ABOUT THE RESEARCHER

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

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Additionally, ASR would like to thank the following individuals: Susan Paradise, Rayne Marr, Tatiana Stone, Robyn McKeen, Julie Conway, Nora Krantzler, Tina Shull, the Homeless Services Center, Salvation Army of Watsonville, and many others.
Introduction

PROJECT OVERVIEW AND GOALS

Every two years, during the last ten days of January, communities across the country conduct comprehensive counts of the local population experiencing homelessness. These counts measure the prevalence of homelessness in each community, and collect information on individuals and families residing in emergency shelters and transitional housing, as well as people sleeping on the streets, in cars, in abandoned properties, or in other places not meant for human habitation.

The biennial Point-in-Time Census is the one of the only sources 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.

Continuums of Care (CoC) report the findings of their local Point-in-Time Census in their annual funding application to HUD, which ultimately helps the federal government better understand the nature and extent of homelessness nationwide. Count data also help to inform communities’ local strategic planning, capacity building, and advocacy campaigns to prevent and end homelessness.

Santa Cruz County worked in conjunction with Applied Survey Research (ASR) to conduct the 2017 Santa Cruz Homeless Point-in-Time Count and Survey. ASR is a social research firm with extensive experience in homeless enumeration and needs assessment.

The Santa Cruz Homeless Point-in-Time Census has two primary components: a point-in-time enumeration of unsheltered homeless individuals and families (those sleeping outdoors, on the street, in parks, or vehicles, etc.) and a point-in-time enumeration of homeless individuals and families residing in temporary shelter (i.e., emergency shelter or transitional housing).

The 2017 Santa Cruz Homeless Point-in-Time Census was a comprehensive community effort. With the support of approximately 23 individuals with lived experience of homelessness, 43 community volunteers, staff from various City and County departments, and law enforcement, the entire county was canvassed between the hours of 5:30 a.m. and noon on January 23, 2017. This resulted in a peer-informed visual count of unsheltered homeless individuals and families residing on the streets, in vehicles, makeshift shelters, encampments and other places not meant for human habitation. Shelters and facilities reported the number of homeless individuals and families who occupied their facilities on the previous evening.

Santa Cruz also conducted a specialized count of unaccompanied children and transition-age-youth under the age of 25 years old. This specialized count is part of a nationwide effort, established and recommended by HUD, to improve our understanding of the scope of youth homelessness. Trained youth enumerators who currently or recently experienced
homelessness conducted the count in targeted areas where young people experiencing homelessness were known to congregate. This is an important year for national data on young people experiencing homelessness, as HUD will use 2017 youth count results as a baseline for measuring progress toward ending youth homelessness by 2020.

In the weeks following the street count, an in-depth survey was administered to 459 unsheltered and sheltered homeless individuals of all ages. The survey gathered basic demographic details as well as information on service needs and utilization.

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

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

FEDERAL DEFINITION OF HOMELESSNESS FOR POINT-IN-TIME COUNTS

In this study, the HUD definition of homelessness for the Point-in-Time Census 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 OVERVIEW AND GOALS

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

The 2017 Planning Committee identified several important project goals:

- To preserve current federal funding for homeless services and to enhance the ability to raise new funds;
- To improve the ability of policy makers and service providers to plan and implement services that meet the needs of the local homeless population;
- To measure changes in the numbers and characteristics of the homeless population since the 2015 Santa Cruz Homeless Point-in-Time Count and Survey, and to track progress toward ending homelessness;

---

1 Significant deduplication efforts were made in 2017 to ensure unaccompanied children and youth were not captured in both the youth and general street count efforts. For more information on these efforts and the overall count methodology, please see Appendix A.
• To increase public awareness of overall homeless issues and generate support for constructive solutions; and

• To assess the status of specific subpopulations, including veterans, families, unaccompanied children, transition-age-youth, and those who are chronically homeless.

This report is intended to assist service providers; policy makers; funders; and local, state, and federal government in gaining a better understanding of the population currently experiencing homelessness, measuring the impact of current policies and programming, and planning for the future.
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 2017 Santa Cruz County Point-in-Time Count was a community-wide effort conducted on January 22, 2017. In the weeks following the street count, a survey was administered to 459 unsheltered and sheltered homeless individuals, in order to profile their experience and characteristics.

### Census Population: Longitudinal Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Census Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>3,371</td>
</tr>
<tr>
<td>2007</td>
<td>2,793</td>
</tr>
<tr>
<td>2009</td>
<td>2,265</td>
</tr>
<tr>
<td>2011</td>
<td>2,771</td>
</tr>
<tr>
<td>2013</td>
<td>3,536</td>
</tr>
<tr>
<td>2015</td>
<td>1,964</td>
</tr>
<tr>
<td>2017</td>
<td>2,249</td>
</tr>
</tbody>
</table>

### 2017 Sheltered/Unsheltered Population

<table>
<thead>
<tr>
<th>Category</th>
<th>Sheltered</th>
<th>Unsheltered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>20%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Subpopulation Data*

- **Chronically Homeless** | 600 Individuals
  - 13% Sheltered
  - 87% Unsheltered
- **Veterans** | 236 Individuals
  - 8% Sheltered
  - 92% Unsheltered
- **Families** | 129 Families with 403 members
  - 58% Sheltered
  - 42% Unsheltered
- **Unaccompanied Children** | 165 Individuals
  - 2% Sheltered
  - 98% Unsheltered
- **TAY** | 423 Individuals
  - 2% Sheltered
  - 98% Unsheltered

### Age at First Episode of Homelessness

- 20% 0-17
- 28% 18-24
- 43% 25-54
- 9% 55+

### Residence Prior to Homelessness

- Parents to Children Under Age 18
  - 13% Yes
  - 87% No

### Foster Care

- 27% of survey respondents that have ever been in the system

### Foster Care

- Foster Care
  - Santa Cruz County
  - 68%

### Length of Time in Santa Cruz County

- For those not living in Santa Cruz when they experienced homelessness, 52% have been here for 5 or more years
- 9% Less than 1 year
- 13% 1-4 years
- 19% 5-9 years
- 59% 10 years or more
### Duration of Current Episode of Homelessness

- **7%** 30 days or less
- **31%** 1-11 months
- **49%** 1 year or more

### Primary Event or Condition That Led to Homelessness

<table>
<thead>
<tr>
<th>Event/Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost job</td>
<td>25%</td>
</tr>
<tr>
<td>Alcohol or drug use</td>
<td>17%</td>
</tr>
<tr>
<td>Eviction</td>
<td>14%</td>
</tr>
<tr>
<td>Argument with a Family Member</td>
<td>10%</td>
</tr>
<tr>
<td>Illness/medical problem</td>
<td>9%</td>
</tr>
<tr>
<td>Family Violence</td>
<td>9%</td>
</tr>
</tbody>
</table>

### Obtaining Permanent Housing Opportunities

- **70%** Rental assistance
- **67%** More affordable housing
- **49%** Money for moving costs
- **44%** Help finding an apartment

### What is a disabling condition?

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

### Health Conditions

- Psychiatric or emotional conditions: **39%**
- Post-Traumatic Stress Disorder (PTSD): **32%**
- Traumatic brain injury: **18%**
- Physical disability: **38%**
- Chronic health problems: **31%**
- AIDS/HIV related: **2%**
- Drug or alcohol abuse: **38%**

### Employment Status

- **31%** Employed
- **69%** Unemployed

If Unemployed, Currently...

