Alameda Countywide Shelter and Services Survey

COUNTY REPORT

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prepared for

Alameda County-wide Homeless Continuum of Care Council

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Dear Community Members and Friends:

We are excited to present this unprecedented report about homelessness in Alameda County. The strength of the Continuum of Care Council has always been and continues to be deep community collaboration. The combined efforts of many organizations and individuals made this work possible. Now, for the first time, comprehensive data is available about homeless and marginally housed people in Alameda County who use emergency services and housing.

1,461 homeless and near-homeless people participated in this research – in most cases, this meant a half hour survey that included very personal information such as history of homelessness and sensitive health information. We are immensely grateful to the client respondents who offered their time and insight. In addition to respondents, this report was made possible through the tireless work of homeless service providers, community volunteers, local jurisdictions, and twelve funder partners.

Homelessness is a problem with multiple causes and complex solutions. Without comprehensive, accurate, and timely information about who is homeless, what their needs are, and specifically where those different needs exist, solutions are anecdotally conceptualized – serving to complicate essential community planning. This study defines and delineates existing needs in the homeless and marginally housed populations of Alameda County, offering an empirical point-in-time snapshot of these populations without speculating about causation. This study will serve as the foundation of a comprehensive community planning effort that looks at targeting resources to the greatest needs.

The findings from this survey demonstrate a profound need for specific types of housing and services in Alameda County. The rate of disabilities and histories of chronic and family homelessness throughout the homeless population in Alameda County are strikingly high. We cannot overstate the importance of using this research to understand the issues homeless people are experiencing and, therefore, the need for appropriate services.

Because it is our intention that this information be used broadly, please feel free to share this report.

Sincerely,

Elaine de Coligny
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Building Futures with Women & Children

Jane Micallef
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Abstract

The 2003 Alameda Countywide Shelter and Services Survey provides a reliable estimate of the number of homeless persons in Alameda County and examines the characteristics, service use, and unmet needs of the County's homeless population and of the sector of the non-homeless population that uses food, shelter, and other services designed to serve homeless persons. The study used a stratified, two-stage cluster sample design to survey clients at sites providing assistance to homeless individuals. In a four-week period beginning late February, volunteers, recruited and supervised by the County-wide Continuum of Care Council, surveyed 1,461 clients of 51 homeless assistance services. Data on survey sites and service use were used to calculate client-level weights to estimate the count of service users, including both housed and homeless persons. The weighted sample yields a population estimate of 10,420 adult users of services in Alameda County. The count probably underestimate the actual size of the homeless population since a number of potential "service sites" – jails, prisons, mental institutions, residential treatment centers, and group homes for disabled persons – were not included in the sampling design.

Using the HUD definition of homelessness, an estimated 3,606 homeless adults, accompanied by 1,477 children, utilize homeless services in Alameda County. Under a broader community definition, 4,460 homeless adults utilize homeless services, accompanied by 1,755 children. Housed persons also use emergency food, shelter, and other homeless services in the County, and we estimate that their numbers are larger than the number of homeless persons using the same services. Under the HUD definition, 1,280 of the service users are chronically homeless. Under a community definition, 3,767 adult service users are chronically homeless, and they are accompanied by 1,554 children.

Almost half of homeless persons (community definition) utilizing services are females, and mean age is 43.4 years. The housed group includes more females and somewhat older persons. The majority of homeless service users report their race/ethnicity as Black or African American, with significant numbers self-reported as White or Hispanic. Three-quarters have at least a high school diploma or GED. Homeless as opposed to housed service users have more substantial histories of child welfare (20.0% versus 9.9%) and criminal justice institutionalization (69.7% versus 41.7%). One in five (19.1%) of the homeless group, but 10.3% of the housed group, served in the U.S. military. Overall, two-thirds of the members of the service-using, homeless population are single adults, 12% are in couples, and 21% are accompanied by children. Within the County homeless persons with children are more likely to be served outside the urban centers of Oakland and Berkeley.

Respondents report a variety of cash assistance and other benefits, including marginal and temporary work. Homeless service users work fewer hours at regular jobs than do housed service users. Total income for the homeless family unit averages $727 monthly, compared to $1,022 for housed families. The hunger rate for members of the homeless group is 1.7 times that for the housed group, and each is far higher than the 2002 U.S. average for persons in poverty.

Physical health, mental health, behavioral health, and other problems are widespread, with 42.3% of housed and 56.5% of homeless service users classified as disabled. Members of the homeless group suffer higher rates of victimization. Breaks in health insurance coverage in the last year are frequent (44.2% among housed and 51.8% among homeless service users), and about one-third of all service users received their most recent medical care at an emergency room. Homeless persons are more likely to rely on emergency room or urgent care facilities, to report more hospitalizations, and to delay care for substance abuse or mental health problems. Unmet needs (needing, but not getting help) for mental illness and substance abuse services are greater for homeless than housed persons. Large umbers of service users, whether housed or homeless, express a desire for more help with affordable housing, transportation, employment, receipt of benefits and services, and other areas of personal and social life.

From the perspective of respondents there is no single reason for homelessness. Beyond the shortage of very low income and affordable housing, the cost of health care, and high rates of unemployment and poverty, respondents name multiple problems contributing to their own current or prior homelessness. The high prevalence and severity of disabling conditions among study participants suggests that resolving problems preventing exits from homelessness will be particularly challenging to public and private agencies serving the homeless population.

Point-in-time surveys like this one tend to over-emphasize the characteristics and needs of longer-term or chronically homeless persons. Thus, a social commitment to pursue programs and policies concerning the broader problem of homelessness will require addressing the needs of families and couples, not just those of male, solo, homeless adults who dominate the HUD chronically homeless group.

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INTRODUCTION

In Winter 2003 the Alameda County-wide Homeless Continuum of Care Council, a 45-member organization made up of homeless service providers, cities, and County agencies, consumers of homeless services, and other community members, sponsored a count and survey of persons using homeless services in Alameda County known as Homeless People Count! The project was funded by the following sources:

- Alameda County Housing and Community Development Department
- Alameda County Public Health Department – Community Health Services Division
- Alameda Health Consortium
- The California Endowment
- City of Berkeley
- City of Oakland
- Community Voices Project
- Corporation for Supportive Housing
- East Bay Community Foundation
- Housing Opportunities for People with AIDS
- SBC
- Wells Fargo Foundation

This report, the 2003 Alameda Countywide Shelter and Services Survey – County Report, provides a reliable estimate of the number of homeless persons in Alameda County and examines the characteristics, service use, and unmet needs of the County's homeless population and, whether currently homeless or not, of the sector of the non-homeless population that uses food and other services designed to serve homeless persons.

PROJECT DESIGN

Sample and participation rate. The study used a stratified, two-stage cluster sample to survey clients at sites that provide assistance to homeless individuals. (Section 1 explains sampling and surveying, and further details on sampling methods are included in Appendix 1.)

- The first stage of the sample was a selection of the almost 500 facilities serving Alameda County's homeless (and other) populations.

- Facilities were chosen as interview sites by systematic selection to assure county-wide coverage of shelter, food pantries, soup kitchens, and outreach and drop-in

centers, including mobile outreach vans, with probability proportional to the number of client contacts in a week.

- In the second stage of selection, one or more days of the week were selected for each facility, and volunteer field workers used systematic random sampling to select and, if they agreed, interview a proportion of the clients served that day.

- In a four-week period beginning the last week of February 2003, volunteers recruited and supervised by the Continuum of Care Council surveyed 1,461 clients of 51 homeless assistance services. Interviews lasted on average 27 minutes.

- All interviews were conducted in-person, with responses recorded on a paper questionnaire.

- The site-level response rate was 76 percent.

- Individual response rates were 85 percent at shelters, 67 percent at outreach and drop-in sites, and 56 percent at food sites, for an overall client-level response rate of 64 percent.

Design limitations. While the method utilized was the most appropriate to meet the project's objectives, the design does have some limitations. Relying on service sites to secure interviews implies that some individuals who do not use those facilities will not be included in the sample.

From the findings of other homeless studies, we know that this missed sub-population includes a small proportion of explicitly homeless persons, including persons camping away from central city locations or avoiding contact with the service system. Also missed by the survey is an unknown proportion of persons marginally housed, but homeless under the community definition described below. These include persons temporarily living and eating with others, who are hidden from the survey.

