, veteran homelessness increased 6% since 2017 in Solano County, with larger proportions unsheltered than in previous years: one-fifth (20%) were sheltered in 2019, down 43% from 2017. Additionally, 17% of veterans identified as women, an increase from 11% in 2017.

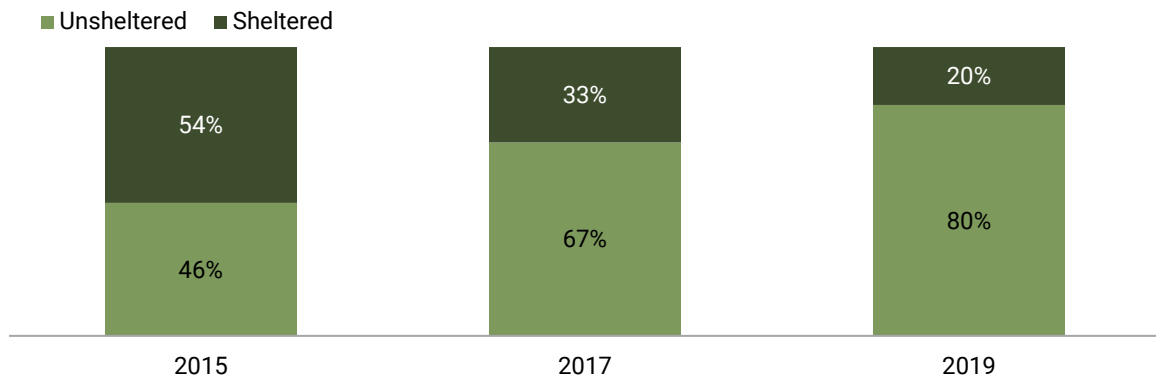
Figure 14. VETERAN CENSUS, WITH TREND



<sup>5</sup> 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](https://www.usich.gov/resources/uploads/asset_library/BkgrdPap_ChronicHomelessness.pdf)

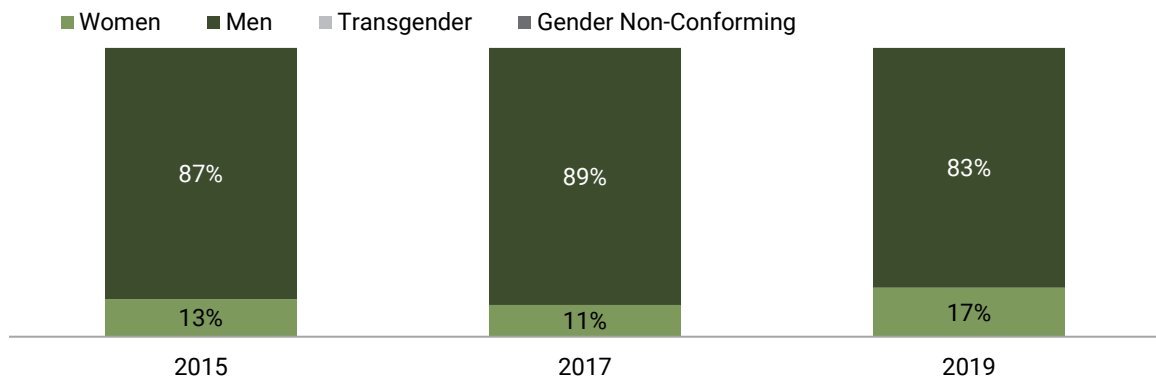
<sup>6</sup> By-name lists are a mechanism employed by communities to maintain a continually updated snapshot of veterans in need of housing.

Figure 15. VETERAN CENSUS, BY SHELTER STATUS



	2015	2017	2019	17-19 % CHANGE
Sheltered	75	51	29	↓ 43%
Unsheltered	65	105	118	↑ 12%
<b>Total</b>	<b>140</b>	<b>156</b>	<b>147</b>	<b>↓ 6%</b>

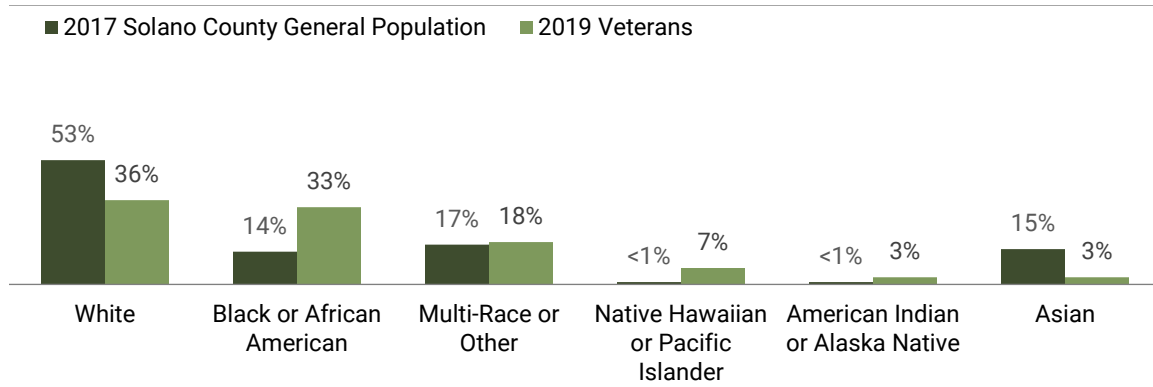
Figure 16. VETERAN CENSUS, BY GENDER



2015 Veterans n=140; 2017 Veterans n=156; 2019 Veterans n=147

One-third (33%) of veterans identified as Black or African American, far greater than 14% of the general population. Additionally, 7% of veterans identified as Native Hawaiian or Pacific Islander, compared to less than 1% of the general population. The percentage of veterans identifying as Hispanic/Latinx was 12%, slightly lower than 16% in 2017.

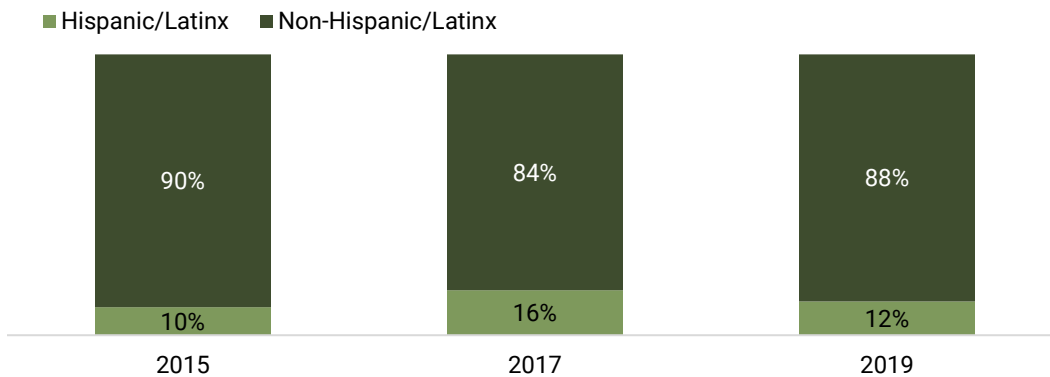
Figure 17. VETERAN CENSUS, BY RACE<sup>7</sup>



2019 Veterans n=147

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

Figure 18. VETERAN CENSUS, BY ETHNICITY



2015 Veterans n=140; 2017 Veterans n=156; 2019 Veterans n=147

<sup>7</sup> U.S. Census Bureau. (2018). American Community Survey 2017 5-Year Estimates, Table DP05: ACS Demographic and Housing Estimates. Retrieved 2019 from <http://factfinder2.census.gov>

## FAMILIES WITH CHILDREN

National data from 2018 suggest that 33% of all people experiencing homelessness are persons in families.<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup>

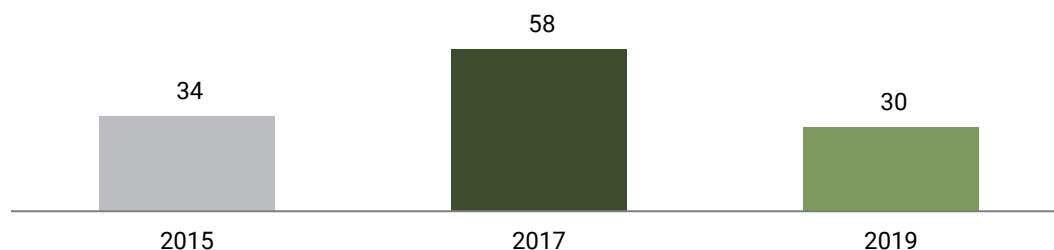
There is also a significant population of homeless families in “doubled-up” situations who cannot be counted for the Point-in-Time Count. These families may be staying with other families or on private property and may not fall within the definition of homelessness used for the Point-in-Time Count.

Thirty families with 79 family members were enumerated in Solano County in 2019. Twenty-seven of these families were sheltered, with three families counted on the street.

Figure 19. FAMILIES WITH CHILDREN CENSUS



Figure 20. FAMILIES WITH CHILDREN CENSUS, WITH TREND

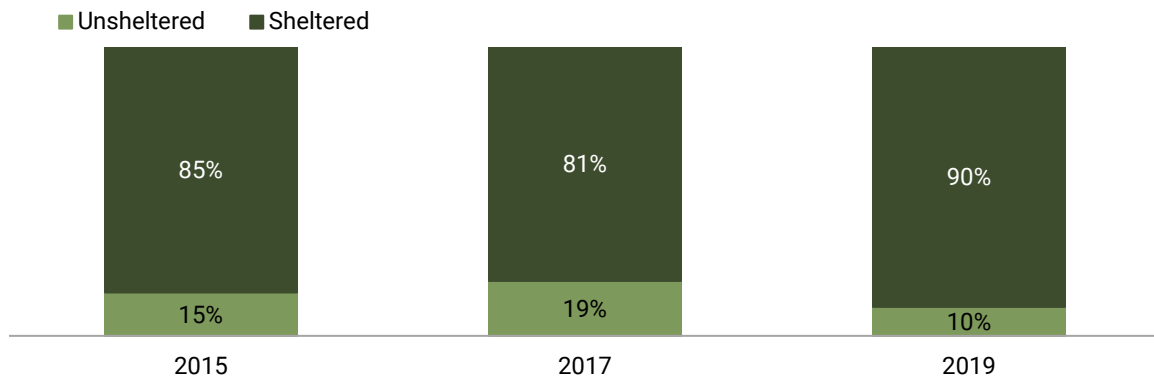


<sup>8</sup> U.S. Department of Housing and Urban Development. (2018). The 2018 Annual Assessment Report (AHAR) to Congress. Retrieved 2019 from <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>

<sup>9</sup> U. S. Department of Health and Human Services. (2007). Characteristics and Dynamics of Homeless Families with Children. Retrieved 2015 from <http://aspe.hhs.gov/>

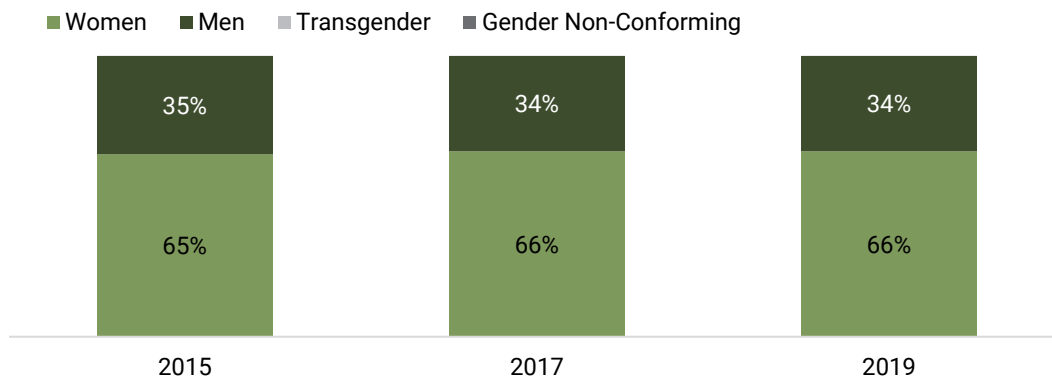
<sup>10</sup> U.S. Interagency Council on Homelessness. (2015). Opening Doors. Retrieved 2015 from <http://www.usich.gov/>

Figure 21. INDIVIDUALS IN FAMILIES WITH CHILDREN CENSUS, BY SHELTER STATUS



	2015	2017	2019	17-19 % CHANGE
Sheltered	97	131	71	↓ 46%
Unsheltered	17	31	8	↓ 74%
<b>Total</b>	<b>114</b>	<b>162</b>	<b>79</b>	↓ <b>51%</b>

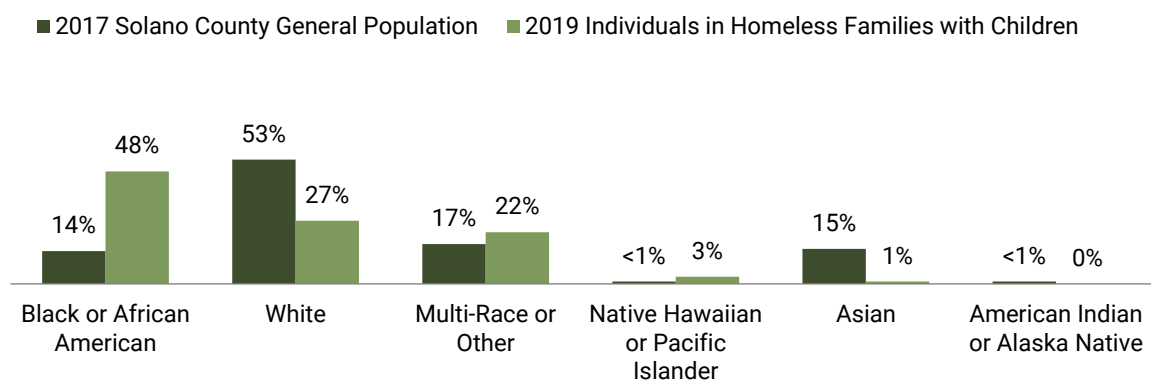
Figure 22. INDIVIDUALS IN FAMILIES WITH CHILDREN CENSUS, BY GENDER



2015 Individuals in Families n=23; 2017 Individuals in Families n=162; 2019 Individuals in Families n=79

Nearly half (48%) of individuals in families experiencing homelessness identified as Black or African American, a significant overrepresentation compared to the 14% of the Solano County general county population identifying as Black or African American.

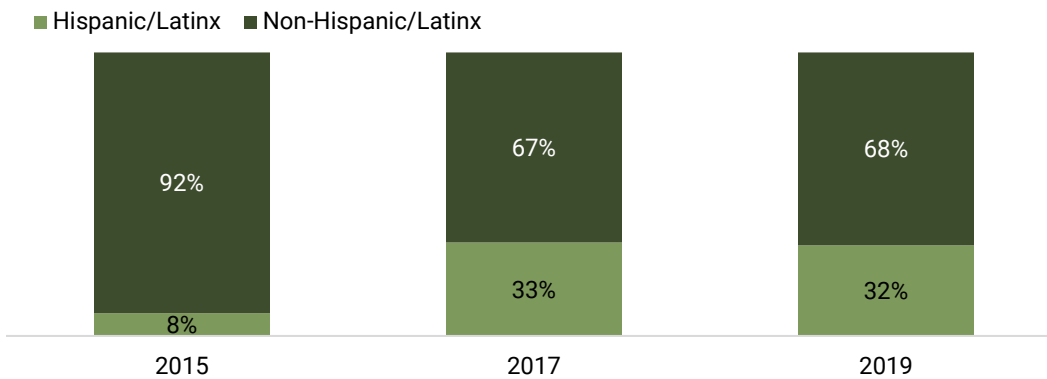
Figure 23. INDIVIDUALS IN FAMILIES WITH CHILDREN CENSUS, BY RACE<sup>11</sup>



2019 Individuals in Families n=79

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

Figure 24. INDIVIDUALS IN FAMILIES WITH CHILDREN CENSUS, BY ETHNICITY



2015 Individuals in Families n=24; 2017 Individuals in Families n=162; 2019 Individuals in Families n=79

<sup>11</sup> U.S. Census Bureau. (2018). American Community Survey 2017 5-Year Estimates, Table DP05: ACS Demographic and Housing Estimates. Retrieved 2019 from <http://factfinder2.census.gov>

## UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH

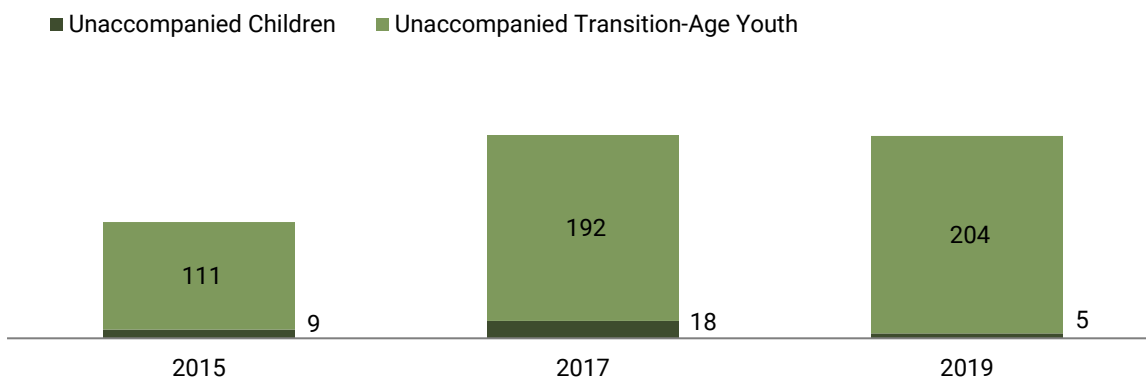
Due to the often concealed nature of youth homelessness, limited data are available on unaccompanied children and transition-age youth experiencing homelessness. Although largely considered an undercount, nationwide estimates from 2018 suggest there are at least 36,361 unaccompanied children and transition-age youth on the streets and in public shelters, a decrease of 11% from 2017.<sup>12</sup> This decrease may be due, in part, to the increased focus on ending youth homelessness since the 2017 count.