- **43%** Unable to work
- **43%** Looking for work
- **14%** Not looking for work

### Government & Assistance

#### Reasons for Not Receiving Government Assistance

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t think they are eligible</td>
<td>36%</td>
</tr>
<tr>
<td>Never applied</td>
<td>29%</td>
</tr>
<tr>
<td>Don’t have ID</td>
<td>23%</td>
</tr>
</tbody>
</table>

#### Services Currently Accessing

- **64%** Free meals
- **46%** Food stamps
- **38%** Emergency shelter
- **3%** Shelter day services

### Justice System Involvement

- **29%** had spent a night in jail in the previous 12 months

### Subpopulation Definitions

**Chronically Homeless**

An individual with a disabling condition or a family with a head of household with a disabling condition who:
- Has been continuously homeless for 1 year or more and/or;
- Has experienced 4 or more episodes of homelessness within the past 3 years.

**Veterans**

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

**Families**

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

**Unaccompanied Children**

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

**Transition-Age Youth**

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

Point-In-Time Census

The 2017 Santa Cruz County Homeless Point-in-Time Census and Survey included a complete enumeration of all unsheltered and sheltered homeless persons. The general street count was conducted on January 23, 2017 from approximately 5:30 a.m. to noon and covered most of the 607 square miles of Santa Cruz 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 2015, with some small improvements.

The methodology used for the 2017 Santa Cruz County Homeless Point-in-Time Census and Survey is commonly described as a “blitz count and survey” since it is conducted by a large team over a very short period of time. As this method is conducted in Santa Cruz County the result is an observation based count of individuals and families who appear to be homeless. The count is then followed by an in-person representative survey, the results of which are used to profile and estimate the condition and characteristics of the local homeless population, as well as give vital information on subpopulations such as veterans and families experiencing homelessness. Information collected from the survey is used to fulfill HUD reporting requirements, and to inform local service delivery and strategic planning efforts.

In a continuing effort to improve data on the extent of youth homelessness, Santa Cruz County also conducted a dedicated youth count similar to the one conducted in 2015 and any previous years. The specialized youth count methodology was improved in 2017 to better ensure that unaccompanied children and transition-age-youth were not included in both the general street count and youth count. For more information regarding the dedicated youth count, deduplication, and project methodology, please see appendix A.
NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS IN SANTA CRUZ COUNTY

There were a total of 2,249 individuals experiencing homelessness in counted during the Point-in-Time census. This represents an increase of 15% from 2015. Only twenty percent of individuals experiencing homelessness were staying in shelters. Slightly more than a third (36%) of individuals were living on the street.

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


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

The City of Santa Cruz continues to have the highest number of individuals experiencing homelessness in the county, with 1,204 persons counted during the census. The Cities of Capitola, Scotts Valley, and Watsonville saw very little change in the numbers of persons experiencing homelessness from 2015 to 2017.

Special note must be made regarding the County Office of Education’s data on homelessness. While data was unable to be collected during the Point-in-Time Census, subsequent data has indicated that there may be 129 students in county who are experiencing unsheltered homelessness. In addition, using the more expansive definition of homelessness used by schools under the McKinney-Vento Act, data from the COE indicates that there are 2,881 students living in “doubled-up” situations, where they are sharing a residence with an additional family.
FIGURE 3. TOTAL NUMBER OF HOMELESS PERSONS BY JURISDICTION AND SHELTER STATUS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Incorporated</td>
<td>1,415</td>
<td>780</td>
<td>1,314</td>
<td>602</td>
<td>517</td>
<td>429</td>
<td>2,017</td>
<td>1,297</td>
<td>1,707</td>
<td>410</td>
</tr>
<tr>
<td>City of Capitola</td>
<td>1</td>
<td>12</td>
<td>21</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>12</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>City of Santa Cruz</td>
<td>892</td>
<td>497</td>
<td>934</td>
<td>459</td>
<td>334</td>
<td>306</td>
<td>1,351</td>
<td>831</td>
<td>1,204</td>
<td>373</td>
</tr>
<tr>
<td>City of Scotts Valley</td>
<td>25</td>
<td>14</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>14</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>City of Watsonville</td>
<td>497</td>
<td>257</td>
<td>340</td>
<td>143</td>
<td>183</td>
<td>123</td>
<td>640</td>
<td>440</td>
<td>463</td>
<td>23</td>
</tr>
<tr>
<td>Total Unincorporated</td>
<td>1,372</td>
<td>429</td>
<td>485</td>
<td>39</td>
<td>93</td>
<td>21</td>
<td>1,411</td>
<td>522</td>
<td>542</td>
<td>20</td>
</tr>
<tr>
<td>Confidential Scattered Site</td>
<td>*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>108</td>
<td>145</td>
<td>*</td>
<td>-</td>
</tr>
<tr>
<td>Total County Office of Education</td>
<td>108</td>
<td>145</td>
<td>*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>108</td>
<td>145</td>
<td>*</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>2,895</td>
<td>1,354</td>
<td>1,799</td>
<td>641</td>
<td>610</td>
<td>450</td>
<td>3,536</td>
<td>1,964</td>
<td>2,249</td>
<td>285</td>
</tr>
</tbody>
</table>


*Note: Please see the paragraph above regarding COE data.

FIGURE 4. TOTAL HOMELESS CENSUS POPULATION BY SHELTER STATUS

FIGURE 5. TOTAL HOMELESS CENSUS POPULATION BY GENDER


FIGURE 6. TOTAL HOMELESS CENSUS POPULATION BY RACE

Note: Multiple response question. Percentages may not add up to 100 due to rounding.
FIGURE 7. TOTAL HOMELESS CENSUS POPULATION BY HISPANIC/NON-HISPANIC

SUBPOPULATIONS

CHRONICALLY HOMELESS INDIVIDUALS

The U.S. Department of Housing and Urban Development defines a chronically homeless individual as someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years, and also has a disabling condition (one that prevents them from maintaining work or housing). This definition applies to individuals as well as heads of household who meet the definition.

There were a total of 600 individuals experiencing chronic homelessness, similar to the number (582) in 2015. Seventy of those individuals were living in families experiencing homelessness. Nearly ninety percent of the chronic population was living on the street.

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


FIGURE 9: CHRONIC HOMELESSNESS POPULATION ESTIMATES

FIGURE 10. CHRONIC HOMELESS CENSUS POPULATION BY SHELTER STATUS

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>15-17 % CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered</td>
<td>69</td>
<td>165</td>
<td>77</td>
<td>-53%</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>920</td>
<td>417</td>
<td>523</td>
<td>25%</td>
</tr>
<tr>
<td>Total</td>
<td>989</td>
<td>582</td>
<td>600</td>
<td>3%</td>
</tr>
</tbody>
</table>

HOMELESS VETERAN STATUS

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.

There were 236 veterans experiencing homelessness in 2017, 92% of whom were living unsheltered. This overall number of veterans represents an increase of slightly more than 50% since 2015. Additionally, in 2015 27% of veterans were living in shelters, while in 2017 that percentage has fallen to just 8%.

FIGURE 11. TOTAL NUMBER OF HOMELESS VETERANS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND


FIGURE 12. HOMELESS VETERAN POPULATION

<table>
<thead>
<tr>
<th>Total Veteran Population: 236</th>
</tr>
</thead>
<tbody>
<tr>
<td>8% Sheltered</td>
</tr>
<tr>
<td>92% Unsheltered</td>
</tr>
</tbody>
</table>

FIGURE 13. HOMELESS VETERAN CENSUS POPULATION BY SHELTER STATUS

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered</td>
<td>52</td>
<td>42</td>
<td>19</td>
<td></td>
<td>-55%</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>343</td>
<td>113</td>
<td>217</td>
<td></td>
<td>92%</td>
</tr>
<tr>
<td>Total</td>
<td>395</td>
<td>155</td>
<td>236</td>
<td></td>
<td>52%</td>
</tr>
</tbody>
</table>


FIGURE 14. TOTAL HOMELESS VETERAN CENSUS POPULATION BY GENDER

HOMELESS FAMILIES WITH CHILDREN

National data from 2016 suggest that 35% of all people experiencing homelessness are persons in families. Nationwide, very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the population compared to other subpopulations, including unaccompanied children and transition-age-youth.