Additionally, it is important to understand that a number of potential "service sites" were not included in the sampling design. These included jails, prisons, mental institutions, residential treatment centers, and group homes for disabled persons. Homeless persons who were incarcerated or housed in any of these settings during the survey were unlikely to be using services at sampled service sites, and thus probably missed being counted by this survey method. Persons residing in permanent supportive housing, who meet the HUD, but not the community, definition of homelessness, were not sampled.

For these reasons, the counts enumerated below probably underestimate the actual size of the homeless population in Alameda County. Additionally, it should be noted, since data are based on self reports, respondent and researcher perspectives may not coincide. Thus, we find, perhaps because of our community definition of homelessness, respondents we have defined as currently homeless reporting that they have never been homeless. While this example suggests an undercount, respondents replying to questions concerning disabilities, for example, might have reasons to under- or over-report conditions, compared to the researchers' perspectives.

Response bias. Among persons utilizing the service sites and selected for interview, about one-third were unable or unwilling to participate in the survey. Many persons selected for interview at food or meal sites did not participate in the interview because of work schedules or appointments. This appeared especially with regard to employed persons who drop by a food service site for a quick lunch before returning to work. Accordingly, results may not reflect fully the full range of experiences of persons utilizing services.

Weighting of the data. Data on survey response rates and service use by individuals were used to calculate client-level weights for purposes of estimating the County-wide count of service users, including those housed and homeless. The weighted sample yields a population estimate of 10,420 adult users of services in Alameda County. (Children were not sampled, unless they were living on their own, as effectively emancipated minors.)

Weighting provides an inferential means to *estimate* population and sub-population sizes among service users. With the exception of the non-response analyses in an early report section, unless specifically noted otherwise, all data presented in subsequent sections and reproduced here are generated by weighted analyses, using individual weights.

Presentation of findings. For presentation purposes interview locations are collapsed into four jurisdictions: Oakland, Berkeley, Mid and Other North County, and South and East County.

DEFINITIONS

To estimate the numbers of persons who were homeless, the interview data were used to construct two operational definitions of homelessness and two definitions of chronic homelessness, one set approximating criteria used by the U. S. Department of Housing and Urban Development (HUD) and one set relying on community service providers' criteria.

HUD homelessness. The HUD homelessness category includes persons living on the streets, including in abandoned buildings, or residing in emergency shelters, transitional housing, hotels paid by service agency vouchers, in a vehicle, in a place not meant for human habitation or a room not meant for sleeping.

Community homelessness. The community definition extends the HUD homelessness definition to include persons whose living situation is transient or precarious and those who lack a place of their own or for whom homelessness may be imminent.

HUD chronic homelessness. This definition is tightly focused on the subpopulation of homeless persons who currently are homeless, living unaccompanied, disabled and homeless for twelve months or more over the past three years.

Community chronic homelessness. In community terms, anyone who has been homeless a long time or many times is considered chronically homeless, without regard to whether they live alone or with others, whether they are disabled, and whether they are currently homeless. This definition includes persons who have a recent history of homelessness or episodic homelessness totaling a year or more of the past three years.

FINDINGS

Unless otherwise noted, findings refer to population estimates derived from the community definition of homelessness. Table numbers in parentheses direct the reader to the relevant section of the full report.

Count of homeless persons[1]

HUD definition of homeless.

- Adults meeting the criteria number 3,603, or 34.6 percent of the estimated 10,420 population of adult service users (3-4).
- Under the HUD definition 72.2% of the adults are single, 6.5% are in a couple with no children, and 21.3% are accompanied by children (3-4).
- The 3,603 adults are accompanied by 1,477 children, producing a total count of 5,080 (3-4).

Community definition of homeless.

- The total estimate of homeless adults by the community definition is 4,460 adults, 42.8 percent of service users.
- 66.7% of the adults are single, 12.3% are in a couple with no children, and 21.0% are accompanied by children (3-5).
- Including the accompanying 1,755 children, the total number of homeless persons is 6,215 (3-5).

HUD chronic homelessness.

- Some 1,280 persons, 14.3% of service users, are chronically homeless under the HUD rubric (3-2, row 3 and 3-4).
- By definition, all of the 1,280 chronically homeless adults are single, without accompanying children.
- This subpopulation constitutes less than half of all persons meeting the HUD definition of homelessness.

Community chronic homelessness.

- The community definition finds 3,766 persons, 40.6% of service users, to be chronically homeless (3-3, row 1).

[1] For count findings, the full report includes confidence intervals that identify the range in which we are sure, with 95% probability, that the true population values fall.

- 67.3% of persons chronically homeless are single, 11.6% are in a couple with no children, and 21.1% are accompanied by children (3-5).

- With their accompanying 1,554 children, the population of chronically homeless persons, plus their children, numbers 5,320 (3-5).

Housed users of homeless services.

- It follows from the community definition of homelessness that 57.2% of service users are housed rather than homeless.

Geographic distribution of homeless persons

Table ES-1 displays the distribution of homeless service users across four interview locations.

- While 64.0 and 17.5 percent of interviews took place, respectively, in Oakland and Berkeley, the weighting procedures find that homeless services users in those cities represent 56.0 and 10.5 percent of service users County-wide. In other words, members of the Oakland and Berkeley sub-samples tend to use services more frequently than do members of the Mid & North and the South & East County sub-samples (14.6% and 18.9% of service users). As a result, for purposes of estimating counts of *persons*, rather than number of service visits, data from Oakland and Berkeley respondents tend to be weighted *down*, while data from the rest of the County are weighted *up* (2-6).

Table ES-1: Homeless count estimates by definitions and interview location

Definition	Oakland	Berkeley	Mid & N	S & E	**Totals**
n	935	255	114	157	**1,461**
N	5,838	1,090	1,525	1,967	**10,420**
HUD homeless					
Adults	1,921	773	436	474	**3,606**
Children with surveyed adult	529	48	489	411	**1,477**
Survey Total	2,450	821	925	885	**5,081**
Community homeless					
Adults	2,475	785	532	668	**4,460**
Children with surveyed adult	581	50	532	592	**1,755**
Survey Total	3,056	835	1,064	1,260	**6,215**
HUD chronically homeless					
Adults	627	529	45	79	**1,280**
Community chronically homeless					
Adults	2,206	752	398	411	**3,767**
Children with surveyed adult	699	34	481	340	**1,554**
Survey Total	2,905	786	879	751	**5,321**

Demographic and social characteristics of service users

Demographics (see Table ES-2)

- We estimate that County-wide, 53.1% of the individuals utilizing homeless services are females, including 57.7% of housed service users, 46.9% of community-defined homeless service users, 41.4% of HUD-defined homeless service users, and 24.4% of HUD-defined chronically homeless service users (2-1; ES-2).

- Service users tend toward middle-age and older, with 48.7 percent at least 45 years of age (2-2; ES-2).

- Half (51.5%) of the service users are Black, one-fifth (20.3%) are White, and one in eight (12.5%) Hispanic (2-3). Compared with all service users, HUD-defined chronically homeless services users include fewer Hispanics and more Whites (4-3).

- Relatively few interviews were conducted with respondents whose preferred language was other than English (89.5%) or Spanish (11.4%). More of the Spanish speakers are housed service users (2-4, ES-2).

- The majority of respondents reported sleeping in Oakland, with sizeable proportions residing in Berkeley, Fremont, San Leandro and Castro Valley**,** Livermore, Alameda, and Union City (2-5).

Homeless, as contrasted with housed, users of homeless services are more likely:

- To be male (4-1)

- To be younger (4-2)

- Prior to age 18, to have been placed in foster care, a group home, or other institution (among those under age thirty at interview, these rates of institutionalization are even greater) (4-7)

- To have served in the United States military (4-11)

- To have spent time in jail or prison (among those who have been incarcerated, homeless service users are more likely to have been released recently) (4-8)

They are less likely to:

- Speak Spanish (4-4)

There are two noteworthy differences evident across groups in terms of race/ethnicity and educational background. County-wide, members of the homeless group are more likely to have completed high school or a GED, compared with the housed group (4-6). In Berkeley, the chronically homeless group, as defined by HUD, includes more Whites and fewer Blacks, compared to all service users County-wide (4-3).