Young people experiencing homelessness have a more challenging time accessing services, including shelter, medical care, and employment. This may be due to the stigma of their housing situation, lack of knowledge of available resources, eligibility requirements, and a dearth of services targeted to young people.<sup>13</sup> Similar to families experiencing homelessness, many unaccompanied children and transition-age youth are “doubled-up” or couch surfing and cannot be counted in the definition of homelessness for the point-in-time count.

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

There were 5 unaccompanied children and 204 unaccompanied transition-age youth (age 18-24) enumerated, accounting for 18% of the population experiencing homelessness in Solano County. Similar to 2017, 16% of children and transition-age youth were sheltered, with the majority (84%) unsheltered.

Figure 25. UNACCOMPANIED YOUTH CENSUS, WITH TREND

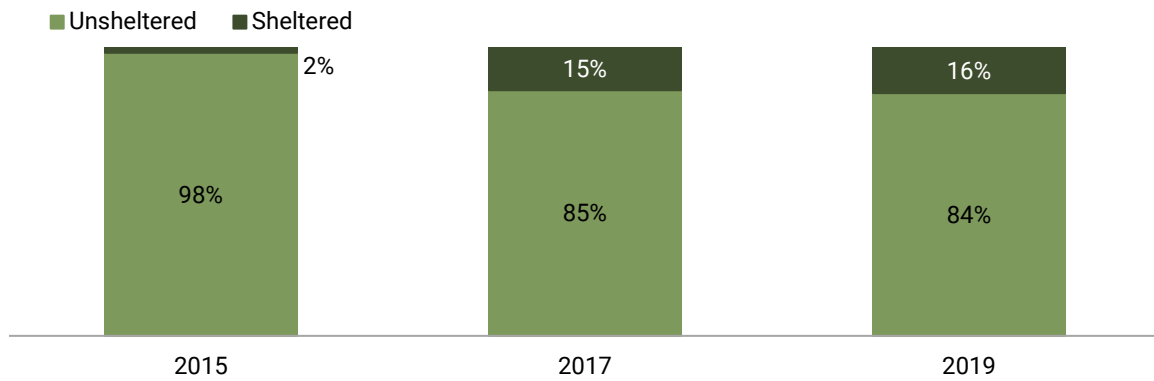


<sup>12</sup> U.S. Department of Housing and Urban Development. (2018). The 2018 Annual Assessment Report (AHAR) to Congress. Retrieved 2019 from <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>

<sup>13</sup> National Coalition for the Homeless. (2011). Homeless Youth Fact Sheet. Retrieved 2011 from <http://www.nationalhomeless.org>.

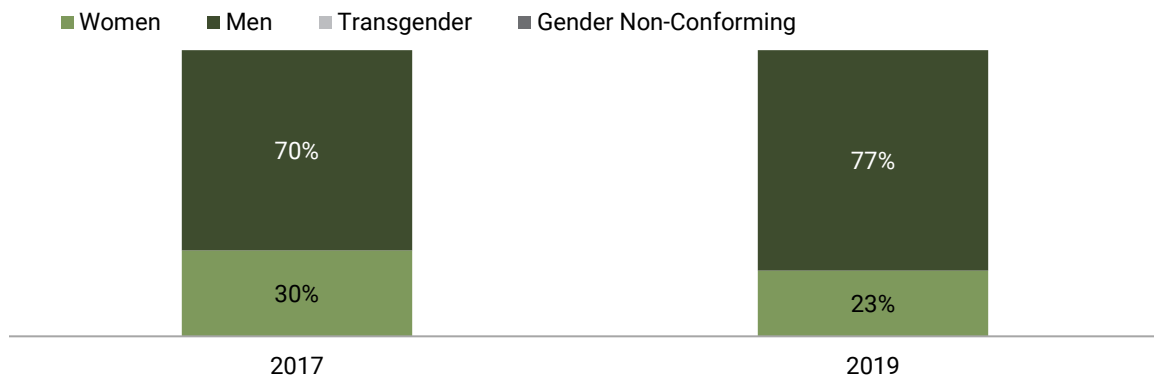


Figure 26. UNACCOMPANIED YOUTH CENSUS, BY SHELTER STATUS



	2017	2019	17-19 % CHANGE
Sheltered	31	34	↑ 10%
Unsheltered	179	175	↓ 2%
<b>Total</b>	<b>210</b>	<b>209</b>	↓ <1%

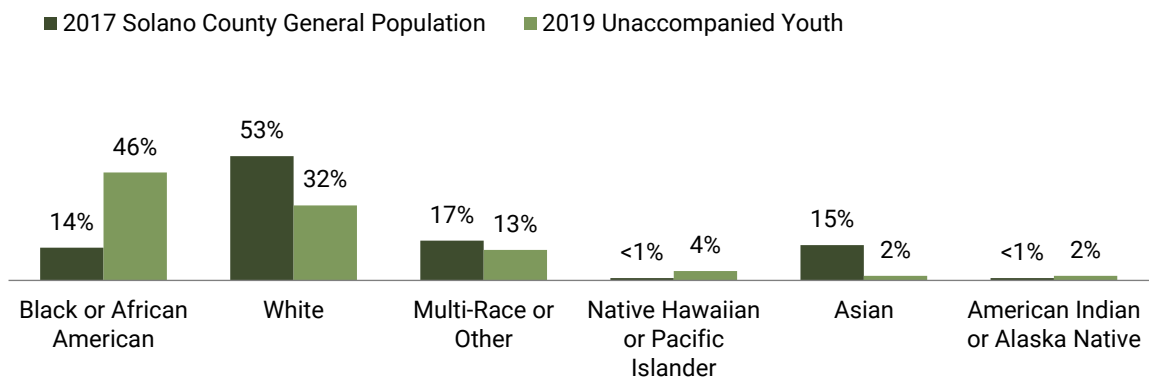
Figure 27. UNACCOMPANIED YOUTH CENSUS, BY GENDER



2017 Unaccompanied Youth n=210; 2019 Unaccompanied Youth n=209

As seen in the overall population experiencing homelessness, youth identifying as Black or African American were far overrepresented when compared to the Solano County general population: 46% of youth experiencing homelessness identified as Black or African American compared to 14% of the general population.

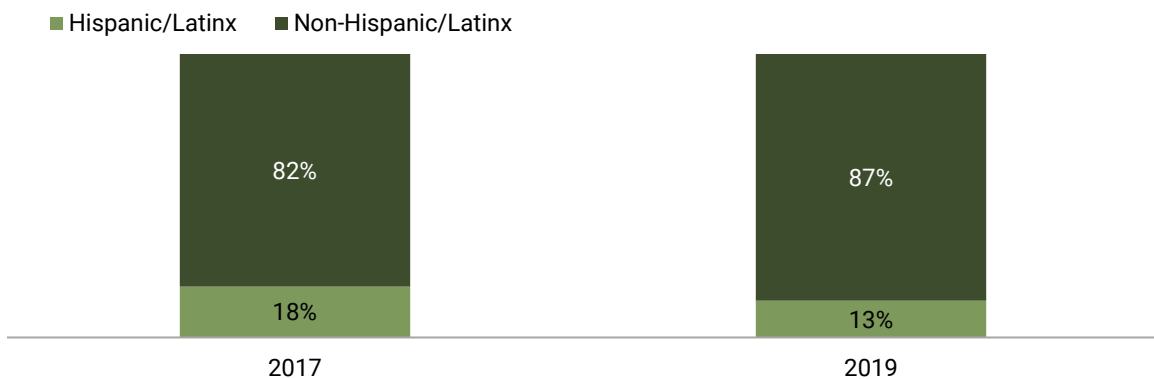
Figure 28. UNACCOMPANIED YOUTH CENSUS, BY RACE<sup>14</sup>



2019 Unaccompanied Youth n=209

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

Figure 29. UNACCOMPANIED YOUTH CENSUS, BY ETHNICITY



2017 Unaccompanied Youth n=210; 2019 Unaccompanied Youth n=209

<sup>14</sup> U.S. Census Bureau. (2018). American Community Survey 2017 5-Year Estimates, Table DP05: ACS Demographic and Housing Estimates. Retrieved 2019 from <http://factfinder2.census.gov>



# Homeless Survey Findings

This section provides an overview of the findings generated from the survey component of the 2019 Solano Homeless Point-in-Time Count and Survey. Surveys were administered to a randomized sample of homeless individuals between January 23 and February 13, 2019. This effort resulted in 432 complete and unique surveys.

Based on a Point-in-Time Count of 1,151 homeless persons, with a randomized survey sampling process, these 432 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 Solano County. In other words, if the survey were conducted again, we can be 95% certain that the results would be within four 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: Methodology*.

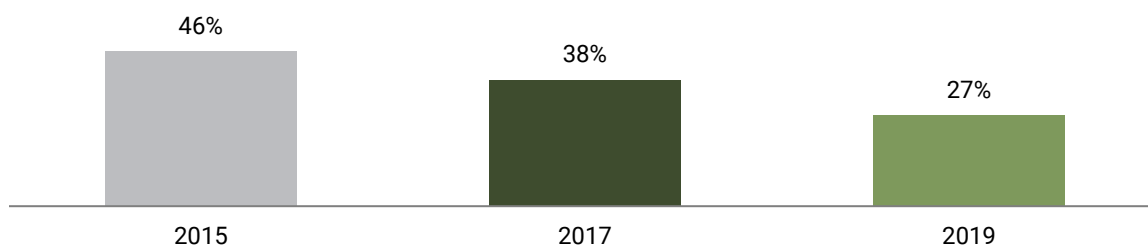
## DURATION AND RECURRENCE OF HOMELESSNESS

Unstable living conditions, poor health, poverty, housing scarcity, and many other issues often lead to individuals falling in and out of homelessness. For many, the experience of homelessness is part of a long and recurring history of housing instability.

### DURATION OF HOMELESSNESS

Many individuals who experience homelessness will do so numerous times and for varying lengths of time. In 2019, just over one-quarter (27%) identified their current episode of homelessness as their first, down from 38% in 2017 and 46% in 2015.

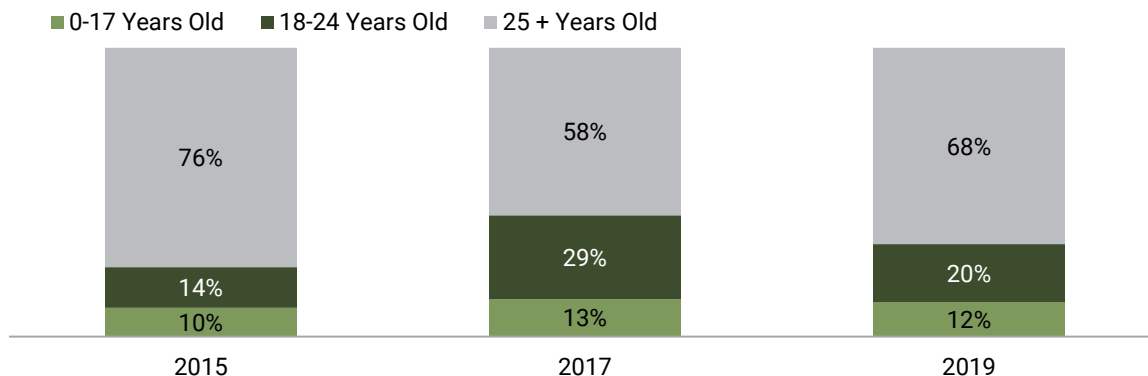
Figure 30. FIRST TIME HOMELESS (RESPONDENTS ANSWERING “YES”)



2015 n=355; 2017 n=436; 2019 n=419

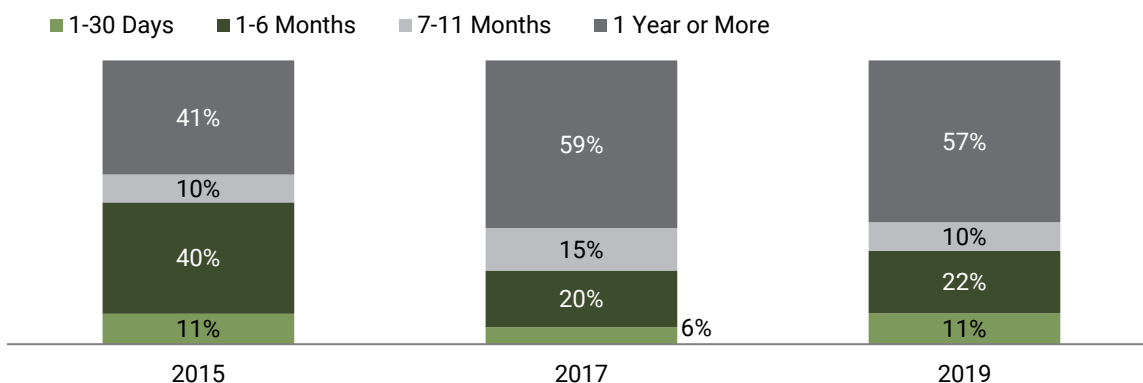
While 18% of the population enumerated was under age 25, 32% of survey respondents reported they were under 25 the first time they experienced homelessness. An increased percentage of the population (68%) reported experiencing homelessness for the first time after age 25, which can inform appropriate service provision. The length of homeless episodes also informs how and which services are provided: in 2019, 57% of survey respondents reported they had been homeless for one year or more, with 33% reporting being homeless for less than 6 months.

Figure 31. AGE AT FIRST EXPERIENCE OF HOMELESSNESS



2015 n=350; 2017 n=434; 2019 n=414

Figure 32. LENGTH OF CURRENT HOMELESS EPISODE



2015 n=354; 2017 n=433; 2019 n=423

### 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 also 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.

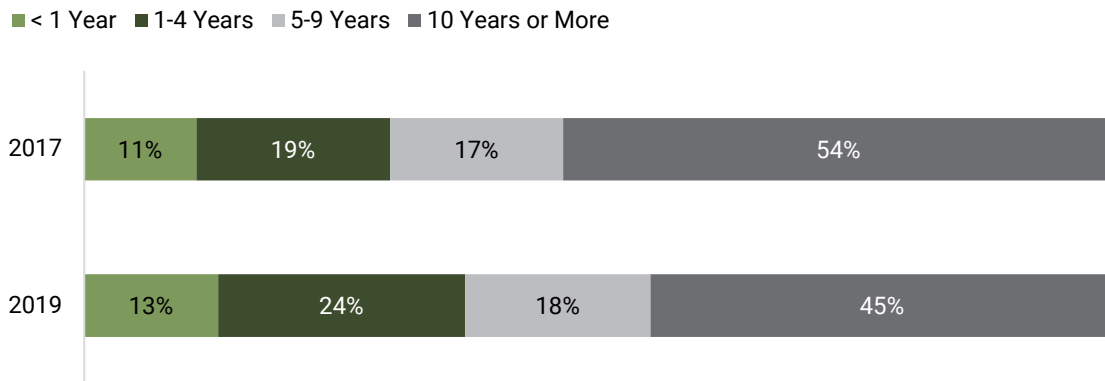
Eighty-two percent (82%) of respondents reported living in Solano County at the onset of their most recent episode of homelessness, 14% were in another California county, and 4% were living out of state. Respondents were also asked how long they had been living in Solano County: 45% had been in the county for 10 years or more.