There were 129 families with 403 individuals experiencing homelessness in 2017. This represents a decrease of 16% since 2015. Slightly more than two thirds (68%) of families were living unsheltered.

FIGURE 15. TOTAL NUMBER OF HOMELESS FAMILIES WITH CHILDREN ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND

![Graph showing the number of homeless families with children in 2015 and 2017.](image)


FIGURE 16. HOMELESS FAMILIES WITH CHILDREN POPULATION ESTIMATES

<table>
<thead>
<tr>
<th>Total Homeless Families with Children: 129 members with 403 members</th>
</tr>
</thead>
<tbody>
<tr>
<td>58% Sheltered</td>
</tr>
</tbody>
</table>


Note: There is a significant number of persons in homeless families who are in a “double-up” situation that may or may not fall within the HUD PIT count definition of homelessness that could not be identified due to their typical location on private property.
FIGURE 17. INDIVIDUALS IN HOMELESS FAMILIES WITH CHILDREN CENSUS POPULATION BY SHELTER STATUS

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>15-17 % CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered</td>
<td>234</td>
<td>313</td>
<td>234</td>
<td>-25%</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>201</td>
<td>168</td>
<td>169</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>544</td>
<td>481</td>
<td>403</td>
<td>-16%</td>
</tr>
</tbody>
</table>


FIGURE 18. HOMELESS FAMILIES WITH CHILDREN CENSUS POPULATION BY GENDER

UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE-YOUTH

Due to the often hidden nature of youth homelessness, there are limited data available on unaccompanied children and transition-age-youth experiencing homelessness across the country. To get a better understanding of unaccompanied children and transition-age-youth experiencing homelessness across the county, a special youth count was organized to better meet the unique challenges presented by this population. The youth count went out later in the day and relied on the knowledge of youth who had recently experienced homelessness or were currently experiencing homelessness.

For the purposes of the count, the HUD definitions for unaccompanied children and transition-age youth were used. Unaccompanied children are children under the age of 18 without a parent or guardian present. Transition-age youth are unaccompanied youth aged 18-24.

There were 165 unaccompanied children under the age of 18 and 423 transition-age youth enumerated in 2017. Both numbers represent large increases from 2015, though caution must be used when interpreting the increase. Substantial improvements in the enumeration of youth were made from 2015 to 2017. Just under 30% of the county’s homeless population are unaccompanied children and transition-age youth.

Nearly all of the unaccompanied children and transition-age youth were living on the streets, continuing a trend from past years.

FIGURE 19. TOTAL NUMBER OF UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE-YOUTH ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND


FIGURE 20. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE-YOUTH POPULATION ESTIMATES

Unaccompanied Homeless Children: 165
2% Sheltered 98% Unsheltered

Transition-Age-Youth: 423
2% Sheltered 98% Unsheltered


Note: There is a significant number of persons in homeless families who are in a “double-up” situation that may or may not fall within the HUD PIT count definition of homelessness that could not be identified due to their typical location on private property.
FIGURE 21. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE-YOUTH CENSUS POPULATION BY SHELTER STATUS

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

This section provides an overview of the findings generated from the survey component of the 2017 Santa Cruz Homeless Point-in-Time Census and Survey. Surveys were administered to a randomized sample of homeless individuals between February 9th and March 31st, 2017. This effort resulted in 459 complete and unique surveys. Based on a Point-in-Time Count of 2,249 homeless persons, with a randomized survey sampling process, these 459 valid surveys represent a confidence interval of +/- 4% with a 95% confidence level when generalizing the results of the survey to the estimated population of homeless individuals in Santa Cruz. In other words, if the survey were conducted again, we can be confident that the results would be within 4 percentage points of the current results.

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

SURVEY DEMOGRAPHICS

In order to gain a more comprehensive understanding of the experiences of individuals and families experiencing homelessness in Santa Cruz County, respondents were asked the basic demographic questions including age, gender, sexual orientation, and ethnicity.

FIGURE 22. SURVEY RESPONDENTS BY AGE

HOMELESS SURVEY FINDINGS

GENDER IDENTITY AND SEXUAL ORIENTATION

Twenty-eight percent (28%) of 2017 survey respondents identified as female, 69% identified as male, 2% identified as transgender, and 1% identified as another gender. While limited data is available on the number of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals experiencing homelessness, available data suggest LGBTQ individuals experience homelessness at higher rates – especially among those under the age of 25.

Sixteen percent (16%) of survey respondents identified as LGBTQ in 2017. Of those, 14% identified as bisexual, 10% lesbian, 17% gay, 0% transgender, and 40% queer. Twenty-four percent (24%) of LGBTQ respondents reported an alternative gender identity.

FIGURE 23. GENDER IDENTITY

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>2017 %</th>
<th>2017 n= 454</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>69%</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Another Gender*</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>


*Includes respondents whose individual gender categories represent <1% of the total, including Gender-queer; Gender non-conforming; Non-binary; Do not identify as male, female, or transgender; and Other not listed.

FIGURE 24. SEXUAL ORIENTATION AND LGBTQ IDENTITY

<table>
<thead>
<tr>
<th>LGBTQ Status</th>
<th>2015 %</th>
<th>2017 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>No</td>
<td>87%</td>
<td>84%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BREAKOUT OF RESPONDENTS ANSWERING YES</th>
<th>2015 %</th>
<th>2017 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td>21%</td>
<td>17%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Queer</td>
<td>2%</td>
<td>40%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>23%</td>
<td>14%</td>
</tr>
<tr>
<td>Transgender</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>43%</td>
<td>24%</td>
</tr>
</tbody>
</table>

LGBTQ 2015 n=344; Breakout n=44 respondents offering 46 responses; LGBTQ 2017 n=459; Breakout n=72 respondents offering 75 responses


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

The U.S. Department of Housing and Urban Development (HUD) gathers data on ethnicity and race through two separate questions, similar to the U.S. Census. When asked about their ethnicity, 29% identified as Hispanic or Latino. In regards to race, 7% identified as Black or African American, 58% as White, 5% as American Indian or Alaska Native, 0.40% as Asian, 0.20% as Native Hawaiian or Pacific Islander, and 30% as another race.

FIGURE 25. HISPANIC OR LATINO ETHNICITY

![Bar chart showing Hispanic/Latino ethnicity](chart.png)

2017 n= 452

FIGURE 26. RACE

![Bar chart showing race](chart.png)

2017 n=446
Note: Multiple response question. Percentages may not add up to 100.
Foster Care

It has been estimated that one in five former foster youth experience homelessness within four years of exiting the foster care system. In the state of California, foster youth are now eligible to receive services beyond age 18. Transitional housing and supportive services for youth 18-24 are provided through programs often referred to as Transitional Housing Placement-Plus. It is hoped that these additional supports, implemented in 2012, will assist foster youth within the transition to independence and prevent them from becoming homeless.

In 2017, 27% of respondents reported a history of foster care.


Figure 27. History of Foster Care

2017: 27% Yes, 73% No

DURATION AND RECURRENCE OF HOMELESSNESS

Unstable living conditions, poverty, housing scarcity, and many other issues often lead to individuals falling in and out of homelessness. For many, the experience of homelessness is part of a long and recurring history of housing instability. Two-thirds (67%) of 2017 survey respondents reported they had previously experienced homelessness.

In addition, many individuals who experience homelessness will do so numerous times. As people cycle in and out of stable housing, it becomes important to keep track of the number of times they experience literal homelessness.