Table ES-2: Comparison of sample demographic and other background characteristics by housing status

Characteristic	Group or sub-group (Percent unless stated otherwise) Housed	Community Homeless	HUD Homeless	HUD Chronic
Gender (female)	57.7	46.9	41.4	24.4
Age (mean number of years)	48.0	43.4	42.4	43.5
Preferred language = English	77.4	91.4		
Education (HS grad, GED, or higher)	75.1	77.6		
Foster care, group home before age 18	9.9	20.0		
Foster care, group home before 18 if younger than age 30 at interview	15.5	36.8		
Served in US military	10.3	19.1	19.3	
Spent time in jail or prison	41.7	69.7		
Jail/prison release last year	15.9	28.4		

Family type/household composition

- Homeless services users, as contrasted with housed, are twice as likely to be solo adults and substantially less likely to be part of a two-parent or compound family (4-9).
- About half the users of services report having no children under age 22. 31.5 percent of homeless users of services have children who are not with them; 18.0% of housed service users have children not with them; in some cases children (ages 21 and younger) were old enough to be living on their own (4-10).
- Homeless service users were more likely to have children who were not with them, while housed service users were more likely to have all their children with them (4-10).
- The plurality of children with respondents – whether housed or homeless – was in the 6-to-12-year-old range (4-10).

Reasons for homelessness

Complex social, economic, and personal factors underlie individuals' routes to homelessness. While the survey question did not raise larger economic and social issues, a number of respondents nevertheless brought those up in verbatim comments. Service users responded to many explanations suggested as possible reasons for homelessness the current or most recent time. In order of prevalence the personal explanations provided were:

- Total income not enough to afford housing
- Had no income
- I broke up with a spouse/partner, or other family change
- My income from work dropped or stopped
- My family, partner or roommate made me move
- I moved to a new area, had no money, friends or family
- I was evicted from my place
- Because I was using drugs
- My benefit checks were stopped or reduced
- I was released from jail, prison or a hospital
- Because I was using alcohol
- The building was closed by the government as unsafe

Hunger

By general population standards, prevalence of hunger was extremely high for both housed and homeless service users.

- 27.9% of housed and 48.0% of homeless service users went hungry in the past 30 days (6-1).

- 2.7% of housed and 14.4% of homeless service users go hungry daily (6-1).

- 17.8% of service users with accompanying children report that their children go hungry (6-1).

- Single persons were more likely to report hunger than persons in other family types (6-2).

- Relatively fewer study participants interviewed at transitional housing sites report experiencing hunger; hunger is common among those interviewed at shelters, soup kitchens, drop-in services, and food pantries (6-2).

Health conditions, disability status

Self-defined disability. Study participants were asked whether they were disabled by any of nine conditions.

- Just under half of housed service users but almost two-thirds of homeless service users reported at least one disabling condition (8-1).

- Homeless persons were significantly more likely than housed persons to report learning disabilities (13.4% versus 6.6%), mental illness (19.8% versus 12.6%), alcohol abuse (8.1% versus 2.0%), and drug abuse (6.9% versus 1.5%) (8-1).

Census-based disability. Census disability definitions focus on longer-term problems.

- 56.5% of homeless and 42.3% of housed service users were assessed disabled (8-3).

- Disability rates were greater for homeless than housed persons, including work disability, mental disability, limitations on going outside the home, physical disability, and self-care disability (8-3).

Chronic conditions.

- 20.2% of service users have been told they have asthma (8-7).

- 9.7% of service users have been told they are diabetic (8-7).

- 4.0% of service users have been told they have tuberculosis (8-7).

- Homeless service users are half-again as likely as housed service users to report hepatitis (11.6% versus 7.6%) (8-7).

HIV/AIDS. Reports of being HIV positive are statistically indistinguishable, among housed, homeless, and HUD chronic homeless subgroups (3.9%, 2.7% and 3.1% respectively) (8-9).

Behavioral health. A step-function of increasing prevalence describes the pattern of alcohol dependence, drug abuse, drug dependence, drug physiological dependence, alcohol or other drug (AOD) abuse, AOD dependence, mental illness, and dual diagnosis across the subpopulations of housed, homeless, and HUD chronically homeless service users (8-10; ES-3). In each case the prevalence rate is lowest for the housed group and greatest for the chronic homeless group (8-10).

Table ES-3: Comparison of behavioral health assessments by housing status

	Group or sub-group		
Assessment	Housed	Community Homeless	HUD Chronic
Alcohol dependence	14.0	29.5	53.1
Drug abuse	11.7	31.0	44.5
Drug dependence	6.0	21.7	34.2
Drug physiological dependence	4.7	16.8	30.2
AOD abuse	20.5	42.9	63.7
AOD dependence	16.8	38.3	61.2
Mental illness	13.1	20.8	29.5

Dual diagnosis: mental illness and AOD dependence	3.2	9.5	12.5

SF-8 measures of physical and mental health status. Each item score and the summary scores show a distribution of responses that shifts toward "worse" from housed to homeless to chronically homeless (HUD criteria) service users (8-5, 8-6).

- Item scores for HUD chronically homeless persons in this sample are about one standard deviation below expected values for the US general population.

Violence and victimization.

- Homeless service users are twice as likely as housed service users (15.0% versus 7.4%) to report being victimized physically or sexually by a non-family member in the past 12 months (9-1).

- The prevalence of within-family victimization or threats of violence is four times higher among homeless compared to housed service users (14.7% versus 3.4%, 9-2).

Prevalence of conditions obtained by self-report may be under- or over-reported by respondents. Problems involving social stigma are most likely to be under-reported. In this survey, those include mental illness, HIV and AIDS status, substance abuse problems and family violence.

Work, benefits, and income

Work. Homeless service users are slightly more likely than housed service users to have worked in the past 30 days (35.4% versus 30.7%); however, work reported by homeless persons was less stable (7-1).

- Housed persons are more likely to hold a job for over three months (58.7% versus 39.6%).

- Homeless persons are more likely to work at jobs for less than three months (14.8% versus 6.9%), to have temporary work (17.9% versus 13.0%), or to be engaging in panhandling, sales, or other marginal work (10.7% versus 3.0%).

- Homeless service users are more likely to work 15 or fewer hours weekly (32.3% versus 18.7%).

Benefits. Service users are supported by a wide range of income sources, including work, SSI, SSDI, Food Stamps, General Assistance, CalWORKs, panhandling, recycling, sale of blood, hustling, and other marginal income-generating strategies, help from family and friends, unemployment benefits, Social Security retirement, and other sources. The prevalence of sources of support does not differ significantly across housed and homeless service users (7-3).

Income. Total income for homeless persons' family unit averages 27% less than that for housed persons, $727 against $1,022 (7-5).

Access to health care and health services

Insurance

- Housed, homeless, and HUD chronically homeless service users are equally likely – 70 to 75 percent – to report having health insurance or access to publicly-supported treatment services (10-1).

- Homeless (51.8%) and HUD chronically homeless (61.1%) service users are more likely to report a break in coverage compared to housed persons (44.2%, 10-3).

Medical care

- About one-third of both housed and homeless service users report receiving their most recent medical care at an emergency room (10-4).

- The *number* of urgent care clinic or ER visits in the past year differs significantly by housing status. Housed persons report an average of 1.7; homeless persons, 3.0; and HUD chronically homeless persons, 3.5 (10-7).

- Housed persons average 0.2, homeless persons 0.5, and HUD chronically homeless persons 0.9 hospitalizations in the past year (10-8).

Mental health services

- 22.0% of housed, 36.7% of homeless, and 44.3% of HUD chronically homeless service users report use of one or more mental health service in the last year (10-9).

- Homeless, as contrasted with housed, service users are more likely to have utilized a variety of mental health services in the last 12 months. As summarized in Table ES-4, this pattern is visible in reported therapist visits, visits to psychiatrists for medication, and psychiatric hospitalizations (10-9).

Table ES-4: Mental health services utilization, last 12 months by housing status

	Group or sub-group		
Mental Health Service	Housed	Community Homeless	HUD Chronic
Therapist	14.6	25.9	39.1
Psychiatrist for medications	13.7	19.9	31.7
Psychiatric hospital	1.5	8.9	20.5

Delays in care

- Rates of needing help but not getting it step up from housed, to homeless, to HUD chronically homeless service users, for both mental health care and help with alcohol or drug problems (10-12; ES-5).