Figure 33. RESIDENCE AT ONSET OF MOST RECENT HOMELESS EPISODE



2019 n=417

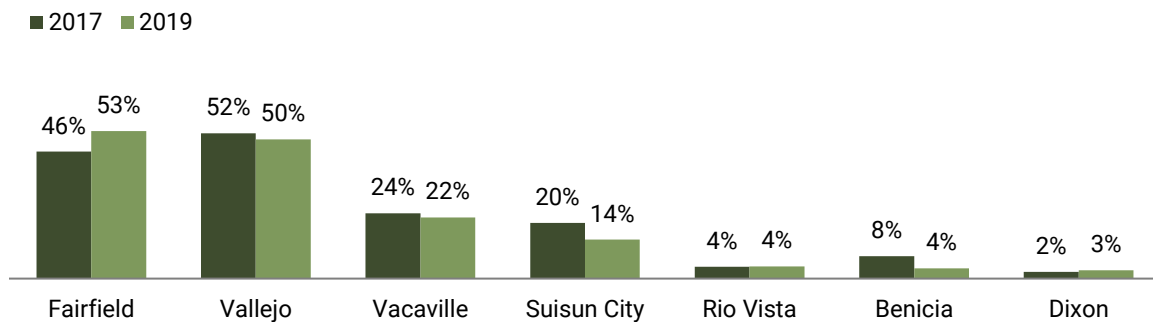
Figure 34. LENGTH OF TIME IN SOLANO COUNTY



2017 n=429; 2019 n=414

When asked in which cities in Solano County they had slept during the past year, many respondents reported staying in multiple cities, primarily those cities with the highest population density and access to services. Fifty-three percent (53%) of respondents reported they had stayed in Fairfield in the past year, 50% had stayed in Vallejo, and 22% had stayed in Vacaville.

Figure 35. CITIES SLEPT IN DURING THE PAST YEAR

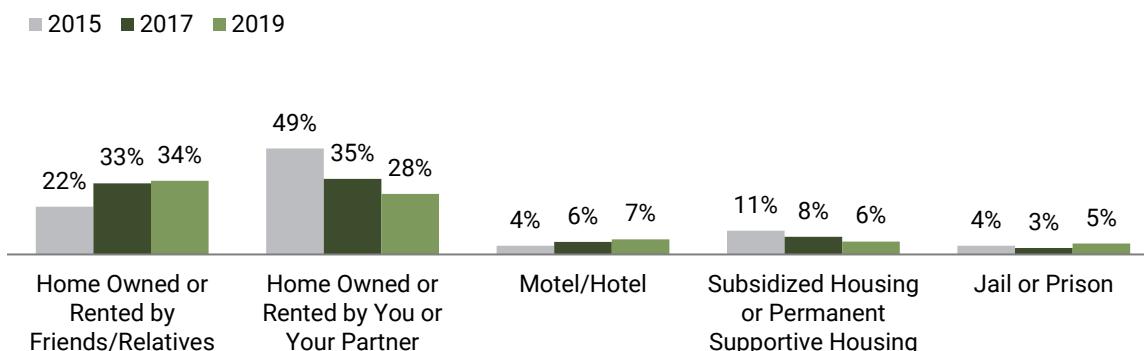


2017 n=425 respondents offering 663 responses; 2019 n=408 respondents offering 611 responses

### 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. Similar to 2017, 34% of respondents reported they were staying in the home of a friend or family member immediately prior to their current episode of homelessness. Fewer respondents reported living in a home owned or rented by themselves or a partner (decreasing from 49% in 2015 to 35% in 2017 and to 28% in 2019), possibly due to the increased cost of housing and rising inequality in Solano County.<sup>15</sup>

Figure 36. LIVING ARRANGEMENTS IMMEDIATELY PRIOR TO CURRENT HOMELESS EPISODE (TOP 5 RESPONSES)

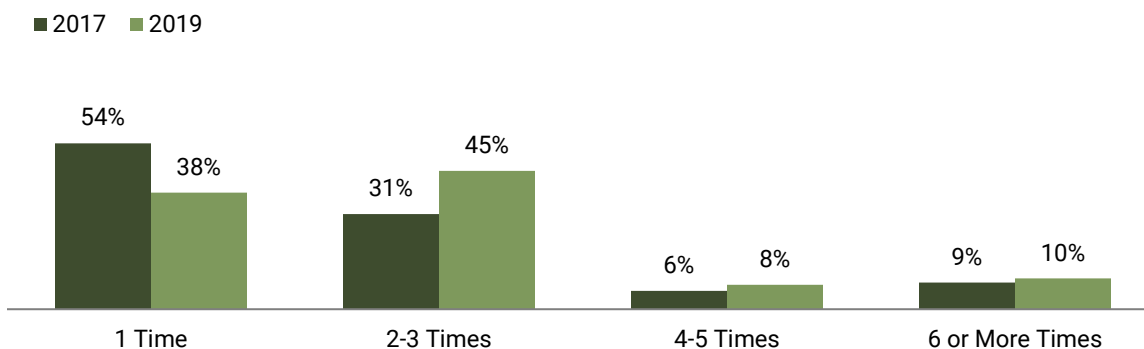


2015 n=343; 2017 n=428; 2019 n=393

### RECURRENCE OF HOMELESSNESS

Many of those who experience homelessness will do so numerous times, as people often cycle in and out of stable housing. Recurring homelessness is also an indicator of the continuum of care and local infrastructure’s ability to address individuals’ needs for stable, permanent housing. Forty-five percent (45%) reported experiencing homelessness two or three times in the past three years, with 38% experiencing homelessness once.

Figure 37. NUMBER OF HOMELESS EPISODES IN LAST 3 YEARS



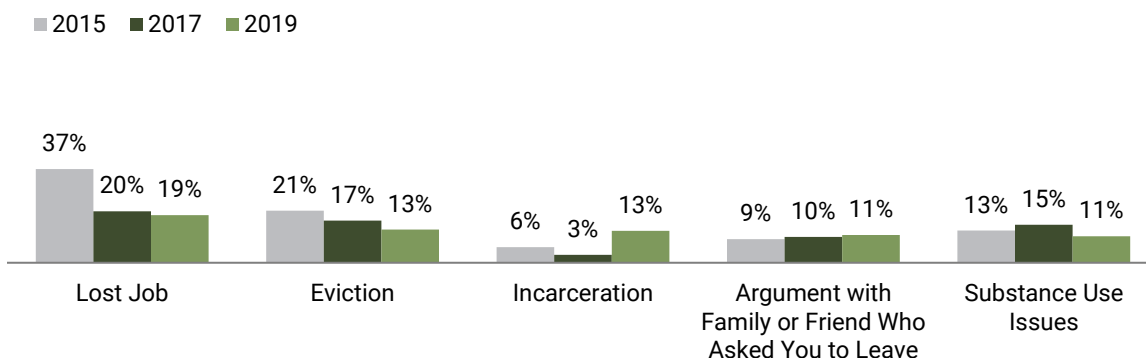
2017 n=436; 2019 n=417

<sup>15</sup> The Daily Republic (2018). Solano Life 2018: housing market. Retrieved 2019 from <https://www.dailyrepublic.com/projects/solano-life-2018/solano-life-2018-housing-market/>

## 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. Loss of employment remained the most cited cause of homelessness (19%), with 13% reporting eviction. Those citing incarceration as the primary cause of their homelessness increased from 3% in 2017 to 13% in 2019.

Figure 38. PRIMARY CAUSE OF HOMELESSNESS (TOP 5 RESPONSES)

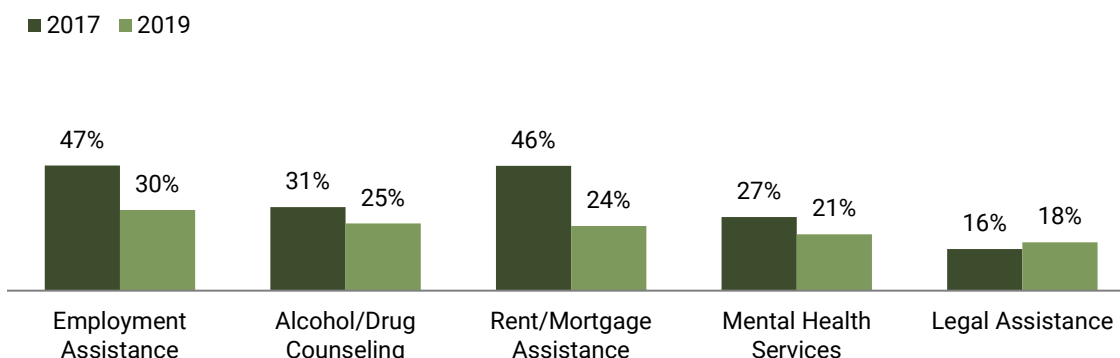


2015 n=352 respondents offering 472 responses; 2017 n=436 respondents offering 516 responses; 2019 n=419 respondents offering 489 responses

## 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, healthcare, and case management) needed to access and maintain permanent housing. In 2019, 30% of respondents reported employment assistance might have helped to prevent their homelessness, a large decrease from 47% in 2017. One-quarter (25%) reported that alcohol or drug counseling may have helped them from becoming homeless, and 24% cited rent or mortgage assistance.

Figure 39. ASSISTANCE NEEDED TO PREVENT HOMELESSNESS



2017 n=431; 2019 n=418  
 Note: Multiple response question. Percentages may not add up to 100.



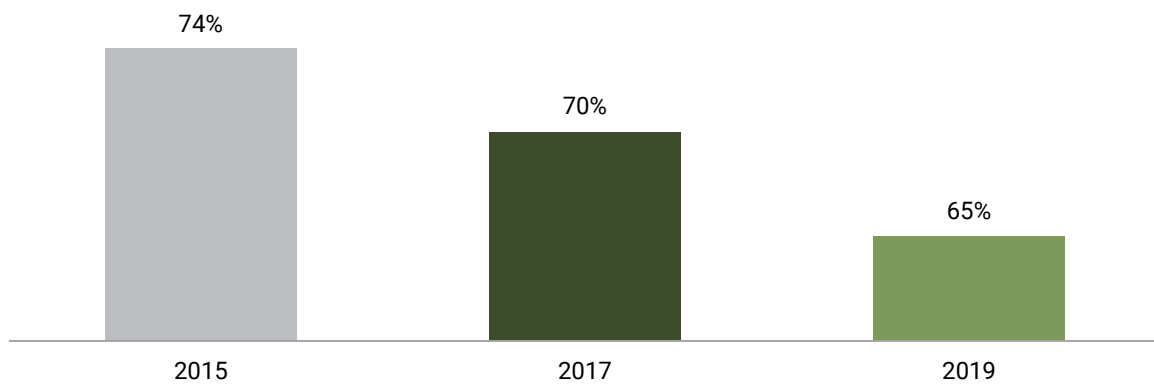
## SERVICES AND ASSISTANCE

Solano County provides services and assistance to those currently experiencing homelessness through federal, state, 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

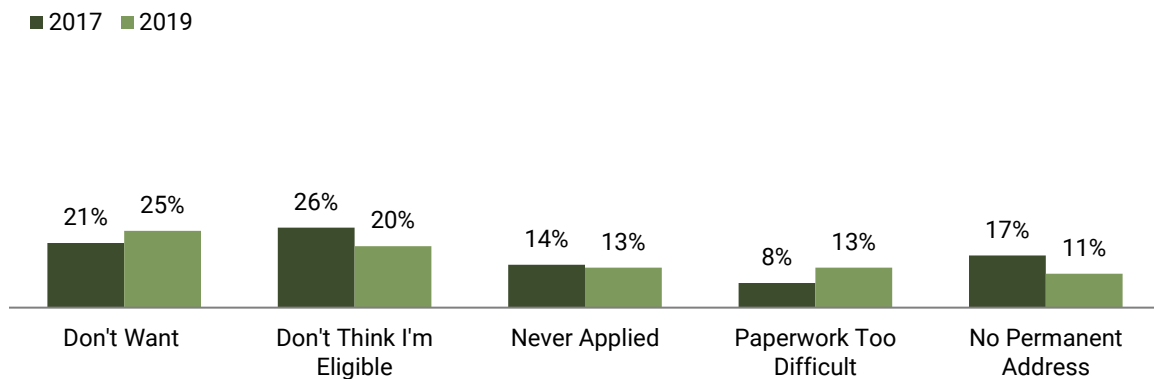
There are various forms of government assistance available to individuals experiencing homelessness. However, usage of these supports is impacted by knowledge of services available, understanding of eligibility requirements, and perceived stigma of receiving governmental assistance. In 2019, just under two-thirds (65%) of those surveyed were receiving government assistance, a decrease from 74% in 2015 and 70% in 2017. When queried about why they were not receiving government assistance, 25% did not want government assistance, 20% did not think they were eligible, 13% had not applied, 13% noted that the paperwork was too difficult, and 11% had no permanent address.

Figure 40. RECEIVING ANY FORM OF GOVERNMENT ASSISTANCE



2015 n=327; 2017 n=438; 2019 n=411

Figure 41. REASONS FOR NOT RECEIVING GOVERNMENT ASSISTANCE



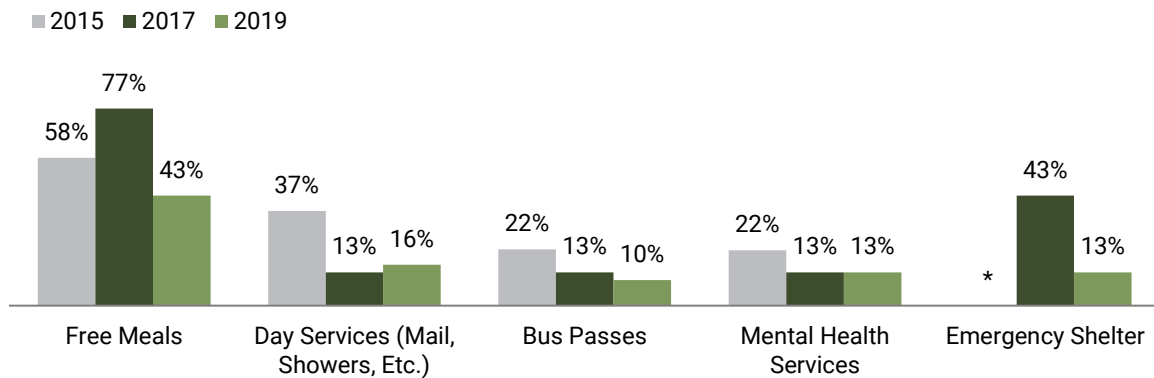
2017 n=110; 2019 n=119

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. In 2019, 70% of respondents were accessing at least one service. The most commonly accessed service was free meals, which decreased significantly from 77% in 2017 to 43% in 2019.

Figure 42. ACCESSING NON-GOVERNMENTAL SERVICES/ASSISTANCE



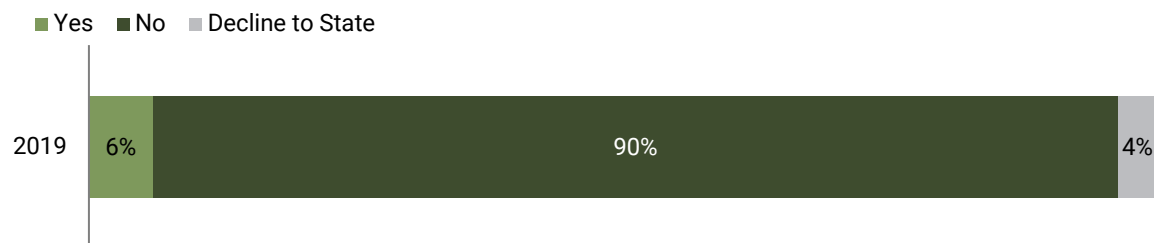
2015 n=301 respondents offering 457 responses; 2017 n=422 respondents offering 1,177 responses; 2019 n=401 respondents offering 642 responses

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

\* Option unavailable on 2015 survey.

Resource Connect Solano is a coordinated entry program that began in Solano County in 2017 with a mission to streamline supportive services and housing resources to those experiencing homelessness.<sup>16</sup> In 2019, 6% of survey respondents had completed a housing assessment with Resource Connect Solano.