Twenty percent of 2017 survey respondents first experienced homelessness as a child under the age of 18, 28% first experienced homelessness as a young adult between the ages of 18 and 24, and over half (52%) reported their first time experiencing homelessness occurred over the age of 24.

Two-fifths (40%) of respondents in 2017 reported experiencing homelessness two or more times in the past three years. Sixty-two percent (62%) of 2017 survey respondents reported their current episode of homelessness lasting for a year or longer.

FIGURE 28. FIRST TIME HOMELESS (RESPONDENTS ANSWERING “YES”)

![Graph showing the percentage of respondents answering "yes" to being homeless for the first time from 2011 to 2017.](image)

2011 n=496; 2013 n=369; 2015 n=343; 2017 n= 459

FIGURE 29. AGE AT FIRST EXPERIENCE OF HOMELESSNESS

![Pie charts showing the distribution of age at first experience of homelessness in 2015 and 2017.](image)

2015 n=336; 2017 n= 459
FIGURE 30. LENGTH OF CURRENT EPISODE OF HOMELESSNESS

2011 n=496; 2013 n=360; 2015 n=342; 2017 n=459

FIGURE 31. RECURRENCE OF HOMELESSNESS

2017 n=453
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 of family. Previous circumstances can also point to the gaps in the current system of care, and opportunities for systemic improvement and homelessness prevention.

PLACE OF RESIDENCE

Knowing where individuals were living before they most recently lost their housing helps inform discussions related to homelessness and the level of support they receive. This is important to many in the community who feel support services should target only locals. 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.

Sixty-eight percent (68%) of respondents reported they were living in Santa Cruz County at the time they most recently became homeless. Twenty-two percent (22%) reported they were living in another county in California, and 10% reported they were living out of state at the time they lost their housing. Of those who were living in Santa Cruz County at the time they most recently became homeless, 59% have been in the county for 10 years or more.

FIGURE 32. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS

![Chart showing the distribution of place of residence at time of housing loss.]

2017 n = 447

FIGURE 33. TIME LIVED IN SANTA CRUZ COUNTY

![Chart showing the distribution of time lived in Santa Cruz County.]

2017 n = 298
**Prior Living Arrangements**

Similar to previous place of residence, the type of living arrangements maintained by individuals before experiencing homelessness provides a look into what types of homeless prevention services might be offered to help individuals maintain their housing. Using data on prior living arrangements can allow agencies and program staff to direct services and supports to individuals before they lose their housing.

In 2017, 34% of respondents reported living in a home owned or rented by themselves or a partner immediately prior to becoming homeless. Thirty-four percent (34%) reported staying with friends or family, 8% in a motel or hotel, 7% in a jail/prison facility, and 2% were in a hospital or treatment facility.

**Figure 34. Living Arrangements Immediately Prior to Becoming Homeless This Time (Top Five Responses)**

2011 n=497, 2013 n=338; 2015 n=332; 2017 n= 447


*Note: Response options “Motel/Hotel” and “Hospital/Treatment Facility” were added in 2017 and do not have comparisons in past years.*
CURRENT LIVING ARRANGEMENTS

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

Thirty-three percent (33%) of survey respondents reported staying in an emergency, transitional, or other type of shelter, and 33% reported staying outdoors, either on the streets, in parks or encampments. Eleven percent (11%) reported staying in a structure or indoor area not intended for human habitation, 7% were staying in a motel or hotel, and 17% were in a vehicle.

FIGURE 35. USUAL PLACES TO SLEEP AT NIGHT

PRIMARY CAUSE OF HOMELESSNESS

The primary cause of an individual’s homelessness is often difficult to pinpoint, as it is usually the result of multiple and compounding causes. When asked to identify the primary event or condition that led to their current homelessness experience, one-quarter (25%) reported job loss as the reason. Seventeen percent (17%) reported alcohol or drug use, 14% reported eviction, 10% reported argument with family or friend who asked them to leave, and 9% reported medical issues.

Although not among the five most frequent responses, other reported causes of homelessness also included divorce, separation, or a breakup (8%), incarceration (8%), mental health issues (6%), and aging out of foster care (1%).

FIGURE 36. PRIMARY CAUSE OF HOMELESSNESS (TOP FIVE RESPONSES)

2011 n=493; 2013 n=359; 2015 n=336 respondents offering 404 responses; 2017 n= 451 respondents offering 599 responses
OBSTACLES TO OBTAINING PERMANENT HOUSING

Many individuals experiencing homelessness face significant barriers to 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, case management) needed to access and maintain permanent housing.

When asked what would help them to obtain permanent housing, 2017 respondents most often cited rental assistance (70%), more affordable housing (67%), money for moving costs (49%), help clearing credit (35%), and case management (30%) as the types of assistance they would need.

Other supports frequently reported by survey respondents included transportation assistance (28%), legal assistance (27%), ID/paperwork assistance (17%), and childcare assistance (8%).

FIGURE 37. SUPPORT NEEDED TO OBTAIN PERMANENT HOUSING (TOP FIVE RESPONSES)

2017 n= 450 respondents offering 2011 responses
Note: Multiple response question. Percentages may not add up to 100.
SERVICES AND ASSISTANCE

Government and non-profit agencies provide 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 other supports.

GOVERNMENT ASSISTANCE

There are various types of government assistance available to individuals experiencing homelessness, including food stamps, Social Security, and employment programs.

The majority of survey respondents (68%) indicated receiving some type of government assistance. The largest percentage (46%) reported receiving food stamps. About one-third (32%) of survey respondents reported not receiving any form of government assistance. Eligibility issues, compliance with documentation, and general confusion regarding access to services are frequently noted as barriers to accessing available services.

FIGURE 38. GOVERNMENT ASSISTANCE RECEIVED (TOP FIVE RESPONSES)

2011 n=496 respondents offering 692 responses; 2013 n=254 respondents offering 441 responses; 2015 n=310 respondents offering 357 responses; 2017 n=443 respondents offering 540 responses


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

In addition to government assistance, community-based services and programs also assist individuals and families who are experiencing homelessness. These services range from shelters and meal programs to job training and healthcare, and help provide support for immediate, basic needs and investments in long-term self-sufficiency and housing stability.

A large majority of survey respondents (87%) indicated accessing services or assistance in the community. Most respondents reported accessing free meals (65%), shelter day services (37%), health services (29%), bus passes (19%), alcohol and drug counseling (15%), and mental health services (17%). Although not among the top responses, transitional housing (14%), legal assistance (14%), job training (13%), and immigration services (1%) were also cited as services accessed by survey respondents. Thirteen percent (13%) of respondents indicated they were not currently accessing any services or assistance.

FIGURE 40. SERVICES OR ASSISTANCE

2013 n=352 respondents offering 1,035 responses; 2015 n=298 respondents offering 604 responses; 2017 n=447 respondents offering 1219 responses
Note: Multiple response question. Percentages may not add up to 100.
EMPLOYMENT AND INCOME

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

The unemployment rate in Santa Cruz County in January 2017 was at 3.6%, slightly down from 4.7% in 2015. It is important to recognize that the unemployment rate represents only those who are unemployed and actively seeking employment. It does not represent all joblessness, nor does it address the types of available employment. The unemployment rate for homeless respondents was 69%, a slight decrease from 74% in 2015. Forty-three percent (43%) of unemployed respondents indicated that they were currently looking for work, 43% indicated they were currently unable to work, and 14% of respondents were currently not looking for work.

Income from all sources varied between those with regular employment and those who were unemployed. Persons who were unemployed received income from government services, benefits, recycling, or panhandling. However, overall income for those with employment was higher than those without. For example, 91% of respondents who were employed reported making more than $3,000 per month, compared to 73% of respondents who were unemployed.