Table ES-5: Delay in access to care for mental health and AOD services by housing status

	Group or sub-group		
Lack of access to care	Housed	Community Homeless	HUD Chronic
Mental health care needed but not received	11.2	21.0	29.2
AOD care needed but not received	2.9	11.3	18.7

- Reasons provided for not getting needed help are many, and differ for mental health and AOD services. Most prevalent reasons are as follows, in order of prevalence (10-14, 10-15; * signifies significant differences by housing status):

<u>Mental health care</u>

- No insurance, didn't cover
- Didn't know where to go
- Cost, couldn't afford
- Waiting list, long wait*
- Transportation problem
- Put if off, lost referral*
- No openings*
- Hours not convenient
- Not eligible, not sick enough
- Physical access problem

<u>AOD services</u>

- Put it off, lost referral*
- No insurance, didn't cover
- Cost, couldn't afford
- Transportation problem*
- Not eligible, not sick enough*
- No openings
- Waiting list, long wait (tie)
- Had to be sober first (tie)
- Didn't know where to go
- Expected disrespect

Site differences

- More services are delivered in Oakland than any other interview location, more persons were interviewed at Oakland service sites, and hence the Oakland subsample tends to dominate the statistics.

- However, in table after table, there are large differences, usually statistically significant, between Oakland and Berkeley. The homeless population in Berkeley is, on average, more disabled than that in Oakland. Although Berkeley is rich in homeless services, a high proportion of homeless persons there report unmet needs.

- The South & East and Mid & North regions have fewer homeless services, smaller sample sizes, fewer homeless individuals, and more homeless families. For these reasons the regions often appear much different from Oakland and Berkeley, but also sometimes provide insufficient numbers to support conclusive statistical findings.

Additional services desired

At the conclusion of the interview, study participants were asked, with reference to a list of 23 items, whether or not they currently wanted more help with those matters. Striking is the large number of service users – both housed and homeless – who express a desire for more help. Large proportions desire help with housing, employment and job training, benefits receipt, mental health counseling, treatment, and case management, money management skills, and transportation. The following list conveys some of the findings (12-1):

- More affordable places to live (90.3%)
- Lists of affordable apartments (82.7%)
- More affordable transportation (74.6%)
- Education workshop on housing application (65.9%)
- Help finding a job or other employment services (65.4%)
- Job training or education (64.4%)
- Warm places to "hang out" (57.6%)
- Help getting on, or back on, benefits like SSI, GA, or Food Stamps (51.9%)
- Money management skills (46.6%)
- Places to camp (44.1%)
- Family shelters (43.1%)
- Family violence shelters (37.4%)
- Mental health counseling or treatment (36.5%)
- Help with a disability (36.2%)
- Mental health case management (33.4%)
- Outpatient alcohol or drug treatment (27.1%)
- Dual diagnosis treatment (23.9%)
- Child care (22.5%)

Other responses include expression of need for dental and medical care, legal services, and access to food (12-2).

It is especially sobering to recognize that the high prevalence of unmet needs persists even among those housed and in regions with dense services.

The majority, even of housed persons, desires more help with affordable housing and transportation. Almost half of the housed persons express interest in an educational workshop on how to apply for housing, and about one-quarter desire help with family violence shelters, places to camp, and warm places to "hang out". Housed service users especially mention need for youth services and help with housing deposits.

CONCLUSIONS

Count. Using HUD's definition of homelessness, we estimate that 3,606 homeless adults, accompanied by 1,477 children, utilize homeless services in Alameda County. Under the community definition, 4,460 homeless adults utilizing homeless services are accompanied by 1,755 children. Housed persons also use homeless services in the County, and we estimate that their numbers are larger than the number of homeless persons using the same services. Depending on which definition is used for homelessness, housed persons constitute 57% or 65% of users of services designed to respond to homelessness.

According to the HUD definition, 1,280 of the service users are chronically homeless. Under the community definition, 3,767 adult service users are chronically homeless, and they are accompanied by 1,554 children.

Overall, a large proportion of the service-using, homeless population is comprised of single adults. However, depending on location within the County, relatively larger (Mid and North County and South and East County) or smaller (Oakland and Berkeley) proportions of the homeless include children.

Hunger. Prevalence of hunger is higher than U.S. rates among both the housed and homeless populations. It may be that homeless persons can not afford regular meals and that housed persons must constantly choose between paying rent or purchasing food for themselves and their family. Emergency food services may help housed users save enough money on food to pay rent.

Housed and homeless service users. The Alameda Countywide Shelter and Services Survey reveals that homeless persons differ in many respects from housed users of services established for homeless clients. The homeless group in Alameda County includes more males, and somewhat younger persons, compared to the housed group. The homeless group has more substantial histories of child welfare and criminal justice institutionalization. They are more likely to be on their own rather than in a family unit. They have fewer of their children with them, experience hunger more frequently, work fewer hours at regular jobs, and have smaller incomes. The homeless group includes more people with physical, emotional, and other disabilities. Abuse and dependence on both alcohol and other drugs is more prevalent among the homeless, and rates of victimization are higher. Homeless persons report no less access to

insurance or health services than the housed, but nevertheless they are more likely to rely on emergency room or urgent care facilities, record more hospitalizations, and report delayed care for AOD or mental health problems.

From a point-in-time survey, we cannot offer much insight into the question of whether homelessness precedes or follows most of these conditions and behaviors. Nevertheless, the series of comparisons we have made between two groups utilizing the same services suggests that there is considerable overlap in these two subgroups. The majority of housed persons utilizing homeless services have themselves been homeless. The higher average monthly income of housed persons may provide just enough of a financial resource to allow them to make a regular rent.[2] However, the average income is low enough that if one or another income source dries up, even for a short period of time, many housed persons would be expected to lose their housing and join the homeless group.

Policy and program use of information about homeless and near-homeless populations. It is apparent that from the perspective of respondents there is no single reason for homelessness. Rather, beyond the critical housing shortage and the expense of housing, the cost of health care, and the relatively great rates of unemployment and poverty, a multitude of problems besets the homeless population. The large prevalence and severity of the disability conditions affecting study participants suggests that public and private agencies' capacity to resolve any particular – let alone the series of – problems preventing exits from homelessness in the homeless population will be a challenge.

We have tried to present and interpret these findings in ways that will help to identify program and policy areas where innovation or added resources are needed. In that sense, our findings may promote long-term planning for housing, services, and other interventions. Especially in the current period of limited governmental fiscal support for health and human services, such information may prove especially helpful in targeting and prioritizing the content of County-wide programs.

Readers need to hold in mind that point-in-time surveys, like this one, probably over-emphasize the characteristics and needs of longer-term or chronically homeless persons. Thus, a social commitment to pursue programs and policies concerning the broader problem of homelessness will require addressing the needs not just of the male, solo, homeless adults who dominate the HUD chronically homeless group. The needs of families and couples, even if less apparent in this point-in-time survey, also require renewed commitments to effective assistance.

[2] See, for example, the positive findings of shallow rent subsidies in Dasinger, L.K. and Speiglman, R. Alameda County Project Independence Evaluation. A Longitudinal Study of a Shallow Rent Subsidy Program for People with HIV/AIDS. Berkeley: Public Health Institute, 2002.

GLOSSARY OF TERMS

CATEGORY Term	Definition
HOMELESS DEFINITIONS	
HUD Chronic Homeless (HUD definition)	A "chronically homeless" person is defined as "an unaccompanied homeless individual 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."[3]
HUD Chronic Homeless (ACSSS survey definition)	See Table 3-2 for detail of criteria used to operationalize the definition. Survey criteria for HUD chronic homelessness include currently homeless, living alone (unaccompanied), disabled by one or more diagnosable conditions, and either continuously homeless for twelve months or more in the past three years.
Chronic homeless(ness), community definition	Chronically homeless for 12 or more months of the past 3 years, without regard to household composition or disability. See Table 3-3 for detail of criteria used to operationalize the definition. Approximately 68% of those currently homeless, have been homeless a year or more of the past three years.
Disabled, Disability	Disability for homeless definitions includes Census disability, self-reported mental disability, and alcohol or drug dependence. Short interviews (n = 179) did not collect information on disability.
Homeless (HUD definition)	The term "homeless" means a person sleeping in a place not meant for human habitation (e.g., living on the streets or in an emergency shelter)[4], or residing in an emergency shelter, transitional housing, or other supportive housing program.[5]

[3] Notice of Funding Availability for the Collaborative Initiative to Help End Chronic Homelessness/Federal Register, Vol. 68, No. 17/Monday, January 27, 2003, 4019. This definition is shared 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.

[4] HUD NOFA applications website: http://documents.csh.org/documents/ke/HOMENOFA10-15-03.doc. Accessed February 12, 2004.