Figure 43. RESOURCE CONNECT SOLANO COORDINATED ENTRY



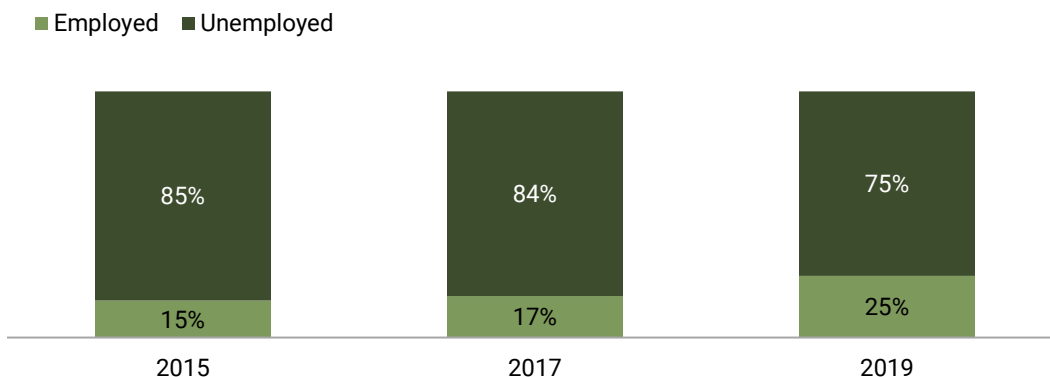
2019 n=377

<sup>16</sup> Caminar (2017). Resource Connect Solano Launches with Strong Community Support. Retrieved 2019 from <https://www.caminar.org/blog/2017/12/13/resource-connect-solano-launches-with-strong-community-support>

## EMPLOYMENT, INCOME, AND EDUCATION

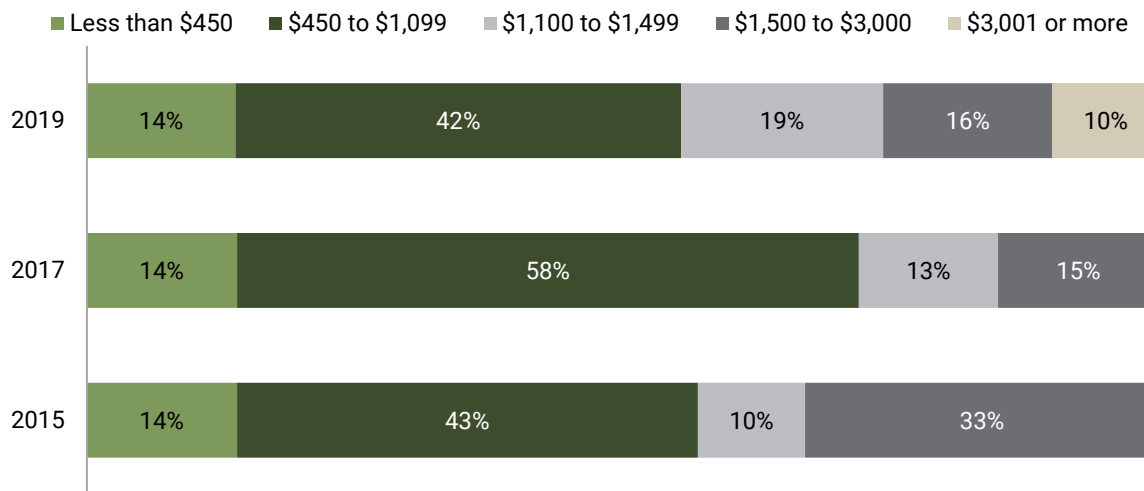
While the majority (75%) of respondents reported being unemployed, a number reported part-time or full-time work, and many were receiving an income, either from public or private sources. One-quarter (25%) of respondents reported some sort of employment, an increase from 17% in 2017. This result aligns with low unemployment and rising housing costs, suggesting that employment and income were not enough to meet basic needs.<sup>17</sup> Those who were employed also reported higher incomes than those who were unemployed, but were not making enough to support stable housing and other living expenses.

Figure 44. EMPLOYMENT



2015 n=315; 2017 n=431; 2019 n=383

Figure 45. MONTHLY INCOME, EMPLOYED

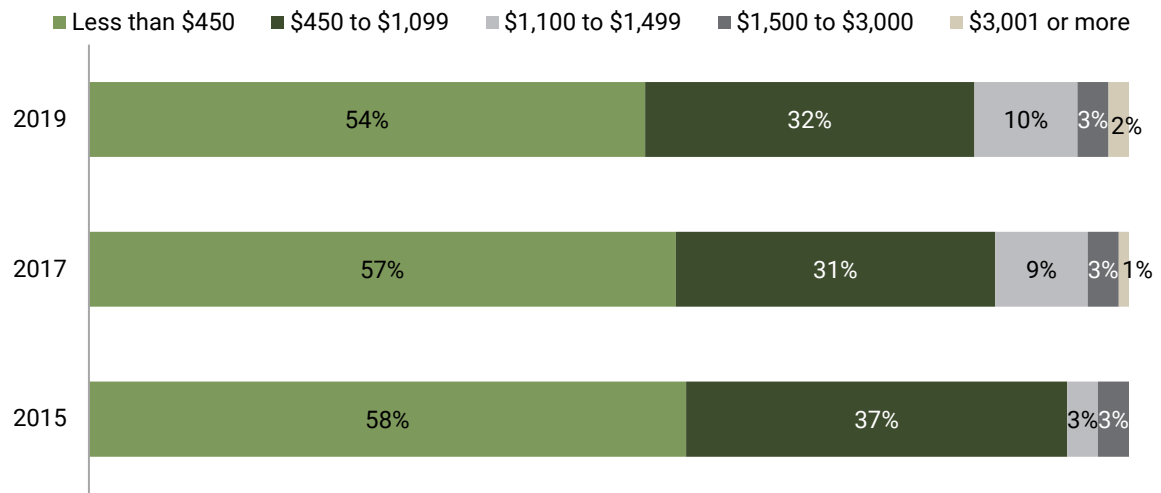


2015 n=21; 2017 n=71; 2019 n=94

Note: Employed includes part-time, seasonal, and full time employment. Percentages may not add up to 100 due to rounding.

<sup>17</sup> The Daily Republic (2018). Solano Life 2018: housing market. Retrieved 2019 from <https://www.dailyrepublic.com/projects/solano-life-2018/solano-life-2018-housing-market/>

Figure 46. MONTHLY INCOME, UNEMPLOYED

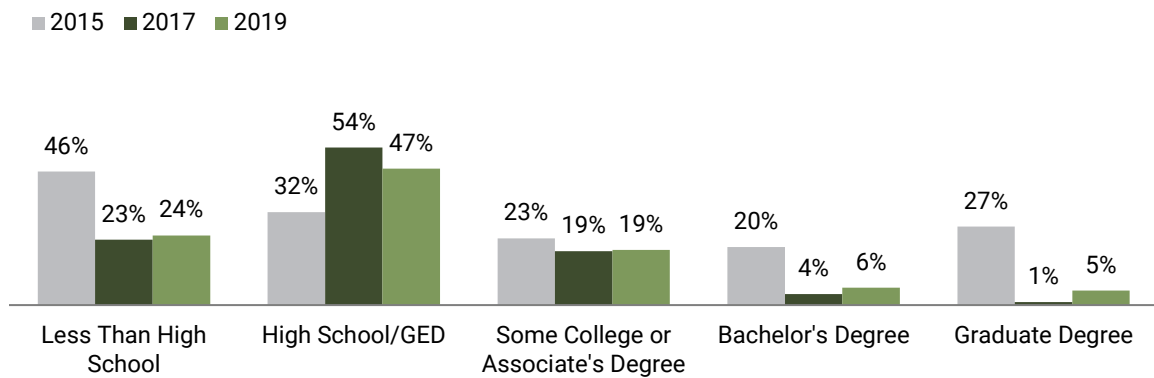


2015 n=103; 2017 n=360; 2019 n=281

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

Nearly half (47%) of respondents reporting having a high school diploma or GED, while just under one-quarter (24%) had not achieved a high school diploma or GED.

Figure 47. HIGHEST LEVEL OF EDUCATION ACHIEVED



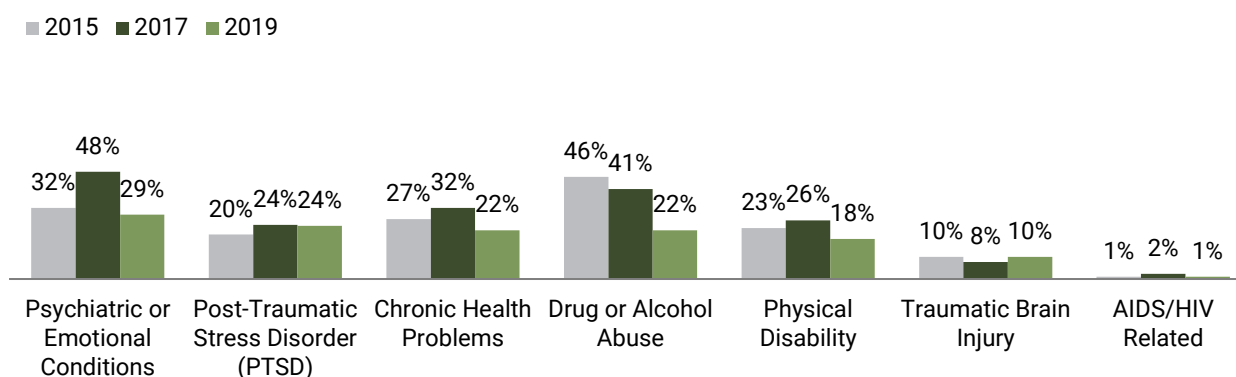
2015 n=335; 2017 n=426; 2019 n=421

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

## HEALTH

The average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing.<sup>18</sup> 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.<sup>19</sup> In 2019, fewer respondents identified having most conditions. Twenty-nine percent (29%) of respondents reported a psychiatric or emotional condition, a significant decrease from 48% in 2017. Nearly one-quarter (24%) reported experiencing Post-Traumatic Stress Disorder, and 22% reported chronic health problems. Significantly fewer respondents reported drug or alcohol abuse, down from 41% in 2017 to 22% in 2019.

Figure 48. HEALTH CONDITIONS



2015 n=339-348; 2017 n=439; 2019 n=432

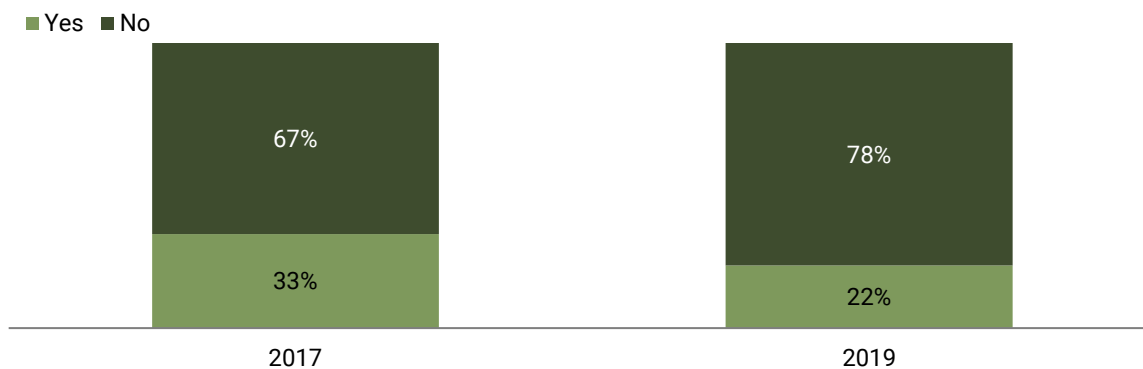
Note: Multiple response question. Percentages may not add up to 100.

<sup>18</sup> O’Connell, J.J. (2005). Premature Mortality in Homeless Populations: A Review of the Literature. Nashville: National Health Care for the Homeless Council, Inc. Retrieved 2019 from <http://sbdwww.org/wp-content/uploads/2011/04/PrematureMortalityFinal.pdf>.

<sup>19</sup> Sharon A. Salit, M. E. (1998). Hospitalization Costs Associated with Homelessness in New York City. *New England Journal of Medicine*, 338, 1734-1740.

In addition to health conditions, annual federal reporting solicits combined data on all individuals experiencing serious mental illness, including a psychiatric or emotional condition and Post-Traumatic Stress Disorder (PTSD). In 2019, 22% of those experiencing homelessness had serious mental illness, down from 33% in 2017.

Figure 49. SERIOUS MENTAL ILLNESS



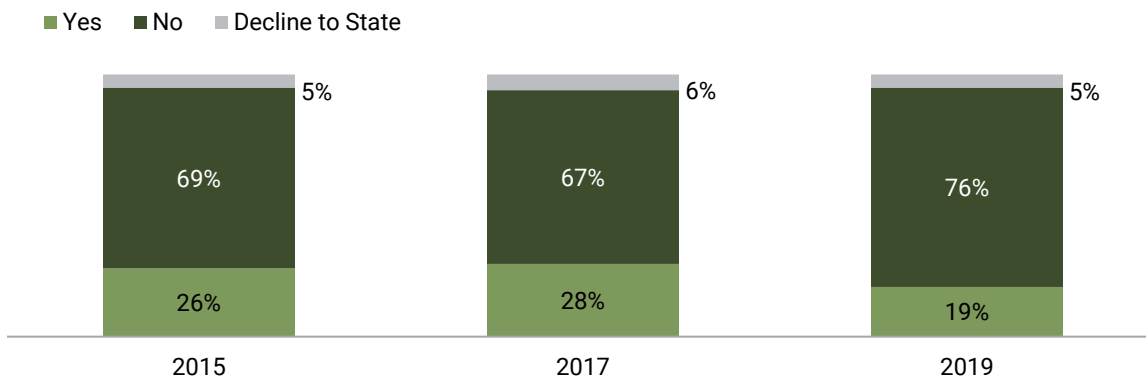
2017 N=1,232; 2019 N=1,151

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

## DOMESTIC VIOLENCE AND ABUSE

Histories of domestic violence and 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. In 2019, 19% of respondents reporting experiencing domestic violence or abuse at some point in their lives, a marked decrease from 28% in 2017. Of those individuals, 82% were unsheltered and 18% were sheltered. An additional 10% of respondents reported they were currently experiencing domestic violence or abuse.

Figure 50. HISTORY OF DOMESTIC VIOLENCE OR ABUSE

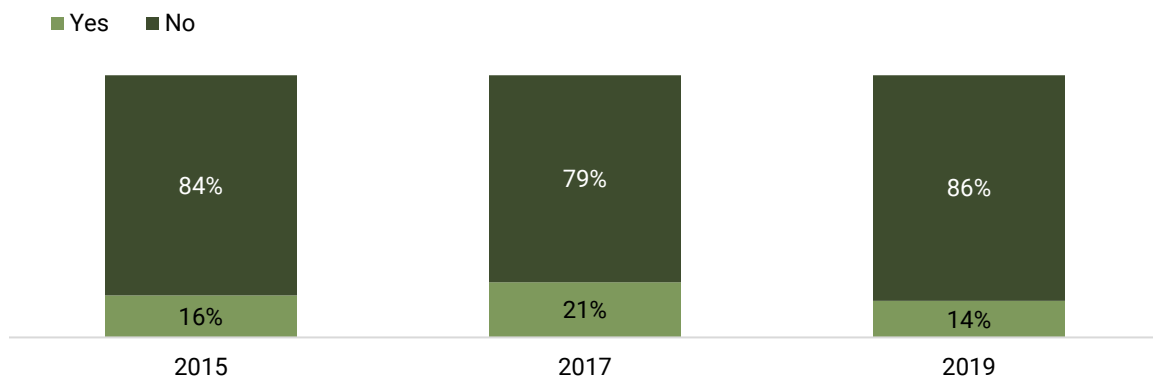


2015 n=331; 2017 n=433; 2019 n=413

## FOSTER CARE HISTORY

Nationally, it is estimated that at least one-third of foster youth experience homelessness after exiting care.<sup>20</sup> 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 homelessness. Fourteen percent (14%) of respondents reported being in the foster care system at some point in their lives, a decrease from 21% in 2017. Of those with a history of foster care, 83% were unsheltered on the night of the count.