FIGURE 41. EMPLOYMENT AND MONTHLY INCOME

![Chart showing employment and income distribution]

<table>
<thead>
<tr>
<th></th>
<th>EMPLOYED</th>
<th></th>
<th>UNEMPLOYED</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>2017</td>
<td>2015</td>
<td>2017</td>
</tr>
<tr>
<td>$0-$99</td>
<td>1%</td>
<td>0%</td>
<td>17%</td>
<td>1%</td>
</tr>
<tr>
<td>$100-$449</td>
<td>41%</td>
<td>0%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>$450-$749</td>
<td>36%</td>
<td>0%</td>
<td>14%</td>
<td>0%</td>
</tr>
<tr>
<td>$750-$1,099</td>
<td>8%</td>
<td>3%</td>
<td>28%</td>
<td>3%</td>
</tr>
<tr>
<td>$1,100-$1,499</td>
<td>5%</td>
<td>0%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>$1,500-$3,000</td>
<td>9%</td>
<td>6%</td>
<td>4%</td>
<td>23%</td>
</tr>
<tr>
<td>More than $3,000</td>
<td>0%</td>
<td>91%</td>
<td>0%</td>
<td>73%</td>
</tr>
</tbody>
</table>

Note: Respondents were challenged by this income question and the low response for employed and unemployed income is subject to a high margin of error.
HEALTH

The average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Without regular access to healthcare and without safe and stable housing, individuals experience preventable illness and often endure longer hospitalizations. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients.²

CHRONIC HEALTH CONDITIONS

In Santa Cruz County, approximately 55% of individuals surveyed reported one or more disabling health conditions. These conditions include physical disabilities, chronic substance abuse, and severe mental health conditions.

The most frequently reported disabling condition in 2017 was psychiatric or emotional conditions (39%), followed by physical disability (38%), and drug or alcohol abuse (37%). Thirty-two percent (32%) reported post-traumatic stress disorder, 31% reported chronic health problems, 18% reported a traumatic brain injury, and 2% reported an HIV related condition.

FIGURE 42. HEALTH CONDITIONS

2015 n=327-335; 2017 n=11-179
Note: Multiple response question. Percentages may not add up to 100.

DOMESTIC/PARTNER VIOLENCE OR ABUSE

Histories of domestic violence and partner abuse are prevalent among individuals experiencing homelessness, and can be the primary cause of homelessness for many. Survivors often lack many of the financial resources required for housing, as their employment history or dependable income may be limited.

Six percent (6%) of survey respondents reported currently experiencing domestic violence or abuse. Thirty-nine percent (39%) of respondents reported experiencing domestic violence or abuse in the past.

FIGURE 43. CURRENTLY EXPERIENCING DOMESTIC VIOLENCE

2017

2017 n= 439

FIGURE 44. HISTORY OF DOMESTIC VIOLENCE

2017

2017 n= 439
CRIMINAL JUSTICE SYSTEM

Homelessness and incarceration are often correlative. Individuals without stable housing are at greater risk of criminal justice system involvement, particularly those with mental health issues, veterans, and youth. Individuals with past incarceration face significant barriers to exiting homelessness due to stigmatization and policies affecting their ability to gain employment and access housing opportunities.³

Twenty-nine percent (29%) of survey respondents in 2017 reported spending at least one night in jail in the last 12 months, a slight reduction from 32% of respondents in 2015.

FIGURE 45. SPENT A NIGHT IN JAIL OR PRISON IN THE LAST 12 MONTHS

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>32%</td>
<td>29%</td>
</tr>
<tr>
<td>No</td>
<td>68%</td>
<td>71%</td>
</tr>
</tbody>
</table>

2015 n=329; 2017 n=456

HUD Defined Subpopulations

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness outlines national objective and evaluative measures for ending homelessness in the United States. In order to adequately address the diversity within the population experiencing homelessness, the federal government identifies four subpopulations with particular challenges or needs. Consequently, these subpopulations represent important milestones for measuring local progress toward ending homelessness.

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

Of the 459 surveys completed in 2017, the results represent 161 chronically homeless, 70 homeless veterans, 59 individuals in homeless families, and 80 unaccompanied children and transition-age-youth. Surveys were completed in unsheltered environments and transitional housing settings.
CHRONICALLY HOMELESS INDIVIDUALS

The Department of Housing and Urban Development defines a chronically homeless individual as someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years, and also has a condition that prevents them from maintaining work or stable housing. This definition applies to individuals as well as heads of households 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 the general population. Data from communities across the country show that public costs incurred by those experiencing extended periods of homelessness include emergency room visits, interactions with law enforcement, incarceration, and regular access to social supports and homeless services. These combined costs are often significantly higher than the cost of providing individuals with permanent housing and supportive services.

The U.S. Department of Housing and Urban Development reported that roughly 22% of the national homeless population, or 77,486 individuals, were chronically homeless in 2016. Chronic homelessness has been on the decline in recent years, as communities across the country increase the capacity of their permanent supportive housing programs and prioritize those with the greatest barriers to housing stability. While the national decrease in chronic homelessness seems promising, federal budget constraints limit the amount of money available to support housing programs and services. As a result, Opening Doors, which began with a plan to end chronic homelessness by 2016, has extended the goal to 2017.

In 2017, there were 600 chronically homeless individuals identified during the Point-in-Time Census.

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PRIMARİY CAUSE OF HOMELINESS AMONG THOSE EXPERIENCİNG CHRONİC HOMELINESS

Nineteen percent (19%) of chronically homeless survey respondents identified job loss as the primary cause of their homelessness. Sixteen percent (16%) of chronically homeless respondents reported substance use issues as a primary cause of homelessness similar to 17% of non-chronically homeless respondents.

While chronically homeless respondents reported some differences in the initial cause of their homelessness compared to other respondents, they reported similar barriers to permanent housing.

FIGURE 46. PRIMARY CAUSE OF HOMELINESS, CHRONIC AND NON-CHRONIC COMPARISON

Chronic Survey Population n=161, Non-Chronic Survey Population n=290
Note: Multiple response question. Percentages may not add up to 100.
HEALTH CONDITIONS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

The definition of chronic homelessness includes a condition that prevents an individual from maintaining work or housing, and many respondents reported experiencing multiple physical or mental health conditions. Sixty percent (60%) of chronically homeless survey respondents reported psychiatric or emotional conditions. Fifty-seven percent (57%) reported a physical disability, 54% reported drug or alcohol use, and 48% reported post-traumatic stress disorder (PTSD).

In general, higher rates of health conditions were reported for those who were chronically homeless compared to their non-chronically homeless counterparts. For example, 44% of chronically homeless individuals reported having a chronic health problem compared to 24% of non-chronically homeless individuals.

FIGURE 47. HEALTH CONDITIONS, CHRONIC AND NON-CHRONIC COMPARISON

Chronic survey population n = 156-161; Non-chronic survey population n = 283-295
Note: Multiple response question. Percentages may not add up to 100.
GOVERNMENT ASSISTANCE AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Twenty-nine percent (29%) of chronically homeless respondents reported they were not using government assistance. Forty-two percent (42%) reported receiving food stamps, 5% received CalWorks, 15% received Disability, 7% received VA benefits, and 27% received Social Security.

FIGURE 48. GOVERNMENT ASSISTANCE RECEIVED, CHRONIC AND NON-CHRONIC COMPARISON

Incarceration Among Those Experiencing Chronic Homelessness

A larger percentage (49%) of individuals experiencing chronic homelessness reported being arrested one or more times in the last three years, as compared to 34% of other homeless individuals.