[5] US law adds more detail: an individual who lacks a fixed, regular, and adequate nighttime residence, or has a primary nighttime residence that is designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); a temporary residence for persons intended to be institutionalized; or a place not designed for sleeping accommodations for human beings. US Code, Title 42, Chapter 119, Subchapter I, Section 11302, http://www4.law.cornell.edu/usdoce/42/11302.html,. Accessed February 12, 2004.

CATEGORY Term	Definition
Homeless (ACSSS survey, HUD definition)	The HUD homeless definition used in the survey includes persons living on the streets, in abandoned buildings or vehicles, or residing in emergency shelters, transitional housing, hotels paid by service agency vouchers, or in a place not meant for human habitation or a room not meant for sleeping. See Table 3-1 for detail of criteria used to operationalize the definition. Persons living in permanent supportive housing – considered homeless by the HUD definition – were not estimated from the survey, since those sites were not sampled. Numbers of permanent supportive housing clients are known from a census of occupied beds.
Homeless, community definition	Unless otherwise stated, this is the definition of homeless presented in all tables beginning with Section 4 of this report. Homeless persons, in the community definition, include all persons in the HUD definition, except those in permanent supportive housing, and adds persons whose housing situation is extremely precarious or unstable. See Table 3-1 for detail of criteria used to operationalize the definition.
HUD	United States Department of Housing and Urban Development
Institutional residence	The survey did not sample permanent supportive housing or institutions such as prisons, jails, hospitals, and treatment centers. Therefore, the number of homeless persons in these institutional settings cannot be estimated from survey data.
Vehicle, living or staying in	Respondent self-identified his/her sleeping place as a vehicle by specifying detail in "Other" than the predefined survey responses, usually in response to Question X2g. Because *in a vehicle* was not prompted by the questionnaire, additional persons who were actually sleeping in vehicles may have reported themselves in other categories, such as "On the streets" (X2e).
HOMELESS CHILDREN	Children were not sampled for interview unless they were living on their own, effectively emancipated minors. Numbers of homeless children were estimated from reported numbers of children under age 22 accompanying respondents. See, for example, Table 3-4
HOUSEHOLD COMPOSITION	
Solo adults	Households composed of only one member or either gender, living alone, including single persons living in group homes or other congregate dwellings with shared space.
Couple	A household in which the respondent self-identified his/her living arrangement as with a spouse or partner, and no other co-residents.

CATEGORY Term	Definition
One-parent family	A household in which the respondent reported living with dependent children, and did not mention living with a spouse or partner (or other adult).
Two-parent family	A household in which the respondent reported living with dependent children and a spouse or partner.
Couple plus other(s)	A household in which the respondent reported living as a couple, and also with at least one other (non-related) person, but not with children.
Compound families	Households in which more than one nuclear family *with children*, or more than one generation, shares housing.
Adult with kin	A household in which the respondent reported living with kin other than a spouse or partner, but not with children. This seems most likely to be a "single" adult in a relative's home.
Adult with other(s)	A household in which the respondent reported living with at least one other unrelated person, other than a spouse or partner, but not with children. This seems most likely to be a "single" adult in a friend's home or sharing a residence as roommates.
Nuclear family	A nuclear family is one or two parents and their dependent children. The ACSS survey question (E1) asking "Who do you live with now, or who lives with you now?" does not specify how many persons of each type, making it risky to estimate numbers of persons in the household. Knowing whether the respondent lives with a spouse or partner (from E1) and enumeration of children with the respondent (E3 and E4) does make it possible to estimate numbers in the nuclear family.
Family unit	Family unit was defined for respondents in question H1, a lead-in to the income questions, as "the people who live with you now, and share their income".
QUESTIONNAIRE	The ACSSS questionnaire is Appendix 4.
TABLE CONVENTIONS	
Confidence interval	Confidence intervals identify the range within which a value estimated from the survey (count, percent, etc.) is likely to fall, with 95% probability.

CATEGORY

Term	Definition
Gray rows	Grayed-out *rows* present estimates derived from survey data which differ from the analytical criteria for the table as a whole, but which add information helpful for interpreting results (for example, numbers of persons known to meet some of the criteria for chronic homelessness, whose status on remaining criteria was unknown (shown in Section 3 tables), or numbers of persons with missing data (shown in Section 4 tables).
Gray columns	Grayed-out columns present unweighted numbers of interviewed persons, rather than weighted estimates of persons in the population of service users.
Gray cells	Grayed-out cells indicate information which is not statistically significantly different by interview jurisdiction, or, if empty, indicates information selectively not presented because it would be misleading.
Gray type	Gray type lists arbitrary coding values used to group write-in or verbatim responses, or, in some cases, lists question numbers for multi-part questions. (See Questionnaire in Appendix 4.)
Interview location, Mid & N	Mid- and North County (other than Berkeley and Oakland) includes the Mid-County cities and unincorporated areas of Alameda, Castro Valley, Hayward, and San Leandro and the "other North" cities Emeryville and Albany.
Interview location, S & E	South and East County includes the cities of Dublin, Fremont, Livermore, Pleasanton, Newark, and Union City.
Italic type	Italic type in tables indicates information derived from survey questions about subpopulations which were not directly sampled, for example children with surveyed adults (Table 3-4).
n	Lower case "n" indicates the unweighted number of interviewed person. The full sample was 1461 persons (n = 1461).
N	Upper case "N" indicates the weighted estimate of the number of persons in the population of service users (population N = 10,420).
Question numbers	Question numbers are listed at the end of table titles in parentheses, for example (E1). The full ACSSS questionnaire is found in Appendix 4.
Table numbers	Table numbers are sequential within each Section of this report. Compound numbering represents first the section and then the table sequence, separated by a hyphen. In the Executive Summary table numbers referencing the full Report are enclosed in parentheses, for example (3-1).

CATEGORY Term	Definition
Service users	In this report, *service users* is usually a shortened substitute for the more complete technical phrase "estimated number (N) of persons from the estimated population of users of homeless services". When *service users* means actual persons using services for homeless persons, such as those selected for interview, the context will make that clear.
Step-pattern	A step-pattern is a progression of increasing or decreasing values in a series of related analyses, usually in a logical sequence. For example, housed, homeless, chronic homeless is a logical sequence from more- to less-desirable circumstances. In this survey, the proportions of persons in those circumstances self-reporting mental illness are 13.1%, 20.8%, and 29.5%, respectively, forming a step pattern. If the results were presented as side-by-side bars in a graph, the bars would form stair steps.
Weights, Weighting	Weights, explained in Appendix 1, provide an inferential means of estimating population and sub-population sizes among service users, from a smaller number of observations of (interviews with) a sample of service users.

SECTION 1. SURVEY BACKGROUND, RATIONALE, AND METHOD

By Dan Seamans, Richard Speiglman, and Jean C. Norris

THE ALAMEDA COUNTY-WIDE SHELTER AND SERVICES SURVEY

The 2003 Alameda County-wide Shelter and Services Survey (ACSSS) was designed to provide a reliable estimate of the number of homeless persons in Alameda County and to study the characteristics, service use, and unmet needs of the homeless population of Alameda County as well as those of non-homeless individuals using services targeted towards extremely low income residents, many of whom are thought to be homeless. During the last week of February and the first three weeks of March 2003, the Alameda County-wide Homeless Continuum of Care Council conducted a survey of clients of homeless assistance providers in Alameda County. The Council was assisted in this effort by statisticians at the Survey Research Center at the University of California, Berkeley, and researchers at the Public Health Institute. During the four-week period, 1461 complete interviews were conducted by 155 volunteers at shelters, transitional housing programs, food pantries, soup kitchens, and drop-in centers and at outdoor locations on the routes of mobile outreach vans.

The ACSSS was conducted to collect detailed information about the County homeless population in order to better secure and most effectively allocate public and private resources. In part, the effort to obtain an estimate of the number of homeless people was motivated by the U.S. Department of Housing and Urban Development's mandate that local communities receiving federal funding for homeless services and housing complete such a count. Program evaluation research has demonstrated the efficacy of different housing and service models for homeless individuals who share certain characteristics. For example, a study by Dennis Culhane, Stephen Matraux, and Trevor Hadley (1999) shows that homeless persons placed in supportive housing experience significant reductions in shelter use, hospitalizations (of all types), length of stay per hospitalization, and time incarcerated.

In order to initiate such programs or to shift more resources towards them, it is necessary to know the number of individuals who would likely benefit from such services and where within the County the programs should be located. This information can only come from a county-wide

survey that produces client-level information about mental health, family history, history of homelessness, and other salient topics.