Figure 51. HISTORY OF FOSTER CARE



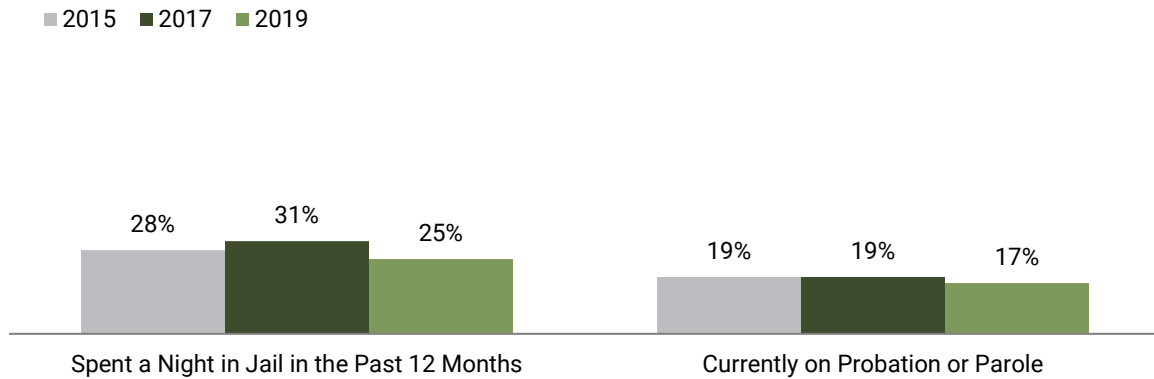
2015 n=331; 2017 n=430; 2019 n=425

<sup>20</sup>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.

## 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 unaccompanied children and transition-age youth. Those who have been incarcerated face significant barriers to exiting homelessness due to stigmatization and policies affecting their ability to gain employment and access housing opportunities.<sup>21</sup> One-quarter (25%) of respondents had spent a night in jail or prison in the past year, while 17% were currently on probation or parole.

Figure 52. INCARCERATION IN THE PAST 12 MONTHS



2015 n=316-338; 2017 n=431-433; 2019 n=413-417

<sup>21</sup> Greenberg, GA, Rosenheck, RA. (2008). Jail Incarceration, Homelessness, and Mental Health: A National Study. *Psychiatric Services*, 2008 Feb;59(2): 170-7.

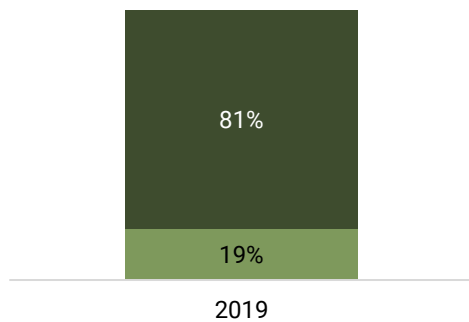


## LGBTQ+

Persons identifying as lesbian, gay, bisexual, transgender, gender non-conforming, or queer (LGBTQ+) were overrepresented in the population experiencing homelessness when compared to the general population: as of 2018, fewer than 5% of the US population identified as LGBTQ+.<sup>22</sup> In contrast, 19% of 2019 Solano Homeless Survey respondents identified as LGBTQ+. Among those identifying as LGBTQ+, 47% identified as bisexual, 19% identified as lesbian, and 17% identified as gay.

Figure 53. SEXUAL ORIENTATION AND GENDER IDENTITY

■ Yes ■ No



Breakout of LGBTQ+ Respondents	%	N
Bisexual	47%	39
Lesbian	19%	16
Gay	17%	14
Queer	2%	2
Transgender	4%	3
Gender Non-Conforming	1%	1
Other	16%	13

2019 LGBTQ n=432, LGBTQ Breakout n=83 respondents offering 88 responses

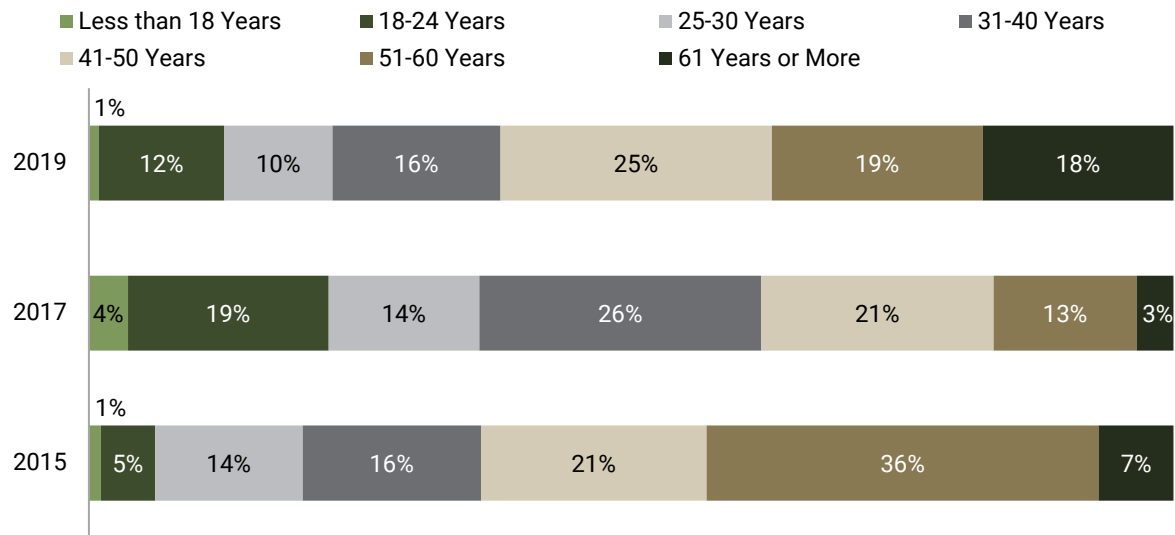
Note: Multiple response question. Percentages may not add up to 100.

<sup>22</sup> Newport, F. (2018). In U.S., Estimate of LGBT Population Rises to 4.5%. *Gallup*. Retrieved 2019 from <https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx>.

## SURVEY DEMOGRAPHICS

To gain a more comprehensive understanding of the experiences of individuals and families experiencing homelessness in Solano County, respondents were asked basic demographic questions. Respondent ages vary yearly, with a range of 16 to 88 years in 2019. Thirteen percent (13%) were under age 25, 50% were age 25 to 50, and 37% were age 51 or older.

Figure 54. SURVEY RESPONDENTS BY AGE



2015 n=360; 2017 n=439; 2019 n=432

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



# Homeless Survey Findings: Subpopulations

Home, Together: The Federal Strategic Plan to Prevent and End Homelessness outlines national objectives and evaluative measures for ending homelessness among all populations in the United States.<sup>23</sup>

In order to adequately address the diversity within the population experiencing homelessness, the federal government identifies four subpopulations with particular challenges or needs, including:

1. Chronic homelessness among people with disabilities;
2. Veterans;
3. Families with children; and
4. 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 2019 Solano County Homeless Point-in-Time Count and Survey. Solano County has identified older adults as a fifth population with particular challenges or needs and therefore includes them in the following section.

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<sup>23</sup> United States Interagency Council on Homelessness. (2010). Home, Together: The Federal Strategic Plan to Prevent and End Homelessness: June 2010. Retrieved May 2019 from [https://www.usich.gov/resources/uploads/asset\\_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf](https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf)



## CHRONICALLY HOMELESS

HUD defines a chronically homeless individual as someone who has experienced homelessness for a year or longer—or who has experienced at least four episodes of homelessness 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.<sup>24</sup> 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 2018, HUD reported that 88,640 individuals, representing 24% of the overall homeless population, were experiencing chronic homelessness.<sup>25</sup> 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.

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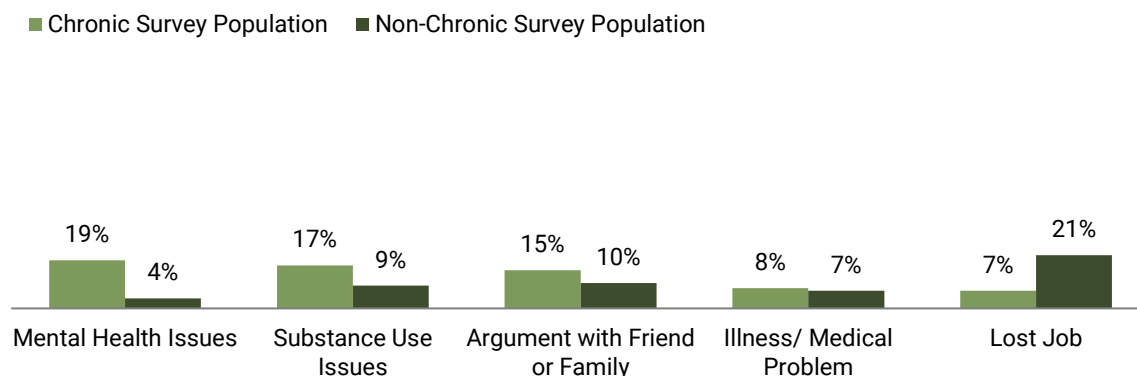
<sup>24</sup> United States Interagency Council on Homelessness. (2010). Supplemental Document to the Federal Strategic Plan to Prevent and End Homelessness: June 2010. Retrieved 2017 from [https://www.usich.gov/resources/uploads/asset\\_library/BkgrdPap\\_ChronicHomelessness.pdf](https://www.usich.gov/resources/uploads/asset_library/BkgrdPap_ChronicHomelessness.pdf)

<sup>25</sup> Department of Housing and Urban Development. (2018). Annual Assessment Report to Congress. Retrieved 2019 from <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>

### PRIMARY CAUSE OF HOMELESSNESS

Among individuals experiencing chronic homelessness, 19% reported their primary cause of homelessness as mental health issues, followed closely by substance use issues (17%). Respondents who were not chronically homeless more often identified a lost job (21%) or eviction (13%) as the primary cause of their homelessness.

Figure 55. PRIMARY CAUSE OF HOMELESSNESS (TOP 5 RESPONSES), CHRONIC AND NON-CHRONIC COMPARISON



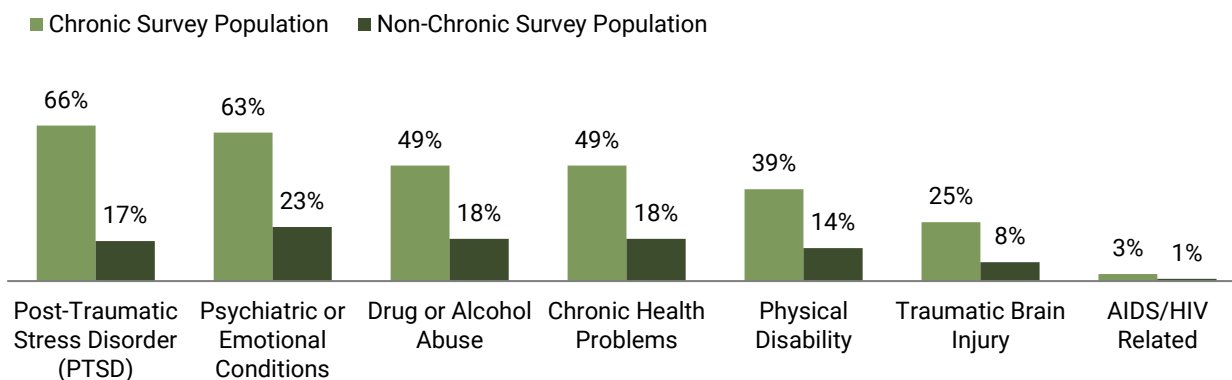
2019 Chronic n=59, Non-Chronic n=360

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

### HEALTH CONDITIONS

To meet the definition of chronic homelessness, an individual or head of household must be experiencing at least one disabling condition (a health condition that prevents stable employment or housing). Thus, those experiencing chronic homelessness reported higher rates of every health condition than non-chronically homeless respondents, particularly Post-Traumatic Stress Disorder (66% compared to 17%). Additionally, 63% of chronically homeless respondents reported a psychiatric or emotional condition, 49% reported drug or alcohol abuse, and 49% reported chronic health problems.

Figure 56. HEALTH CONDITIONS, CHRONIC AND NON-CHRONIC COMPARISON



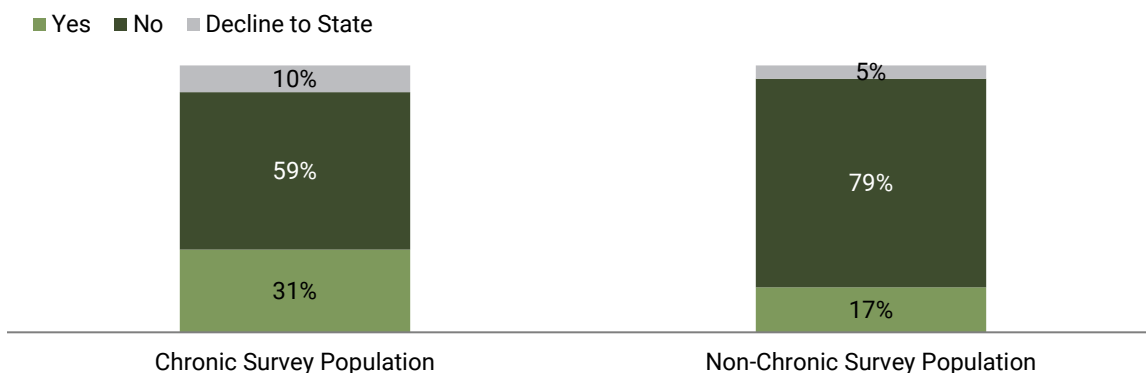
2019 Chronic n=59, Non-Chronic n=373

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

### DOMESTIC VIOLENCE AND ABUSE

Chronically homeless respondents were almost twice as likely to report a history of domestic violence or abuse. Nearly one-third (31%) of those experiencing chronic homelessness reported a history of domestic violence or abuse in comparison with 17% of the non-chronic survey population.

Figure 57. HISTORY OF DOMESTIC VIOLENCE OR ABUSE, CHRONIC AND NON-CHRONIC COMPARISON

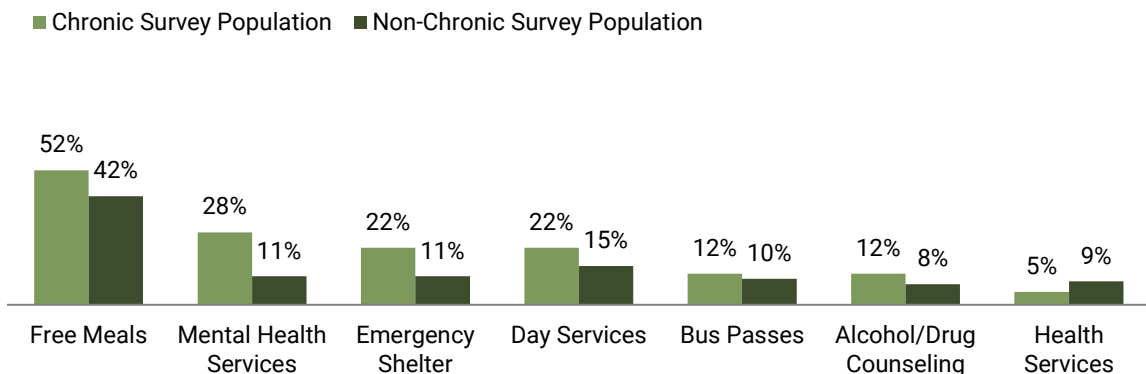


2019 Chronic n=59, Non-Chronic n=354

### SERVICES AND ASSISTANCE

Over half (52%) of those experiencing chronic homelessness received free meals in comparison to 42% of non-chronically homeless respondents, and 28% reported receiving mental health services in comparison to 11% of non-chronically homeless respondents. In addition to community-based services and assistance, 68% of chronically homeless respondents were receiving some type of governmental assistance, similar to 64% of non-chronically homeless respondents. Governmental assistance includes social security, food stamps (CalFresh), disability, CalWORKS, and Veterans Affairs benefits.