FIGURE 49. ARRESTED IN THE LAST THREE YEARS, CHRONIC AND NON-CHRONIC
HOMELESS VETERAN STATUS

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

The U.S. Department of Veterans Affairs (VA) provides a broad range of benefits and services to veterans of the U.S. Armed Forces. These benefits can involve different forms of financial assistance, including monthly cash payments to disabled veterans, health care, education, and housing benefits. In addition to these supports, the VA and HUD partner to provide additional housing and support services to veterans’ currently experiencing homelessness or at risk of experiencing homelessness.

Between 2009 and 2016, there has been a 48% decrease nationally in the number of homeless veterans. According to data collected during the national 2016 Point-in-Time Count, 39,471 veterans experienced homelessness on a single night in January 2016. 7 Santa Cruz County had 236 veterans experiencing homelessness during the 2017 Point-in-Time Census.

PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS VETERANS

The most frequently cited cause of homelessness among veterans was job loss, affecting 25% of the veteran survey population. Thirteen percent (13%) reported an illness or medical problem as the primary cause of their homelessness, 9% reported substance use, 10% reported personal relationship issues, and 16% reported eviction as the primary cause.

FIGURE 50. PRIMARY CAUSE OF HOMELESSNESS, VETERAN AND NON-VETERAN COMPARISON

Veterans Survey Population n=68, Non-Veterans Survey Population n=383
Note: Multiple response question. Percentages may not add up to 100.

**Disabling Conditions Among Homeless Veterans**

A higher percentage of veteran respondents reported having one or more disabling conditions, 67% compared to 54% of non-veterans. In general, veterans reported higher rates of many health conditions compared to non-veterans.

**Figure 51. Health Conditions, Veteran and Non-Veteran Comparison**

![Bar chart showing health conditions comparison between veterans and non-veterans.]

*Veteran survey population n = 69; Non-veteran survey population n = 387*


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

**Access to Services Among Veterans**

Overall, the number of veterans connected to any form of government assistance was higher, 83% compared to 66% of non-veteran respondents.

Thirty-two percent (32%) of veterans reported receiving VA benefits, 35% reported receiving food stamps, and 27% reported receiving social security. Eleven percent (11%) reported receiving CalWorks, and 20% were receiving Disability.

**Figure 52. Government Assistance Received, Veteran and Non-Veteran Comparison**

![Bar chart showing government assistance comparison between veterans and non-veterans.]

*Veterans Survey Population n=66, Non-Veterans Survey Population n=377*

INCARCERATION AMONG HOMELESS VETERANS

Among those who are incarcerated nationwide, veterans are more likely than non-veterans to be first-time offenders, to have committed a violent offense, and to have longer prison sentences. Veterans who are incarcerated may also face the loss of various VA benefits during this time. 8

Locally, a lower percentage of veterans (21%) reported having spent a night in jail in the last 12 months when compared to non-veterans (31%).

FIGURE 53: A NIGHT SPENT IN JAIL OR PRISON IN THE LAST 12 MONTHS, VETERAN AND NON-VETERAN COMPARISON

HOMELESS FAMILIES WITH CHILDREN

National Data from 2016 suggests that 35% of all people experiencing homelessness are persons in families. Very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the population compared to other subpopulations, including unaccompanied children and transitional-age youth.

The risk of homelessness is highest among households headed by single women and families with children under the age of six. Children in families experiencing homelessness have increased incidence of illness and are more likely to have emotional and behavioral problems than children with consistent living conditions. 9–10

There were 129 families with 403 individuals experiencing homelessness during the 2017 Point-in-Time Census.

PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS FAMILIES WITH CHILDREN

Locally, the most frequently reported cause of homelessness among individuals in families with children was eviction (30%). Twenty-three percent (23%) reported job loss, 19% reported alcohol or drug use, 12% cited an argument with a family member, and 14% reported family violence as the primary cause of homelessness.

FIGURE 54: PRIMARY CAUSE OF HOMELESSNESS, FAMILIES WITH CHILDREN AND NON-FAMILIES WITH CHILDREN COMPARISON

Families with Children Survey Population n=57, Non-Families with Children Survey Population n=394
Note: Multiple response question. Percentages may not add up to 100.

HEALTH CONDITIONS AMONG HOMELESS FAMILIES WITH CHILDREN

Thirty-one percent (31%) of respondents reported coping with psychiatric or emotional conditions. Twenty-five percent (25%) reported post-traumatic stress disorder (PTSD), 27% reported chronic health problems, 39% reported physical disability, 42% reported drug or alcohol use, 9% reported a traumatic brain injury, and 7% reported an AIDS/HIV related condition.

FIGURE 55. HEALTH CONDITIONS, FAMILIES WITH CHILDREN AND NON-FAMILIES WITH CHILDREN COMPARISON

GOVERNMENT ASSISTANCE AMONG HOMELESS FAMILIES WITH CHILDREN

Overall, the number of individuals in families with children connected to any form of government assistance was higher, 90% compared to 65% of non-families with children respondents.

Over three-quarters (78%) of individuals in homeless families with children reported using food stamps. Forty-two percent (42%) reported using CalWorks, 14% reported using Social Security, 12% reported using VA benefits, and 10% reported using disability.

FIGURE 56. GOVERNMENT ASSISTANCE RECEIVED, FAMILIES WITH CHILDREN AND NON-FAMILIES WITH CHILDREN COMPARISON
UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE-YOUTH

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

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

During the 2017 Point-in-Time Census, there were 165 unaccompanied children and 423 transition-age-youth experiencing homelessness.

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

Homeless youth survey respondents reported some differences in the cause of homelessness compared to respondents 25 years or older. Twenty percent (20%) youth reported an argument with a family member as the primary cause of their homelessness, compared to 8% of individuals over 25. Seventeen percent (17%) of youth reported alcohol or drug use as the primary cause of their homelessness, 17% reported job loss, 10% reported eviction, and 11% reported family violence.

FIGURE 57. PRIMARY CAUSE OF HOMELESSNESS, UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH AND NON-UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH COMPARISON

Unaccompanied Children and Transition-Age Youth Survey Population n=79, Non-Unaccompanied Children and Transition-Age Youth Survey Population n=372


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

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

Though better than the general homeless population, health is still an issue for homeless youth. Thirty-one percent (31%) of youth reported one or more health conditions, including psychiatric or emotional conditions (25%), post-traumatic stress disorder (PTSD) (24%), drug or alcohol use (26%), and physical disability (15%).

FIGURE 58. HEALTH CONDITIONS, UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH AND NON-UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH COMPARISON

GOVERNMENT ASSISTANCE AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE-YOUTH

Nearly half (48%) of youth reported they were not receiving any type of assistance, as compared to 28% of individuals over 25.

Among those youth that are receiving government assistance, 40% reported receiving food stamps, 7% reported receiving Social Security, 4% reported receiving VA benefits, 10% reported receiving CalWorks, and 1% reported receiving disability.

FIGURE 59. GOVERNMENT ASSISTANCE RECEIVED, UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH AND NON-UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH COMPARISON
SEXUAL ORIENTATION AND LGBTQ IDENTITY

Twenty-nine percent of unaccompanied children and transition-age-youth identified as LGBTQ. Slightly more than three quarters of those identified as either gay, lesbian, or queer.

FIGURE 60. SEXUAL ORIENTATION AND LGBTQ IDENTITY AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH

LGBTQ n=82; Breakout n=24 respondents offering 26 responses


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

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

FIGURE 61. HISTORY OF FOSTER CARE, UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH AND NON-UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH COMPARISON

Unaccompanied Children and Transition Age Youth

Non-Unaccompanied Children and Transition Age Youth

Santa Cruz County saw 2,249 individuals experiencing homelessness on the morning of January 23rd, 2017. This represents an increase of 15% from the previous count in 2015. The number of families experiencing homelessness decreased, while the numbers of unaccompanied youth under the age of 25 increased to almost 30% of the total homeless population.