On a larger scale, different departments and agencies within the County are currently developing a community-wide integrated housing plan for homeless people and people with special needs. Participants include the Continuum of Care Council and County Departments of Behavioral Health Care Services, Public Health, and Housing and Community Development. This project is informed by research like that of Dennis Culhane and associates (1994), who showed that the total cost to the community of housing and serving people with severe mental disorders in supportive housing programs is roughly the same as the cost to the community of those same individuals living on the streets and in shelters and using hospitals, veterans services, psychiatric inpatient services, jails, and other community resources. The planning process requires detailed information about the characteristics and needs of the County's homeless population.

Survey strategy

Several metropolitan areas have compiled information about homeless persons to support decisions about homeless services. To accomplish this goal policy-makers have relied on "counts" as well as surveys. The latter can be implemented using several types of survey design, including those relying on stratified random and block sampling.

Historically, the most commonly used method for determining how many people are homeless in a jurisdiction is conducting a one-night street and shelter count. This method is an attempt to count directly the homeless population rather than relying on sampling and surveying. This approach has been used on an annual basis by the cities of Boston (Homelessness in the City of Boston 2002) and San Francisco (City and County of San Francisco 2002) to quantify the number of homeless individuals. Teams of volunteers go out on the same evening, each with a prescribed area to cover. The volunteers attempt to locate and identify all the homeless individuals in their assigned areas and conduct a head count, sometimes also recording some basic demographic information such as race or gender. The results of all the different teams are tallied together and combined with counts from shelters. The result provides a lower-bound estimate for the number of people homeless on that evening. While the value of a homeless

population size estimate is obvious, the lack of any individual-level data collection limits the usefulness of this type of census for determining policy direction.

The ACSSS adopted a different strategy by surveying clients of homeless assistance providers. Information is collected by sampling and interviewing clients at sites that provide assistance to homeless individuals. This method was used previously in two national studies, the National Survey of Homeless Assistance Providers and Clients (NSHAPC) (Burt et al. 1999), and a 1987 survey conducted by the Urban Institute (Burt et al. 2001), as well as on a local scale in the Denver area (James 1991). The national studies utilized professional interviewers and extensive interviews, while the Denver research utilized a much shorter questionnaire and volunteer interviewers. The survey of clients of homeless assistance programs methodology is based on the finding that most homeless individuals utilize shelters, soup kitchens, or other services at least weekly, and that these services provide a good opportunity for randomly sampling and interviewing clients. A Los Angeles study (Koegel et al., 1996) estimated two-thirds coverage of the total homeless population would be obtained from a one-day survey of shelter and food service clients. Using national data Burt et al. (2001) found a substantial increase in the number of homeless persons contacted with a week-long rather than a one-day survey. The ACSSS benefited both from staying in the field substantially longer than one day and from surveying persons in contact with additional types of services, beyond shelter and food service sites.

A third approach for surveying the homeless, geographical block sampling, is exemplified by the Los Angeles Skid Row studies of Audrey Burnham and Paul Koegel (Koegel et al. 1996), the D. C. Metropolitan Area Drug Study of Michael Dennis and colleagues (1993), and Peter Rossi's (1989) research in Chicago. Block sampling studies are valuable for estimating the size and general characteristics of the service and non-service using segments of the homeless population, the latter of which is the group that will be omitted from surveys of clients of services for the homeless. In this methodology, locations such as census blocks are randomly selected for street "sweeps", and then an attempt is made to screen all the individuals found in each area for housing status and survey those persons who are homeless. By sampling the entire population, rather than just those who utilize services for homeless individuals, this method makes contact with and surveys additional homeless persons beyond those reached through a services-based survey.

Since Alameda County wanted more information than a "count" could provide, and the block sampling method was judged to be unsuitable for Alameda County because of the large geographic area of the County and also the much greater expense of this type of survey[1], the ACSSS utilized a stratified random sample of persons found at services directed at the needs of homeless persons. All interviews were conducted in-person, with responses recorded on a paper questionnaire.

SURVEY METHODOLOGY

Preparation. Initial planning for the survey was undertaken by the Continuum of Care Council Coordinator and an intern at the Continuum of Care Council, in conjunction with research staff at the Public Health Institute. Continuum of Care Council staff compiled information about services used by homeless individuals in Alameda County. The resultant provider list was then used by statisticians at the Survey Research Center (SRC), University of California, Berkeley, to design the sampling strategy, draw a sample of programs selected for inclusion in the survey, and create site-level weights for survey data. The questionnaire was developed by the Public Health Institute with community input through the Continuum of Care Council, and the volunteer training curriculum was developed by the Continuum of Care Council, the Public Health Institute, and consultants who conducted the training sessions. Another Continuum of Care Council official solicited volunteer field researchers and scheduled data collection at the selected sites.

Sampling. The target population for the survey was all adults and unaccompanied youth (those youth not residing with a parent or guardian) who were served by facilities in Alameda County providing services to the homeless, during the last week of February and the first three weeks of March, 2003.

[1] Michael Dennis calculated the expected costs of interviewing clients via different methodologies based on his experience conducting an in-depth study of homeless people in Washington, D. C. The "expected costs are $54 per interview in shelters, $59 per interview in soup kitchens, and $847 per interview in street locations" (Dennis 1991). By "street locations" Dennis refers to a block sampling methodology. Dennis lists costs for interviews conducted by professional interviews. It is extremely doubtful that a block sampling survey could be carried out with volunteers, but the *relative* expense of this method in comparison to others would remain the same in either case.

The sample was what is termed a stratified two-stage cluster sample. The first stage of the sample was a selection of facilities serving the homeless (and others). Prior to selection, facilities were ordered into clusters by type of site: (1) shelter, (2) food service, and (3) outreach and drop-in. Within type of site, facilities were further ordered by language of clients and by section of the county. Facilities were then selected from the ordered list by systematic selection with probability proportional to the number of client contacts in a week. In total, about 16 percent of the 473 service sites were selected for the survey. (Details on sampling procedures and calculation of weights can be found in Appendix 1.)

In the second stage of selection, one or more days of the week were selected for each facility, and field workers were sent to the facility to interview a proportion of the clients served that day. Days of the week for each facility were selected based on hours of operation (for example, many meal programs are only open one or two days per week) and scheduling needs (i.e. sites in a given geographic region were spread throughout the interviewing period to insure adequate coverage by interviewers and site coordinators). The number of days per week selected for each facility depended upon the proportion of hours of operation to number of clients accessing the service. For most sites, about 25 completed interviews were expected. However, where the size of the program was not large enough to facilitate 25 interviews on one day, where possible, then, two or more days of interviewing were conducted. Conversely, very large sites were accessed more than once to ensure that the service users were adequately represented.

Volunteer field researchers serving as site coordinators used systematic random sampling[2] to select clients for interview, using a predetermined selection interval. Rates of selection were lower at the larger sites, which balanced out the higher first-stage probability of selection of these sites so that the overall probability of selection of any individual service utilization was roughly the same across all the different sites in each stratum. This procedure reduced the unwanted design effects of the sampling strategy and also facilitated scheduling and implementation because approximately the same number of interviews was then conducted at each selected site.

[2] In brief, systematic random sampling means picking every xth person from a line or list, starting with the yth person, where y is a randomly chosen number from one to x (Kalton, 1983).

Interviewers, site coordinators, and training. Volunteers served as interviewers and/or site coordinators at the interview locations. Many of the interviewers and site coordinators were upper and middle management government officials, other city and county staff, non-profit executives, community and faith-based volunteers, graduate students, and currently and formerly homeless individuals. Sixteen (10%) of the volunteers were currently or formerly homeless, and this group conducted at least 20 percent of the total interviews. Forty-seven of the volunteers (30%) were line staff, program-level staff, or managers currently working for non-profits or local governments in a job that related to homelessness. Additional volunteers included a number of officials and executives whose work responsibilities included the development and implementation of policy and programs concerning homelessness but whose schedules currently allowed for little regular time spent with homeless people. In other words, most volunteers were either homeless, formerly homeless, or had experience with homeless programs and related public policy analysis.

Interviewers were trained in four-hour sessions that explained the purpose of the survey and the importance of confidentiality, reviewed the survey instrument in detail, and prepared the volunteers for addressing potential problems in conducting interviews. As part of the training the volunteers interviewed each other and role-played challenging situations. Site-coordinators attended eight-hour trainings that included the material for interviewers as well as instructions for setting up locations for interviewing, conducting sampling at the sites, approaching potential respondents, and matching respondents with interviewers. They also checked interviews for completeness, gave thank-you gifts to respondents, recorded the number and characteristics of non-responders, and were responsible for all data from the sites until they were collected by Continuum of Care Council staff.