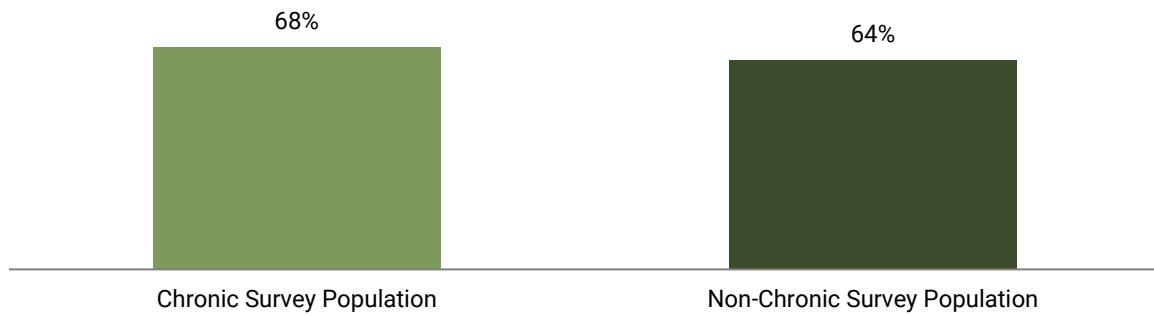
Figure 58. SERVICES AND ASSISTANCE, CHRONIC AND NON-CHRONIC COMPARISON



2019 Chronic n=59, Non-Chronic n=343

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

Figure 59. GOVERNMENT ASSISTANCE, CHRONIC AND NON-CHRONIC COMPARISON



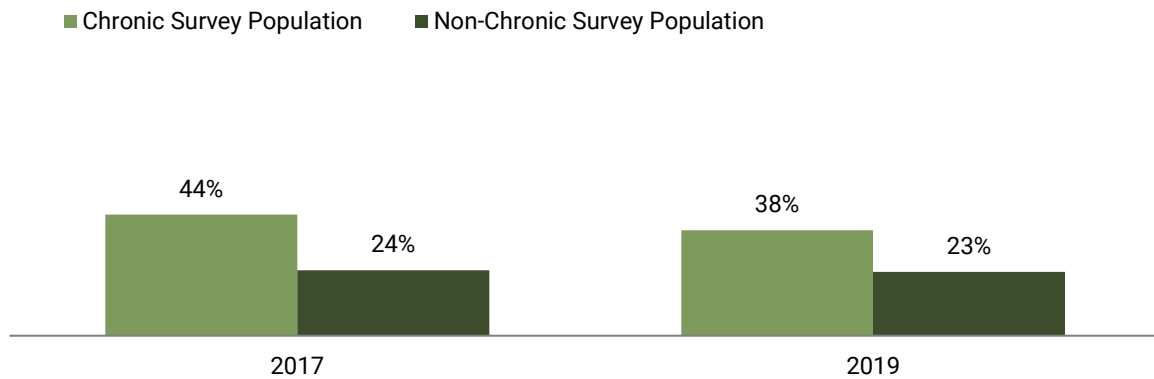
2019 Chronic n=59, Non-Chronic n=352

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

### INCARCERATION

Those experiencing chronic homelessness were more likely to spend a night incarcerated in the past year than non-chronically homeless respondents (38% compared to 23%).

Figure 60. NIGHT SPENT IN JAIL IN THE LAST 12 MONTHS WITH TREND, CHRONIC AND NON-CHRONIC COMPARISON



2017 Chronic n=151, Non-Chronic n=280; 2019 Chronic n=58, Non-Chronic n=359

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



## VETERANS

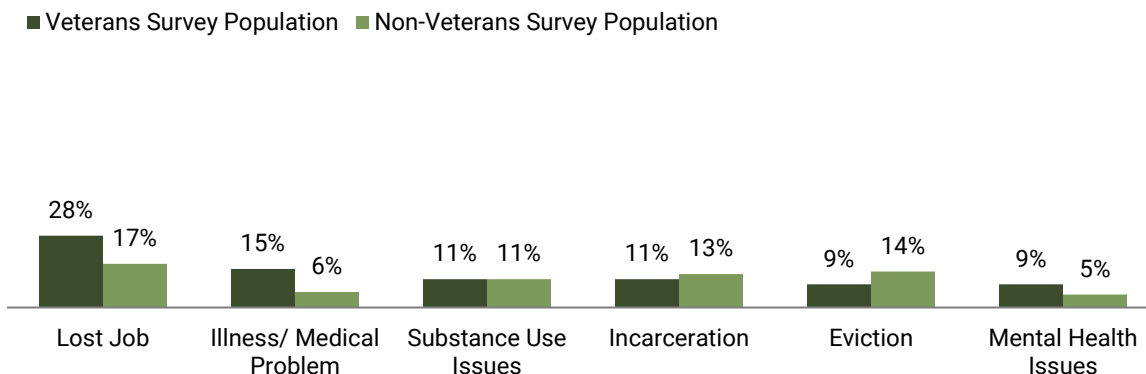
Many U.S. veterans experience conditions that place them at increased risk for homelessness. Veterans experience higher rates of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), sexual assault, and substance abuse. Veterans experiencing homelessness are more likely to live on the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

### PRIMARY CAUSE OF HOMELESSNESS

The primary causes of homelessness among veterans were a lost job (28%) and an illness or medical problem (15%), both at higher rates than non-Veteran respondents.

Figure 61. PRIMARY CAUSE OF HOMELESSNESS (TOP 6 RESPONSES), VETERAN AND NON-VETERAN COMPARISON



2019 Veterans n=54, Non-Veterans n=361

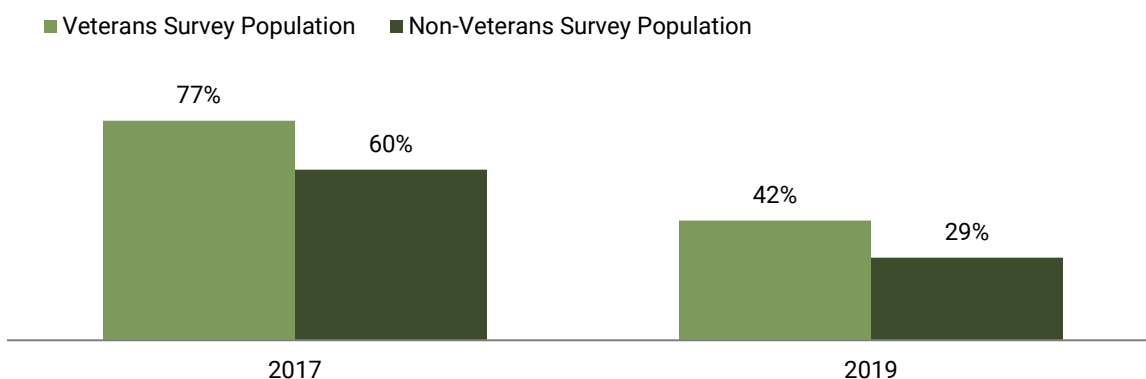
Note: Multiple response question. Percentages may not add up to 100.



## HEALTH CONDITIONS

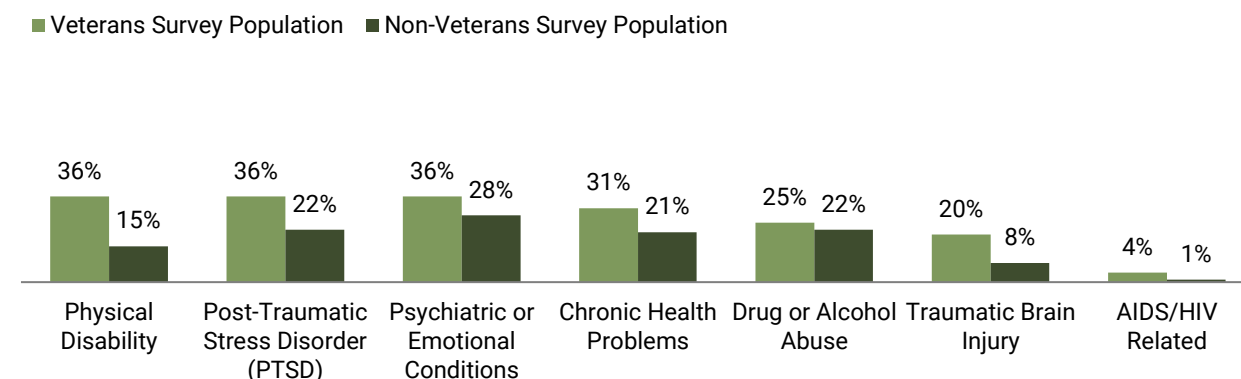
Veterans experienced disabling conditions at a higher rate than non-veterans. Although significantly lower than in 2017, 42% of veterans experienced a disabling condition (a health condition that prevented them from stable employment or housing) compared to 29% of non-veterans. Veterans also experienced higher rates of all health conditions: 36% of veteran respondents reported a physical disability, much higher than 15% of non-veterans. Thirty-six percent (36%) reported both Post-Traumatic Stress Disorder and a psychiatric or emotional condition, and 31% reported chronic health problems. Veterans also reported higher rates of drug or alcohol abuse (25% vs 22%), traumatic brain injury (20% vs 8%), and AIDS/HIV related conditions (4% vs 1%).

Figure 62. AT LEAST 1 DISABLING CONDITION WITH TREND, VETERAN AND NON-VETERAN COMPARISON



2017 Veterans n=61, Non-Veterans n=378; 2019 Veterans n=55, Non-Veterans n=373

Figure 63. HEALTH CONDITIONS, VETERAN AND NON-VETERAN COMPARISON



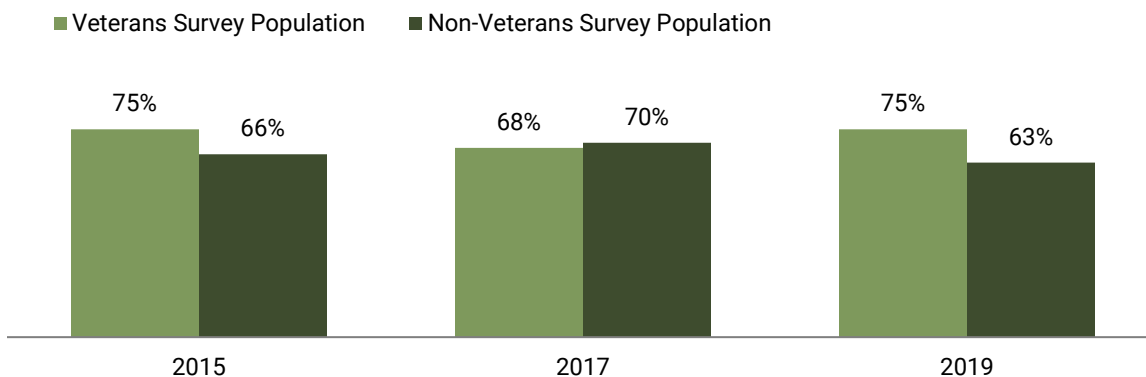
2019 Veterans n=55, Non-Veterans n=373

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

## SERVICES AND ASSISTANCE

Three-quarters (75%) of veteran survey respondents reported accessing governmental services compared to 63% of non-veterans.

Figure 64. ACCESS TO GOVERNMENT SERVICES WITH TREND, VETERAN AND NON-VETERAN COMPARISON

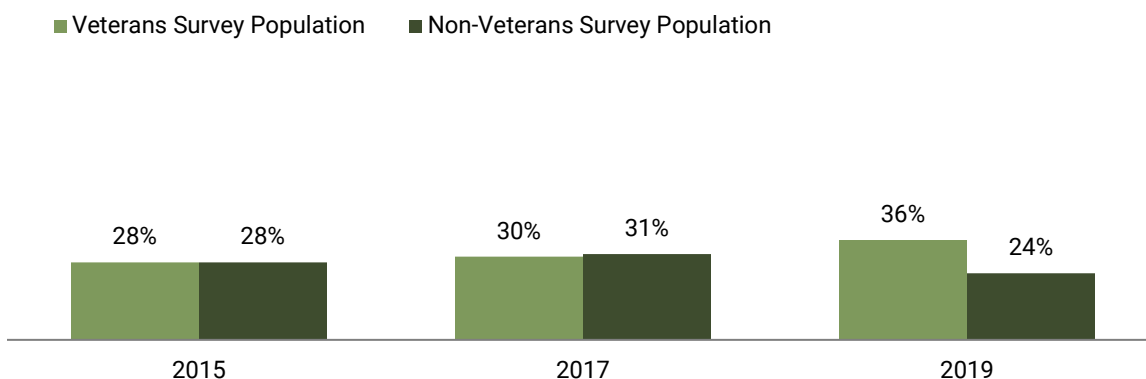


2015 Veterans n=38, Non-Veterans n=289; 2017 Veterans n=60, Non-Veterans n=378; 2019 Veterans n=51, Non-Veterans n=356

## INCARCERATION

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.<sup>26</sup> In a slight increase from 2017, 36% of veterans reported they had spent a night in jail or prison in the past year, higher than 24% of non-veterans.

Figure 65. INCARCERATED IN THE PAST 12 MONTHS WITH TREND, VETERAN AND NON-VETERAN COMPARISON



2015 Veterans n=39, Non-Veterans n=299; 2017 Veterans n=60, Non-Veterans n=371; 2019 Veterans n=53, Non-Veterans n=360

<sup>26</sup> Military Benefits. (2014). Incarcerated Veterans. Retrieved 2017 from <http://www.military.com/benefits/veterans-benefits/incarcerated-veterans.html>.



## FAMILIES WITH CHILDREN

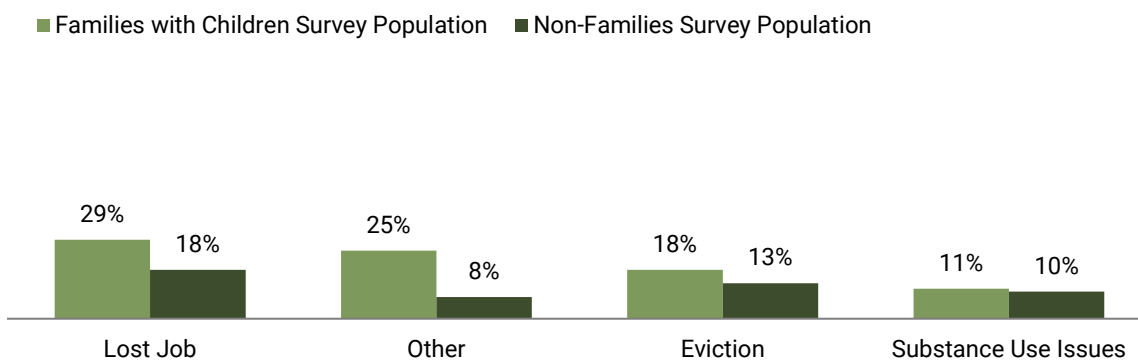
National data from 2018 suggest that 33% of all people experiencing homelessness are persons in families.<sup>27</sup> Very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the 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.<sup>28</sup> 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.<sup>29</sup>

### PRIMARY CAUSE OF HOMELESSNESS

Loss of a job (29%) was the most cited cause of homelessness among families with children, followed by “Other” (25%) and eviction (18%).

Figure 66. PRIMARY CAUSE OF HOMELESSNESS (TOP 4 RESPONSES), FAMILIES AND NON-FAMILIES COMPARISON



2019 Families n=28, Non-Families n=391

Note: Multiple response question. Percentages may not add up to 100. Please use caution when interpreting results due to small sample size.

<sup>27</sup> U. S. Department of Housing and Urban Development. (2018). The 2018 Annual Assessment Report (AHAR) to Congress. Retrieved 2019 from <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>

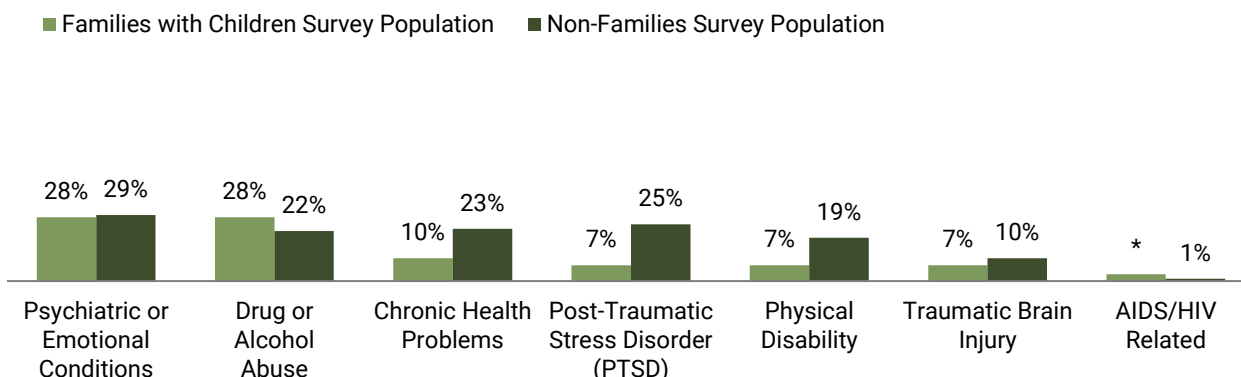
<sup>28</sup> U. S. Department of Health and Human Services. (2007). Characteristics and Dynamics of Homeless Families with Children. Retrieved 2015 from <http://aspe.hhs.gov/>

<sup>29</sup> U.S. Interagency Council on Homelessness. (2015). Opening Doors. Retrieved 2015 from <http://www.usich.gov/>

### HEALTH CONDITIONS

Individuals in families with children had lower rates of most health conditions than non-family respondents. However, 28% of family respondents reported drug or alcohol abuse, higher than 22% of non-family respondents. Twenty-eight percent (28%) of those in families reported a psychiatric or emotional condition.