The survey component continues to provide a valuable insight into the experiences of individuals experiencing homelessness throughout Santa Cruz County. For many, the experience of homelessness is part of a long and recurring history of housing instability, compounded by the fact that 67% of survey respondents indicated that they had previously experienced homelessness. Sixty eight percent of survey respondents reported living in Santa Cruz County prior to becoming homeless, a similar results to prior years. Among survey respondents, a third (33%) of survey respondents reported currently living outdoors: either on the streets, in parks, or in encampment areas. Although pinpointing a single cause of homelessness is difficult, financial issues and alcohol and drug use continue to be key contributing factors of homelessness in Santa Cruz County. Many individuals experiencing homelessness face significant barriers in obtaining permanent housing. Financial obstacles (cost of rent, no income, no money for moving costs, and lack of transportation) continue to be barriers limiting individuals from obtaining housing.

The data in the 2017 Santa Cruz County Homeless Census and Survey can help educate the public, service providers, and policy makers to inform the status of homelessness in our community and the populations most at risk. In the interim, there is a lot of work to be done to address the immediate needs of the 2,249 persons who are experiencing homelessness and in need of assistance.
Appendix 1: Methodology

OVERVIEW
The purpose of the 2017 Santa Cruz County Homeless Point-in-Time Census and Survey is to produce a point-in-time estimate of people who experience homelessness in Santa Cruz County, a region that covers approximately 607 square miles. The results of the street count were combined with the results from the shelter and institution count to produce the total estimated number of persons experiencing homelessness in Santa Cruz County on any given night. The subsequent survey was used to gain a more comprehensive understanding of the experiences and demographics of those enumerated on the night of the count. A more detailed description of the methodology follows.

COMPONENTS OF THE HOMELESS CENSUS METHOD
The Point-in-Time Census methodology had three primary components:

1. The general street count between the hours of 5:30am to 11:00am on January 23rd – an enumeration of unsheltered homeless individuals
2. The youth street count between the hours of 4 pm and 9 pm – a targeted enumeration of unsheltered youth under the age of 25
3. The shelter count for the night of the street count – an enumeration of sheltered homeless individuals staying in emergency shelter or transitional housing programs

The unsheltered and sheltered homeless counts were coordinated to occur within the same time period in order to minimize potential duplicate counting of homeless persons.

THE PLANNING PROCESS
Beginning in November, meetings were held to prepare for the census. These meetings were designed to inform local parties about the count and solicit feedback. They were attended by a mix of county officials, local service providers, shelter staff, youth outreach teams, and others. Additional, separate meetings were held with youth program staff in order to address specific concerns in counting these populations. These meetings focused on a variety of issues related to the planning process and were focused on a variety of issues, including logistics surrounding the count, volunteer and guide recruitment, outreach to subpopulations, strategies for covering geographic areas, and many more. During this process, valuable feedback and input was gathered from the community and incorporated into the planning process and count preparation.
STREET COUNT METHODOLOGY

DEFINITION

For the purposes of this study, the HUD definition of unsheltered homelessness for Point-in-Time Counts is used. This definition includes individuals and families 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. However, this definition does not include individuals who were “doubled-up” or “couch surfing,” as well as individuals who were staying hotels, motels, jail, or hospitals on the night of the camp.

METHODOLOGICAL IMPROVEMENTS

ASR has been working with the county of Santa Cruz since 2005, so the count has a very established and mature methodology that is mostly unchanged on a cycle-to-cycle basis. However, there were a few methodological improvements made in Santa Cruz County in 2017. First and foremost among those were a series of focus groups held with individuals experiencing homelessness in the county. Focus groups were held with various groups of individuals experiencing homelessness as well as a focus group conducted with local police officers and city rangers, in different regions, in addition to a separate focus group held with law enforcement. These were designed to gather “hot spot” information – locations in the county that were known as common destinations for the population experiencing homelessness. Indicators were then placed on census tract maps, letting teams know that these areas had been designated as “hot spots.” Small improvements included an earlier start time, increased youth participation, and veteran outreach.

VOLUNTEER AND GUIDE RECRUITMENT AND TRAINING

Many individuals who live and/or work in Santa Cruz County turned out to support the effort to enumerate the local population experiencing homelessness. More than 80 community volunteers and City and County staff participated in the 2017 general street count. The volunteer recruitment effort was led by the Homeless Services Center and was greatly aided by numerous shelters and day programs from throughout the county. Extensive outreach efforts were conducted, targeting local non-profits that serve the homeless and local volunteer programs, as well as other individuals who may be interested in participating in the count.

Volunteers registered to participate, and received additional details on the count via an online format that was then used to make sure participants would be at locations throughout the county.

To recruit guides, shelters and day programs from throughout the county were asked to identify individuals experiencing homelessness with considerable knowledge of where to find individuals experiencing homelessness on the street, how to find encampments, how to identify if vehicles were being used as sleeping locations, and how to identify situations where safety was a concern. Additionally, shelter and program staffs were asked to recommend guides who were reliable and interested in the process. All guides were paid for their time, earning $15 per hour worked, including a mandatory one-hour training that was held in the days before the count.
Appendix 1: Methodology

SAFETY PRECAUTIONS

Safety is of the upmost importance during the count, and every effort was made to minimize potentially hazardous situations. Information regarding potentially dangerous encampment areas or other locations was shared when appropriate. Techniques for avoiding potentially dangerous situations were shared. The observational nature of the count was emphasized and has been found to be highly successful in minimizing potentially dangerous situations in the past. Volunteers were given guidance on how to act when canvassing encampment areas as well as how to respect a population that was likely to be sleeping. Additionally, the knowledge and experience of guides are valuable for safety reasons and volunteers and teams are encouraged to listen to their guide when they give suggestions regarding safety.

STREET COUNT DEPLOYMENT CENTERS

For convenience, two locations were picked to act as deployment centers on the morning of the count: one in Watsonville and one in Santa Cruz. Volunteers and guides were assigned to either one of these locations based on preference and expected demand. There were 2 ASR staff at each deployments well as local facility staff who helped prepare the space and direct participants. Staff helped to assemble teams, assign tracts, and manage the check-in once teams returned.

STREET COUNT TEAMS

Teams are generally comprised of 2 individuals, one volunteer from the community and one guide, generally an individual who is currently experiencing homelessness. Each team is assigned 1-4 census tracts as their assignment, depending on the size of the tracts. They are responsible for covering all areas that are accessible by the public, including parks, streets, business fronts, and wherever the guide believes there may be individuals experiencing homelessness. Teams are encouraged to have their community volunteer drive their vehicle, while the guide acts as a navigator and enumerator during the process. All teams are given a brief refresher training before heading out into the field. In situations where there were not enough guides for each team, guides were prioritized to enumerate areas that were known to be heavily populated by individuals experiencing homelessness.

DATA LIMITATIONS

While efforts were made by the Santa Cruz County Office of education to include data on homeless children in schools, that effort was not successful.

In the days before the count, there were significant weather impacts throughout the region. There were a small number of roads in the northern area of the county that were inaccessible due to weather conditions, which may have limited the area covered. While anecdotal reports indicate that this had an impact on enumeration efforts, the true extent of that impact is unknowable. It may have impacted guide participation, resulting in fewer guides being available to enumerate than were signed up and trained.

YOUTH STREET COUNT METHODOLOGY

GOAL

The goal of the 2017 dedicated youth count was similar to that of past youth counts in 2013 and 2015, to be more inclusive of children and youth under the age of 25 experiencing homelessness. Many of these 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.