Recruitment. At most food and drop-in sites, the majority of service sites in the sample, respondents were selected and approached as they waited in queues to receive services. As they approached potential survey respondents, site coordinators briefly described the survey and its purpose and asked clients if they would be willing to participate. Once agreeing to participate in the survey, participants might be interviewed immediately or, as in the case of those waiting their turn to eat a meal, following receipt of the service. Respondents were given either transit bus passes or grocery gift certificates as a thank-you gift for participation in the survey. These gifts

were chosen after consultation with community groups and with a panel of homeless individuals. In both cases the value of the gift was around $8.

Description of questionnaire. Questionnaire topics included information on demographics, education, background of institutionalization, housing, household composition, length of time homeless, and city of residency; employment, income, health insurance and other benefits; personal status in key barrier and risk areas, such as alcohol and other drug use, mental health, family violence and personal victimization, and physical health, hunger, and disability status; and access to and use of health and other services. The questionnaire was designed with the constraint that the average interview length needed to be under 30 minutes in order not to make an unreasonable request for time from service users, who might have other demands on their time, and to enable the pool of volunteers to conduct over 1,400 interviews during the survey period. This necessitated that each questionnaire section be pared down so that some topics were covered with relatively few questions, and a few areas of concern were left unexplored. Because interviewer practice time in training sessions was short, researchers simplified the questionnaire by reducing the number of skip patterns that otherwise would have been used, leaving a limited number of redundancies in the instrument. The questionnaire, and interviewers with appropriate language skills, were available in English, Spanish, Vietnamese, and Cantonese. (Appendix 4 provides the English survey instrument and Appendix 3 information on question sources.)

Interviewing. On average, interviews lasted 27 minutes (unweighted calculation, n = 1175), and 73 percent of all interviews were completed in half an hour or less. The longest recorded duration from beginning to end of interview was 1 hour 40 minutes. For 33 interviews the interviewer recorded a pause or break during which time the respondent obtained medical care, ate a meal, tended to laundry, or checked on children. Barring simple errors in recording start or stop times, it seems likely that longer interview periods included unrecorded breaks.

At a few sites, particularly outreach vans, it was difficult to conduct the full half-hour interview. Interviewers accompanied van drivers during evening deliveries of food and bedding. Since the vans operated in the evening, often encountering clients as they were about to go to sleep, the survey instrument was structured to accommodate abbreviated interviews. Hence in 13 percent of the interviews (n = 179), clients were only asked basic demographic information, housing status, and enough service-use information to permit the researchers to calculate client-level

weights for purposes of estimating the count of homeless persons. These short interviews, based on nine examples for which times were recorded, appear to have taken just over 15 minutes.[3] Interviewers estimated that subsequent short interviews required less than 10 minutes.

A one-week fieldwork timeframe was originally chosen because clients could, reasonably accurately, report on personal service usage for the past week. However, the full number of expected surveys was not completed in the first week. Therefore, fieldwork was extended for three more weeks of interviewing. Because service use is extremely similar week to week given similar weather conditions, it was assumed there was no real difference across the four weeks of time within the sites or clientele. The mathematical weights associated with each respondent account for history of service use, which reflects each individual's use of the overall system of services. For more discussion, including how we weighted respondents using services multiple times during the interview period, see Appendix 1.

Response rates (site-level and individual-level). Providers ultimately participated in the survey at 51 out of the 75 selected sites. Eight of the sites were unavailable because they were closed or duplicated other sites, for a site-level response rate of 76 percent. Duplication of sites occurs when multiple programs operate out of the same physical location; in cases where another program at the facility was selected as part of the sample, the duplicated site was not included as a sample site, although the program's clients may have had an opportunity to be included in the survey through the other selected program. Individual response rates were 85 percent at shelters, 67 percent at outreach and drop-in sites, and 56 percent at food sites, for an overall client-level response rate of 64 percent (see Figure 1-1). Response rates were higher for shelters because shelter clients stayed at the sites and were more amenable to spending time being interviewed or waiting to be interviewed in that setting, while at other sites clients were more likely to have time constraints that competed with participation. Food sites exert a big influence on the overall response rate because more than half of the interviews were conducted at food sites.

Site coordinators were provided a space on the questionnaire to record the reason that a selected person did not complete an interview (question A8). Interviewers could also record reasons that an interview was not conducted or was not completed (question V2). Table 1-1 shows the

[3] The pace for short interviews was so quick, with respondents waiting in the open air, that interviewers stopped recording times.

reasons for non-response and the percent of non-respondents with that reason. The most common reasons given for non-participation included refusal to participate (n = 487), walking away without interview after agreeing to participate (n = 205), and having to leave for something else (n = 42). Another 99 individuals selected for interview stating that they had already completed the survey were not interviewed again, and 28 persons selected were determined ineligible for one of several reasons. For health, mental health, and other reasons, including interview site conditions that precluded interviews, another 39 individuals could not successfully be interviewed.

Figure 1-1: Client-level response by service type

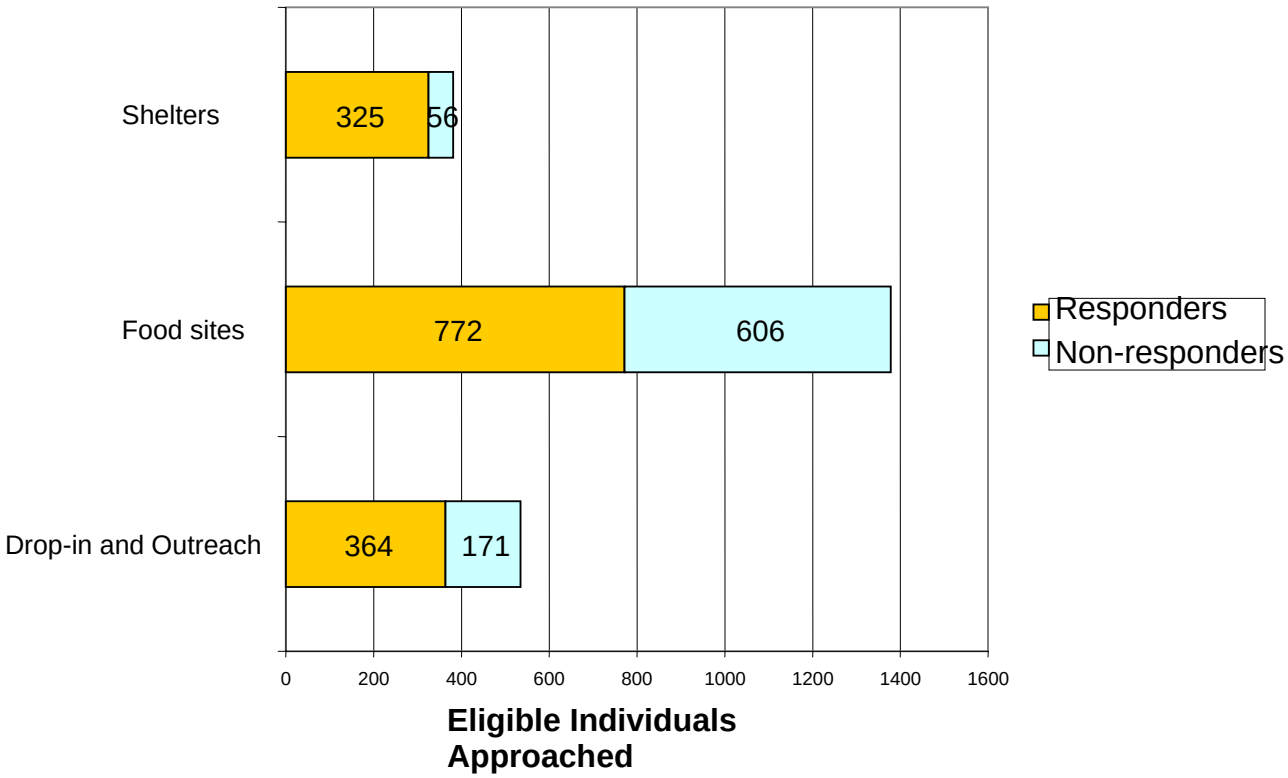

Table 1-1: Reasons for non-response[1]

Reason	N	% of non-respondents (n = 829)
Respondent refused	487	58.7
Respondent agreed, but left without interview and without explanation	205	24.8
Previously selected, not re-interviewed	99	11.9
Had to leave for work or to go elsewhere or busy with something else	42	5.1
Language barrier or communication problem	36	4.4
Potential respondent ineligible		
Minor, accompanied (ineligible)	22	2.7
Minor, living at home (ineligible)	5	0.6
Ineligible for interview, other reason	1	0.1
Unable to complete interview, other reasons		
Selected person mentally or physically unable to interview	11	1.3
Conditions at site precluded interview	11	1.3
Selected person alcohol or drug intoxicated	4	0.5
Selected person angry and unwilling to continue	2	0.2
Other, unspecified	11	1.3
Missing (no reason reported)	34	4.1

[1] Questions A8 and V2 permitted multiple responses, generating 970 reasons recorded for 829 respondents. For another 34 non-respondents, no reason was recorded (total non-respondent n = 863).