Figure 67. HEALTH CONDITIONS, FAMILIES AND NON-FAMILIES COMPARISON



2019 Families n=29, Non-Families n=403

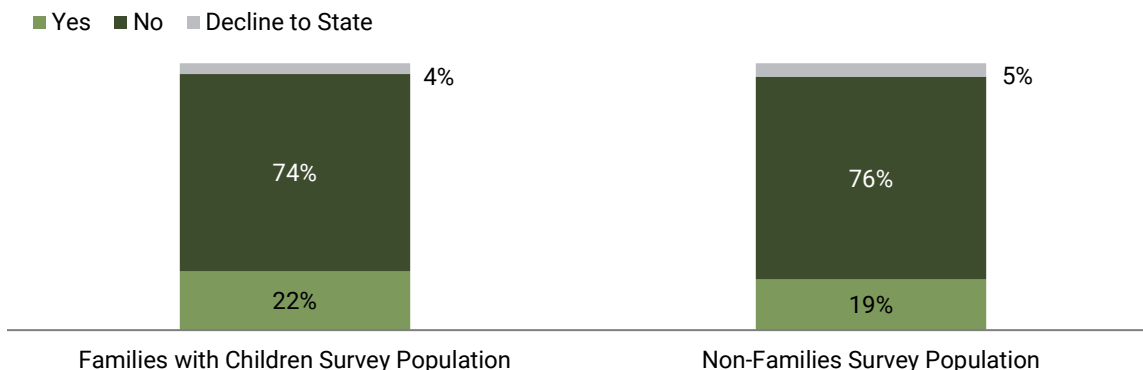
Note: Multiple response question. Percentages may not add up to 100. Please use caution when interpreting results due to small sample size.

\* Suppressed due to small sample size.

### DOMESTIC VIOLENCE AND ABUSE

Those in families with children were slightly more likely to have a history of domestic violence or abuse. Twenty-two percent (22%) of family respondents reported a history of domestic violence compared to 19% of non-family respondents.

Figure 68. HISTORY OF DOMESTIC VIOLENCE OR ABUSE, FAMILIES WITH CHILDREN AND NON-FAMILIES COMPARISON

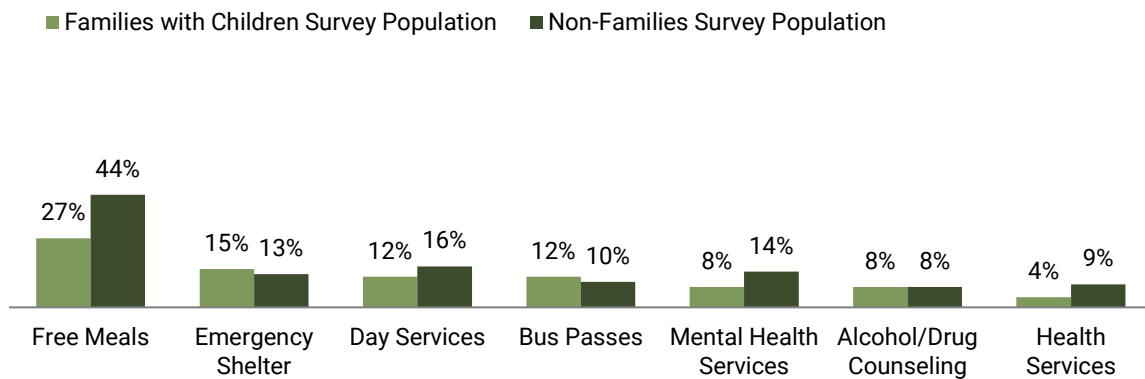


2019 Chronic n=27, Non-Chronic n=386

## SERVICES AND ASSISTANCE

Respondents in families with children did not access many non-governmental services. Just over one-quarter (27%) access free meals, much lower than those not in families (44%). Fifteen percent (15%) of respondents in families with children reported using emergency shelter, 12% reported using day shelter services (showers, mail, etc.), and 12% reported receiving bus passes. More than two-thirds (68%) of families with children were receiving some sort of government assistance such as social security, food stamps, disability, CalWORKS, or VA benefits.

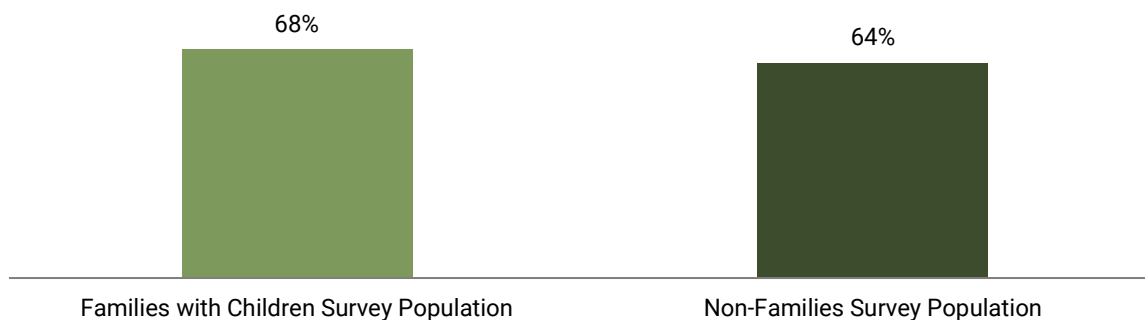
Figure 69. SERVICES AND ASSISTANCE, FAMILIES WITH CHILDREN AND NON-FAMILIES COMPARISON



2019 Families n=26, Non-Families n=375

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

Figure 70. GOVERNMENT ASSISTANCE, FAMILIES WITH CHILDREN AND NON-FAMILIES COMPARISON



2019 Families n=28, Non-Families n=383

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



## **UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH**

Due to the often concealed 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 2018 suggest there are at least 36,361 unaccompanied youth on the streets and in public shelters, a decrease of 11% over 2017.<sup>30</sup> This decrease may be due to the increased focus on ending youth homelessness since the 2017 count.

Young people experiencing homelessness have more difficulty 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.<sup>31</sup>

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.

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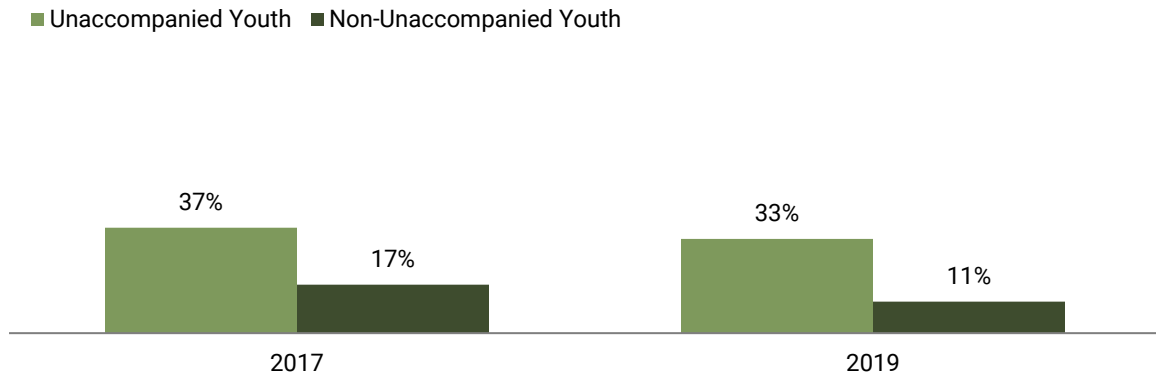
<sup>30</sup> U. S. Department of Housing and Urban Development. (2018). The 2018 Annual Assessment Report (AHAR) to Congress. Retrieved 2019 from <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>

<sup>31</sup> National Coalition for the Homeless. (2011). Homeless Youth Fact Sheet. Retrieved 2011 from <http://www.nationalhomeless.org>.

### FOSTER CARE EXPERIENCE

One-third (33%) of unaccompanied children and transition-age youth had experience in the foster care system at some point, compared to 11% of non-youth.

Figure 71. HISTORY OF FOSTER CARE WITH TREND, UNACCOMPANIED YOUTH AND NON-YOUTH COMPARISON

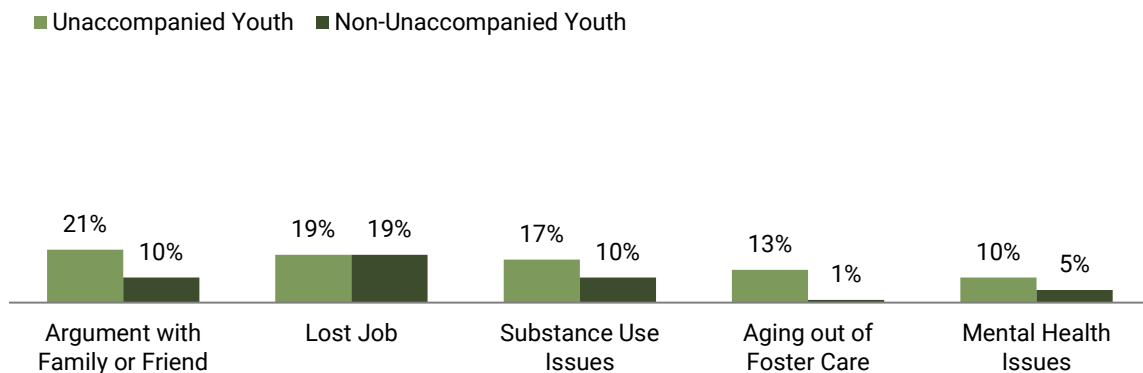


2017 Unaccompanied Youth n=85, Non-Unaccompanied Youth n=345; 2019 Unaccompanied Youth n=48, Non-Unaccompanied Youth n=377

### PRIMARY CAUSE OF HOMELESSNESS

Twenty-one percent (21%) of unaccompanied children and transition-age youth reported becoming homeless due to an argument with a family or friend compared to 10% of non-youth, 19% cited job loss, and 17% cited substance use issues.

Figure 72. PRIMARY CAUSE OF HOMELESSNESS (TOP 5 RESPONSES), UNACCOMPANIED YOUTH AND NON-YOUTH COMPARISON

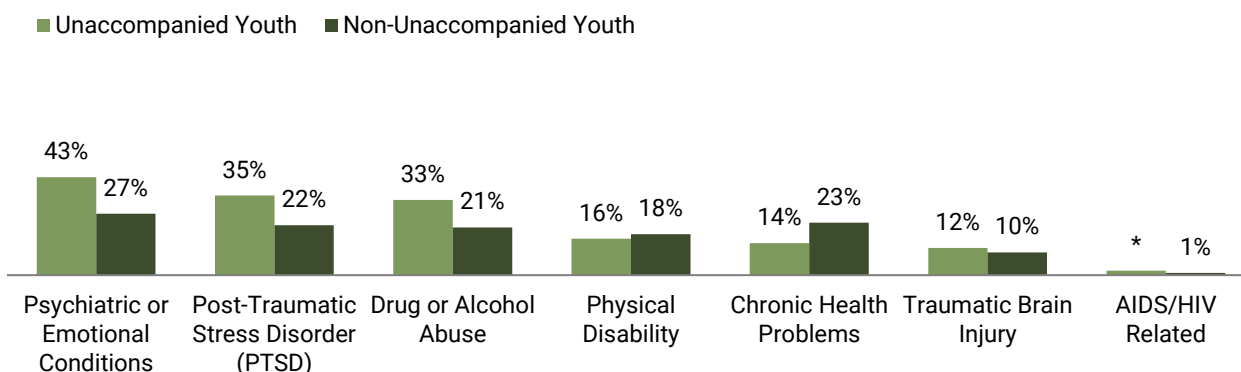


2019 Unaccompanied Youth n=48, Non-Unaccompanied Youth n=371  
 Note: Multiple response question. Percentages may not add up to 100.

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

While youth tend to have fewer health conditions than the general population, unaccompanied youth experiencing homelessness experienced higher rates of health concerns than non-unaccompanied youth experiencing homelessness. Almost half (43%) of unaccompanied youth reported experiencing psychiatric or emotional conditions, 35% reported post-traumatic stress disorder, and 33% reported drug or alcohol abuse. These high rates call for additional youth-centric behavioral health services in Solano County.

Figure 73. HEALTH CONDITIONS, UNACCOMPANIED YOUTH AND NON-YOUTH COMPARISON

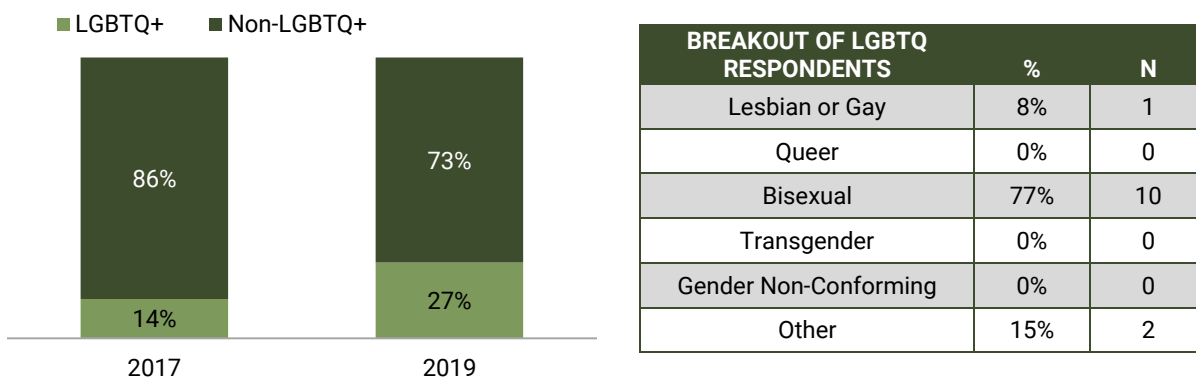


2019 Unaccompanied Youth n=49, Non-Unaccompanied Youth n=383  
 Note: Multiple response question. Percentages may not add up to 100.  
 \* Suppressed due to small sample size.

### SEXUAL ORIENTATION AND GENDER IDENTITY

In a significant increase from 14% in 2017, 27% of unaccompanied children and transition-age youth identified as LGBTQ. Among those identifying as LGBTQ, 77% identified as bisexual.

Figure 74. SEXUAL ORIENTATION AND GENDER IDENTITY AMONG UNACCOMPANIED YOUTH, WITH TREND



2019 Unaccompanied Youth n=19  
 Note: Multiple response question. Percentages may not add up to 100. Please use caution when interpreting results due to small sample size.





## OLDER ADULTS AGE 62+

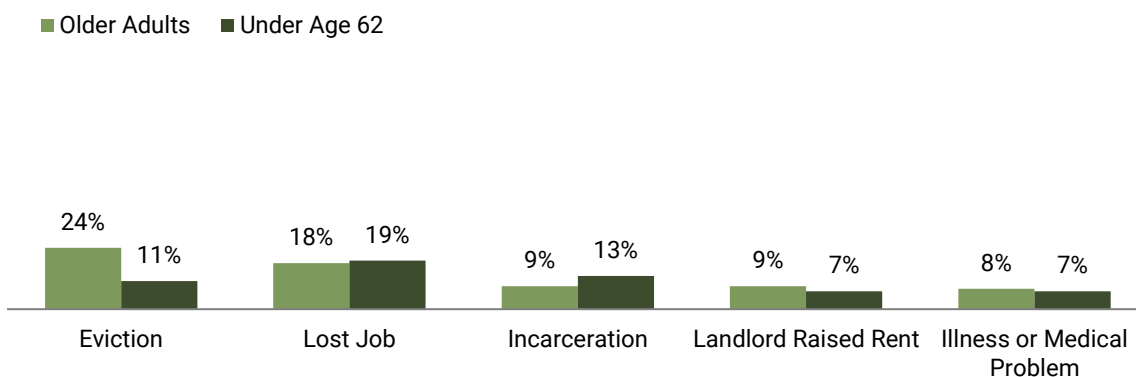
The population of older adults experiencing homelessness has risen in accordance with the overall growth of the general population in the U.S. Because older adults experiencing homelessness have unmet mental health, substance use, and physical health needs, their mortality rates are higher than that of the general population.<sup>32</sup> Older adults experiencing homelessness face different challenges than younger populations and may benefit from targeted services.