HUD has announced that the youth count in 2017 will be the “baseline” for future years, serving as a barometer to gauge the effectiveness of future efforts to end homelessness amongst children and youth. Recognizing that youth have been underrepresented in the past and need special outreach to make sure it doesn’t happen again, ASR worked with Santa Cruz County to develop a localized strategy to better include unaccompanied children and youth under 25 in the count. Just as in past years, the goal was to improve upon the process, not just replicate what was done in past years.

RESEARCH DESIGN

As in 2013 and 2015, planning for the 2017 supplemental youth count included youth homeless service providers. Local providers worked with ASR staff to conduct focus groups to identify “hot spot” locations where homeless youth were known to congregate. Service providers in Salinas and Santa Cruz were asked to recruit currently homeless youth to participate in the count. Encompass Transition Age Youth Services recruited more than 20 youth to work as peer enumerators, participate in focus groups, and act as surveyors. Youth workers were paid $15 per hour for their time, including the training conducted prior to the count. Youth were trained on where and how to identify homeless youth as well as how to record the data. It has been recognized by the Department of Housing and Urban Development as well as the United States Interagency Council on Homelessness that youth do not commonly comingle with homeless adults and are not easily identified by non-youth. For this reason, they have accepted and recommended that communities count youth at times when they can be seen, rather than during general outreach times.

DATA COLLECTION

It was determined that homeless youth would be more prominent on the street during daylight hours, rather than in the evening when the general count was conducted. The youth count was conducted from approximately 4 PM to 9 PM on January 23, 2017. Youth worked in teams of two to four people, with teams coordinated by youth street outreach workers. Results from the youth count were then compared to the adult count in order to deduplicate unaccompanied children and transition-age-youth.

SHELTER COUNT METHODOLOGY

GOAL

The goal of the shelter count was to gain an accurate count of the number of homeless persons who were being temporarily housed in shelters across Santa Cruz County.

DEFINITION

An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).
RESEARCH DESIGN

Data was collected from shelters on the night of January 22nd. Shelter data was prepared by Community Technology Alliance (CTA), who runs the HMIS data management system for the County of Santa Cruz. HMIS provides data on all individuals staying in shelters, including household status, age, gender, and race and ethnicity. For shelters that do not participate in HMIS, ASR worked with them to collect their data separately. Data from the Pajaro Rescue Mission indicated that there could be as many as 16 additional individuals experiencing homelessness but it could not be verified.

SURVEY METHODOLOGY

PLANNING AND IMPLEMENTATION

The survey of 459 homeless persons was conducted in order to yield qualitative data about the homeless community in Santa Cruz County. These data are used for the McKinney-Vento Continuum of Care Homeless Assistance funding application and are important for future program development and planning. The survey elicited information such as gender, family status, military service, length and recurrence of homelessness, usual nighttime accommodations, causes of homelessness, and access to services through open-ended, closed-ended, and multiple response questions. The survey data bring greater perspective to current issues of homelessness and to the provision and delivery of services.

Surveys were conducted by shelter staff and program, who were trained by Applied Survey Research. Training sessions led potential interviewers through a comprehensive orientation that included project background information and detailed instruction on respondent eligibility, interviewing protocol, and confidentiality.

It was determined that survey data would be more easily collected if an incentive gift was offered to respondents in appreciation for their time and participation. Gift cards to a grocery store were given as an incentive for participating in the 2017 Homeless Survey. The gift cards were easy to obtain and distribute, were thought to have wide appeal, and could be provided within the project budget. This approach enabled surveys to be conducted at any time during the day. The gift proved to be a great incentive and was widely accepted among survey respondents.

SURVEY ADMINISTRATION DETAILS

The 2017 Santa Cruz County Survey was administered by the trained survey team between February 6th and March 10th. In all, the survey team collected 459 surveys.

SURVEY SAMPLING

The planning team recommended approximately 600 surveys for 2017. Based on a Point-in-Time estimate of 2,249 homeless persons, with a randomized survey sampling process, the 459 valid surveys represent a confidence interval of +/- 4% with a 95% confidence level when generalizing the results of the survey to the estimated population of homeless individuals in Santa Cruz County.

The 2017 survey was administered in both transitional housing facilities and on the street. Individuals residing in emergency shelters were reached through street surveys during the day when emergency shelters were closed.
Strategic attempts were made to reach individuals in various geographic locations and of various subset groups such as homeless youth, minority ethnic groups, military veterans, domestic violence victims, and families.

In order to increase randomization of sample respondents, survey workers were trained to employ an “every third encounter” survey approach. Survey workers were instructed to approach every third person they encountered whom they considered to be an eligible survey respondent. If the person declined to take the survey, the survey worker could approach the next eligible person they encountered. After completing a survey, the randomized approach was resumed. It is important to recognize that while efforts are made to randomize the respondents, it is not a purely random sample methodology.

**DATA COLLECTION**

Care was taken by interviewers to ensure that respondents felt comfortable regardless of the street or shelter location where the survey occurred. During the interviews, respondents were encouraged to be candid in their responses and were informed that these responses would be framed as general findings, would be kept confidential, and would not be traceable to any one individual.

**DATA ANALYSIS**

To avoid potential duplication of respondents, the survey requested respondents’ initials and date of birth, so that duplication could be avoided without compromising the respondents’ anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate duplicates. This process examined respondents’ date of birth, initials, gender, ethnicity, and length of homelessness, and consistencies in patterns of responses to other questions on the survey.

**SURVEY CHALLENGES AND LIMITATIONS**

The 2017 Santa Cruz County Homeless Survey did not include an equal representation of all homeless experiences. There may be some variance in the data that the homeless individuals self-reported.
Appendix 2: Definitions & Abbreviations

**Chronic homelessness** is defined by the U.S. Department of Housing and Urban Development, the U.S. Department of Health and Human Services, and the U.S. Department of Veterans Affairs as “an unaccompanied homeless individual or family member with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years (for a cumulative total of 12 months or more).”

**Disabling condition**, for the purposes of this study, is defined as a physical disability, mental illness, depression, alcohol or drug abuse, chronic health problems, HIV/AIDS, Post-traumatic Stress Disorder (PTSD), or a developmental disability. A health condition has an impact on housing stability or employment.

**Emergency shelter** is the provision of a safe alternative to the streets in a shelter facility. Emergency shelter is short-term, usually for 180 days or fewer. Domestic violence shelters are typically considered a type of emergency shelter, as they provide safe, immediate housing for victims and their children.

**Family** is defined as a household with at least one adult and one child under 18.

**Homeless** under the category 1 definition of homelessness in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, includes individuals and families living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements, or with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

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

**Sheltered homeless individuals** are those homeless individuals who are living in emergency shelters or transitional housing programs.

**Single individual** refers to an unaccompanied adult or youth, age 18 and over.

**Transition-Age-Youth (TAY)** refers to an unaccompanied youth aged 18-24 years.

**Transitional housing** facilitates the movement of homeless individuals and families to permanent housing. It is housing in which homeless individuals may live up to 24 months and receive supportive services that enable them to live more independently. Supportive services – which help promote residential stability, increased skill level or income, and greater self-determination – may be provided by the organization managing the housing, or coordinated by that organization and provided by other public or private agencies.
Transitional housing can be provided in one structure or several structures at one site, or in multiple structures at scattered sites.

*Unaccompanied* refers to children under the age of 18 who do not have a parent or guardian present.

*Unsheltered homeless individuals* are those homeless individuals who are living on the streets, in abandoned buildings, storage structures, vehicles, encampments, or any other place unfit for human habitation.
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2017 HOMELESS CENSUS & SURVEY
COMPREHENSIVE REPORT