While homeless older adults have not been identified as a specific subpopulation of interest by the federal government, Solano County recognizes the growing trend and initiated an effort to gather additional information on this vulnerable population. The following section details the characteristics of adults ages 62 and older experiencing homelessness in Solano County.

### PRIMARY CAUSE OF HOMELESSNESS

Nearly one-quarter (24%) of older adults reported becoming homeless due to eviction compared with 11% of those under age 62, and 18% became homeless due to a lost job.

Figure 75. PRIMARY CAUSE OF HOMELESSNESS (TOP 5 RESPONSES), OLDER ADULTS AND UNDER AGE 62 COMPARISON



2019 Older Adults n=66, Under Age 62 n=353  
 Note: Multiple response question. Percentages may not add up to 100.

<sup>32</sup> Romaszko, J., Cymes, I., Dragańska, E., Kuchta, R., & Glińska-Lewczuk, K. (2017). Mortality among the homeless: Causes and meteorological relationships. PloS one, 12(12), e0189938. doi:10.1371/journal.pone.0189938

### DURATION AND RECURRENCE OF HOMELESSNESS

Unstable living conditions, poverty, housing scarcity, and many other issues often lead to individuals having multiple episodes of homelessness. For many, the experience of homelessness is part of a long and recurring history of housing instability. Many individuals who experience homelessness will do so numerous times and for varying lengths of time. In 2019, 23% of older adults identified their current episode of homelessness as their first, compared to 28% of those under age 62.

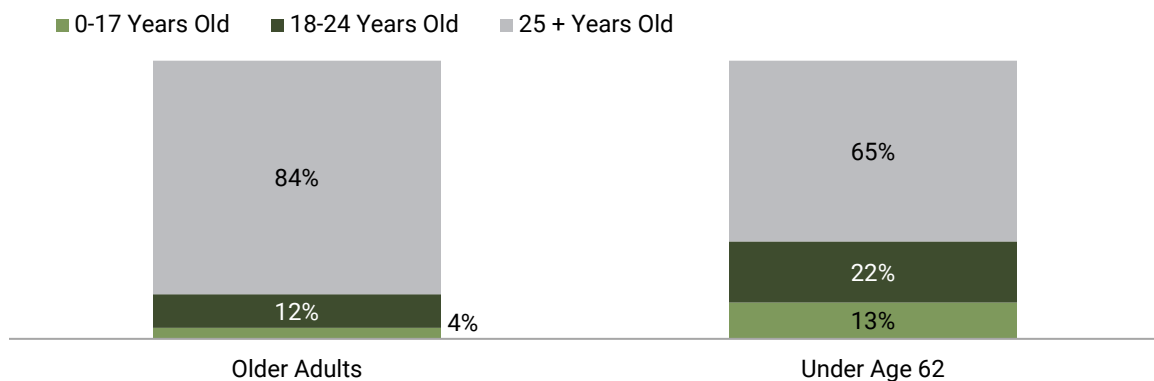
Figure 76. FIRST TIME HOMELESS (RESPONDENTS ANSWERING “YES”), OLDER ADULTS AND UNDER AGE 62 COMPARISON



2019 Older Adults n=69, Under Age 62 n=350

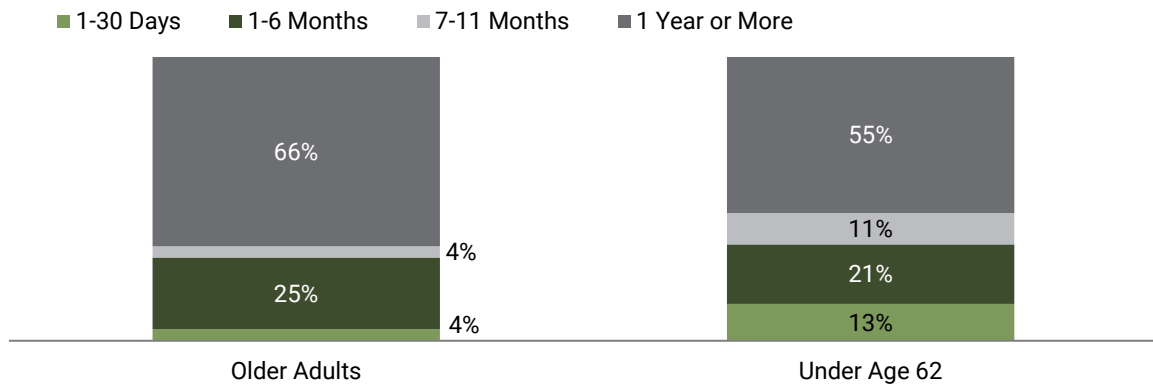
While 85% of older adults experiencing homelessness became homeless for the first time after age 25, 16% reported becoming homeless for the first time under age 25. Thus, 16% of the population of older adults has been homeless intermittently for at least 37 years, which can inform appropriate service provision. The length of episodes of homelessness can also inform how and which services are provided: in 2019, 66% of older adult respondents reported they had been homeless for one year or more, with 29% reporting being homeless for less than 6 months. Those under age 62 were more likely to become homeless before age 25 and were more likely to experience homelessness for less time.

Figure 77. AGE AT FIRST EXPERIENCE OF HOMELESSNESS, OLDER ADULTS AND UNDER AGE 62 COMPARISON



2019 Older Adults n=67, Under Age 62 n=347

Figure 78. LENGTH OF CURRENT HOMELESS EPISODE, OLDER ADULTS AND UNDER AGE 62 COMPARISON



2019 Older Adults n=68, Under Age 62 n=355

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



# Conclusion

The 2019 Solano County Homeless Count and Survey was performed using HUD-recommended practices for counting and surveying the homeless population. The 2019 Point-in-Time Count identified 1,151 persons experiencing homelessness in Solano County. This represents a decrease of 7% from the count conducted in 2017.

There are numerous interpretations for the cause of the reported decrease, including fewer volunteers at some dispatch centers, shelter closures resulting in more difficulty enumerating unsheltered persons, and a small youth count.

The 2019 Solano County Homeless Count and Survey revealed a diverse population with many different trends and needs. There are many valuable insights into the Solano County homeless population from the data collected in this report, including:

- The number of individuals in shelters decreased 31% from 2017.
- Unsheltered homelessness increased 2% from 2017.
- 23% of the population experiencing homelessness was under the age of 25.
- 37% of those enumerated were in vehicles, an increase from 30% in 2017.
- Black or African Americans were overrepresented in the homeless population, comprising 37% of the population experiencing homelessness and only 14% of the general Solano County population.
- Chronic homelessness decreased 59% to 179 individuals from 434 individuals in 2017.
- The number of survey respondents experiencing homelessness for the first time continued to decrease.
- 16% of older adults has been intermittently homeless for at least 37 years.
- Almost half (43%) of youth reported experiencing psychiatric or emotional conditions, 35% reported post-traumatic stress disorder, and 33% reported drug or alcohol abuse. These high rates call for additional youth-centric behavioral health services in Solano County.

In summary, there are still many challenges to overcome in achieving the goal of eliminating homelessness in Solano County and in helping homeless individuals and families access necessary services and support.

The 2019 Solano County Homeless Count 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 Solano 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, Solano County remains committed to moving homeless persons into permanent housing.

Data presented in the 2019 Solano County Homeless Count 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 two years as CAP Solano JPA continues to address homelessness.



# Appendix A: Methodology

## OVERVIEW

The purpose of the 2019 Solano County Homeless Point-in-Time Count and Survey was to produce a point-in-time estimate of people experiencing homelessness in Solano County, a region which covers approximately 906 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 Solano 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 2019 had four primary components:

- 1) General street count: an enumeration of unsheltered homeless individuals between the hours of 5:00AM to 9:00AM;
- 2) Youth street count: a targeted enumeration of unsheltered homeless youth under the age of 25 between the hours of 3:00 PM and 7:00 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

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 19 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.

### VOLUNTEER AND GUIDE RECRUITMENT AND TRAINING

Many individuals who live and/or work in Solano County supported the Solano JPA's effort to enumerate the local homeless population. In 2019, 109 community volunteers and 22 homeless guides participated in the general street count on January 23, 2019.

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. Homebase and ASR staff supported each of the three dispatch centers (Vacaville, Fairfield, and Vallejo), 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 count 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 precaution possible, including bringing flashlights and maintaining a respectful distance from those they were counting.

### STREET COUNT DEPLOYMENT 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: Vacaville, Fairfield, and Vallejo. 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.

### POINT-IN-TIME MINIMUM COUNT

There are many challenges in any homeless enumeration, especially when implemented in a community as large and diverse as Solano County. Point-in-Time Censuses are “snapshots” that quantify the size of the homeless population at a given point during the year. Hence, the census may not be representative of fluctuations and compositional changes in the homeless population seasonally or over time. Other local community results suggest that the number of unique persons experiencing homelessness over a year is two to three times the population enumerated during the Point-in-Time Count.

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

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

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

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

### METHODOLOGICAL IMPROVEMENTS

The 2019 street count methodology followed an established, HUD approved methodology used in the 2015 and 2017 counts, with the addition of dedicated youth outreach beginning in 2017.

### YOUTH STREET COUNT METHODOLOGY

#### GOAL

The goal of the 2019 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 2017, planning for the 2019 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. Seneca Family of Services took the lead on recruiting two youth to work as peer enumerators in addition to one youth service provider from Solano County who accompanied and transported the youth around the county. The team counted homeless youth in the identified areas of Solano County on January 23, 2019.

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 7:00 PM on January 27, 2019. Youth worked in teams of two coordinated by youth street outreach workers.

Both HUD 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, six 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 Solano 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 Solano County was collected for the night of January 22, 2019. All shelter data were gathered either directly from the shelter or from Solano County's Homeless Management Information System.

## **SURVEY METHODOLOGY**

### **PLANNING AND IMPLEMENTATION**

A survey of 432 unique individuals experiencing homelessness was conducted between January 23 and February 13, 2019 to yield qualitative data about people experiencing homelessness in Solano 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, Solano 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 2019 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 1,151 homeless persons, with a randomized survey sampling process, the 432 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 Solano County.

The 2019 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 ASR survey methodology 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 single 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 with other survey questions.

## SURVEY CHALLENGES AND LIMITATIONS

The 2019 Solano County Homeless Survey did not include an equal representation of all homeless experiences. For example, a smaller number of surveys were conducted among those experiencing chronic homelessness 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.



# Appendix B: Definitions and Abbreviations

**Chronic homelessness** – Defined by HUD 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 HUD 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.

# Appendix C: Table of Figures

Figure 1.	Total Homeless Census, with Trend.....	11
Figure 2.	Total Homeless Census, by Shelter Status .....	11
Figure 3.	Residence on the Night of the Count.....	12
Figure 4.	Residence on the Night of the Count, with Trend .....	12
Figure 5.	Total Homeless Census, by Age .....	13
Figure 6.	Total Homeless Census, by Gender.....	13
Figure 7.	Total Homeless Census, by Race .....	14
Figure 8.	Total Homeless Census, by Ethnicity .....	14
Figure 9.	Chronically Homeless Census, with Trend.....	15
Figure 10.	Chronically Homeless Census with Trend, by Shelter Status.....	16
Figure 11.	Chronically Homeless Census, by Gender.....	16
Figure 12.	Chronically Homeless Census, by Race .....	17
Figure 13.	Chronically Homeless Census, by Ethnicity .....	17
Figure 14.	Veteran Census, with Trend .....	18
Figure 15.	Veteran Census, by Shelter Status .....	19
Figure 16.	Veteran Census, by Gender .....	19
Figure 17.	Veteran Census, by Race.....	20
Figure 18.	Veteran Census, by Ethnicity.....	20
Figure 19.	Families with Children Census.....	21
Figure 20.	Families with Children Census, with Trend .....	21
Figure 21.	Individuals in Families with Children Census, by Shelter Status.....	22
Figure 22.	Individuals in Families with Children Census, by Gender .....	22
Figure 23.	Individuals in Families with Children Census, by Race .....	23
Figure 24.	Individuals in Families with Children Census, by Ethnicity.....	23
Figure 25.	Unaccompanied Youth Census, with Trend .....	24
Figure 26.	Unaccompanied Youth Census, by Shelter Status.....	25
Figure 27.	Unaccompanied Youth Census, by Gender .....	25
Figure 28.	Unaccompanied Youth Census, by Race.....	26
Figure 29.	Unaccompanied Youth Census, by Ethnicity.....	26
Figure 30.	First Time Homeless (Respondents Answering “Yes”) .....	28
Figure 31.	Age at First Experience of Homelessness .....	28
Figure 32.	Length of Current Homeless Episode.....	29
Figure 33.	Residence at Onset of Most Recent Homeless Episode .....	29
Figure 34.	Length of Time in Solano County.....	30
Figure 35.	Cities Slept in During the Past Year .....	30
Figure 36.	Living Arrangements Immediately Prior to Current Homeless Episode (Top 5 Responses) .....	31
Figure 37.	Number of Homeless Episodes in Last 3 Years .....	31
Figure 38.	Primary Cause of Homelessness (Top 5 Responses).....	32
Figure 39.	Assistance Needed to Prevent Homelessness.....	32

Figure 40. Receiving Any Form of Government Assistance.....	33
Figure 41. Reasons for Not Receiving Government Assistance.....	33
Figure 42. Accessing Non-Governmental Services/Assistance.....	34
Figure 43. Resource Connect Solano Coordinated Entry.....	34
Figure 44. Employment.....	35
Figure 45. Monthly Income, Employed.....	35
Figure 46. Monthly Income, Unemployed.....	36
Figure 47. Highest Level of Education Achieved.....	36
Figure 48. Health Conditions.....	37
Figure 49. Serious Mental Illness.....	38
Figure 50. History of Domestic Violence or Abuse.....	38
Figure 51. History of Foster Care.....	39
Figure 52. Incarceration in the Past 12 Months.....	40
Figure 53. Sexual Orientation and Gender Identity.....	41
Figure 54. Survey Respondents by Age.....	42
Figure 55. Primary Cause of Homelessness (Top 5 Responses), Chronic and Non-Chronic Comparison.....	45
Figure 56. Health Conditions, Chronic and Non-Chronic Comparison.....	45
Figure 57. History of Domestic Violence or Abuse, Chronic and Non-Chronic Comparison.....	46
Figure 58. Services and Assistance, Chronic and Non-Chronic Comparison.....	46
Figure 59. Government Assistance, Chronic and Non-Chronic Comparison.....	47
Figure 60. Night Spent in Jail in the Last 12 months with Trend, Chronic and Non-Chronic Comparison.....	47
Figure 61. Primary Cause of Homelessness (Top 6 Responses), Veteran and Non-Veteran Comparison.....	48
Figure 62. At Least 1 Disabling Condition with Trend, Veteran and Non-Veteran Comparison.....	49
Figure 63. Health Conditions, Veteran and Non-Veteran Comparison.....	49
Figure 64. Access to Government Services with Trend, Veteran and Non-Veteran Comparison.....	50
Figure 65. Incarcerated in the Past 12 Months with Trend, Veteran and Non-Veteran Comparison.....	50
Figure 66. Primary Cause of Homelessness (Top 4 Responses), Families and Non-Families Comparison.....	51
Figure 67. Health Conditions, Families and Non-Families Comparison.....	52
Figure 68. History of Domestic Violence or Abuse, Families with Children and Non-Families Comparison.....	52
Figure 69. Services and Assistance, Families with Children and Non-Families Comparison.....	53
Figure 70. Government Assistance, Families with Children and Non-Families Comparison.....	53
Figure 71. History of Foster Care with Trend, Unaccompanied Youth and Non-Youth Comparison.....	55
Figure 72. Primary Cause of Homelessness (Top 5 Responses), Unaccompanied Youth and Non-Youth Comparison.....	55
Figure 73. Health Conditions, Unaccompanied Youth and Non-Youth Comparison.....	56
Figure 74. Sexual Orientation and Gender Identity among Unaccompanied Youth, with Trend.....	56
Figure 75. Primary Cause of Homelessness (Top 5 Responses), Older Adults and Under Age 62 Comparison.....	57
Figure 76. First Time Homeless (Respondents Answering “Yes”), Older Adults and Under Age 62 Comparison.....	58
Figure 77. Age at First Experience of Homelessness, Older Adults and Under Age 62 Comparison.....	58
Figure 78. Length of Current Homeless Episode, Older Adults and Under Age 62 Comparison.....	59



# Solano County

HOMELESS CENSUS & SURVEY

COMPREHENSIVE REPORT

2019