Representativeness of sample. Using the information recorded by site coordinators on the questionnaire cover sheet as service users were selected for interview, non-responders (n = 863) were compared to interviewed persons (n = 1461; see Table 1-2). Site coordinators did not record a recruitment language for about one-tenth (11.2%) of non-respondents. In some cases, an unrecorded recruitment language indicates an inability to communicate, which contributed to non-response. Males, once selected for interview, were somewhat less likely to be interviewed that females. Respondents were more likely to be Black (65%) than non-respondents (56%), and correspondingly less likely to be of any other race (for non-respondents, race was recorded as observed by study personnel).

Table 1-2: Comparing observed gender, race and language of recruitment for selected respondents and non-respondents

	Respondents (n = 1461)		Non-respondents (n = 863)	
	N	Percent	N	Percent
GENDER*				
Female	560	38.3	247	28.6
Male	876	60.0	580	67.2
Unknown	1	0.1	---	---
All recorded	1437	98.4	827	95.8
Missing	24	1.6	36	4.2
*Race**				
White	316	21.6	196	22.7
Black	951	65.1	487	56.4
Asian	27	1.8	28	3.2
Other/mixed	125	8.6	87	10.1
All recorded	1419	97.1	798	92.5
Missing	42	2.9	65	7.5
Language of recruitment				
English	1345	92.1	732	84.8
Spanish	35	2.4	21	2.4
Vietnamese	3	0.2	1	0.1
Cantonese	1	0.1	12	1.4
All recorded	1384	94.7	766	88.8
Missing	77	5.3	97	11.2

* Respondents and non-respondents differ significantly ($p < 0.01$).

Differences in gender, race and language between respondents and non-respondents appear to be larger than we would expect by chance alone.[4] When interpreting the findings in this report, we need to keep in mind that the analysis sample may contain relatively more women, more Blacks, and more persons who speak English than the general population of persons who use shelters, transitional housing, food pantries, soup kitchen, drop-in services and mobile outreach services. Similarly, the analysis sample probably under-represents individuals who are employed, who would be less likely to be recruited at meal programs and other day-time activity sites. The sample may also under-represent certain sub-groups engaged in treatment, whose appointments

[4] P-values from simple, unweighted Pearson Chi-square comparisons between respondents and non-respondents are less than 0.001 for gender and less than 0.01 for race. Language of recruitment does not differ statistically, but the difference for English appears large enough to matter

take them away from interview sites. At the same time the sample would over-represent the sub-group of individuals actively engaged in use of services that are located *at* interview sites.

Data entry. Responses recorded on paper were transferred to an electronic file by a process of double data entry. In this procedure two different data entry clerks type responses into a database. Discrepancies detected on reentry are resolved by reference to the original paper document or by a list of decision rules which accumulated as data entry progressed.

Weighting. The two-stage random sample design used for the survey requires special analysis techniques for calculating population estimates and evaluating the amount of error in those estimates. With the exception of the non-response analyses in this section, all data presented in subsequent sections of this report are generated by weighted analyses, using individual weights. Development of the weights is discussed in Appendix 1. Confidence intervals are calculated with survey analysis procedures that take into account the complex sample design.[5]

Strengths and limitations

Several essential decisions about study design as well as characteristics of a voluntary survey influence the quality of study findings. We mention inherent biases of point-prevalence studies such as the ACSSS, strengths and weaknesses from reliance on volunteer staff, limitations inherent in a short interview, and possible bias attributed to self-selection for interview.

Point-prevalence studies. Cross-sectional, or point-in-time, studies such as the ACSSS yield much lower estimates of the number of homeless persons and overemphasize some segments of the homeless population compared to studies that cover longer periods of time. While it is important to characterize the Alameda County homeless population at a given moment, it would also be useful to know the number of individuals who experience episodes of homelessness over a longer period, such as a year, and the characteristics of that larger population. Unfortunately, this information cannot be extrapolated reliably from the results of a single cross-sectional survey. Other researchers, however, have made comparisons of longitudinal and point-in-time studies of homeless populations that suggest the direction of bias of point-in-time estimates with respect to longer-term studies.

[5] SPSS version 11.0 was used to prepare data for analysis. Stata version 8 survey procedures were used for population estimates.

Longitudinal studies yield higher estimates of homeless populations simply because many individuals move in and out of homelessness over time. For example, Culhane et al. (1994) found that, "While public shelters in Philadelphia and New York City have average daily utilization rates of 0.16 and 0.31 percent of the population, respectively, on an annual basis the rates approach 1 percent in Philadelphia and exceed 1 percent in New York City. These annual homelessness rates are three times greater than rates previously documented for either city by point-prevalence studies (Burt 1992; U.S. Department of Commerce 1991)."

Individuals experiencing protracted episodes of homelessness are more likely to be captured in point-in-time studies than those who are homeless for shorter periods. For example, a person who has been homeless for several years is more likely to be counted during a four-week survey like the ACSSS than someone who was only homeless for a month out of the past year. Thus cross-sectional studies tend to overstate the average length of homeless spells for the population as a whole, and the characteristics of those experiencing longer spells of homelessness – whatever they might be – also tend to be over emphasized.[6] This limitation is of significance for a jurisdiction interested in program planning since erroneous descriptions of homeless persons' characteristics may result in the mis-estimation of the kinds of services that a jurisdiction needs to establish to meet service needs for *all* homeless persons. For example, a point-in-time estimate may emphasize the need for services for single, disabled individuals with long-term histories of homelessness and thereby under-emphasize the need for services for persons experiencing shorter bouts of homelessness, perhaps, for example, homeless families. At the same time, a point-in-time estimate may serve well the planning needs of jurisdictions wanting to develop programs to serve the most chronically homeless individuals and those using the most services.

The use of volunteer field researchers and site coordinators. One salient characteristic of the Alameda County-wide Shelter and Services Study is that volunteers conducted the field work. This limited the size of budget required and created unanticipated benefits for the Continuum of

[6] Link and Phelan (1999) studied homelessness by conducting telephone surveys in order to find individuals who were formerly homeless, thereby avoiding the biases inherent in point-in-time surveys. They estimate that the average duration of a homeless spell is around 3 months, which is one-fifth to one-thirteenth of the average length estimated by point-in-time studies.

Care Council as well as the homeless care professionals, students, and community members who participated. The effect on data quality was mixed.

First, because of their understanding and rapport with homeless individuals, most ACSSS interviewers probably secured more valid data than might have been the case with professional interviewers.[7] Nevertheless, despite the fact that volunteer interviewers with limited training required a less complex questionnaire than would have been feasible with professional interviewers, volunteer interviewers were probably more likely than professional interviewers to omit questions and incorrectly record responses. Finally, overall, volunteer site-coordinators were probably not as effective as experienced surveyors in soliciting participation from potential respondents, contributing to non-response.

Short interview format. The necessity to keep the interviews to no more than about 30 minutes meant that the interviews were not as comprehensive as we would otherwise have desired. Respondents were not asked for details that might better have explained their situations. Additionally, with as little redundancy as possible in the questionnaire, there was limited ability to address possibly ambiguous responses and confirm respondents' statuses.

Bias Attributed to self-selection for interview. Perhaps most significant in terms of limitations was the reliance on service sites to secure interviews. In many cases potential respondents refused to participate in the interview because of work schedules or appointments. Accordingly, results may be biased by not reflecting fully the full range of experiences of persons utilizing services. This appeared especially to be problematic with regard to employed persons who dropped by a food service site for a quick lunch before returning to their work site.

DATA PREPARATION FOR ANALYSIS

The trainers instructed interviewers *not* to pursue inconsistency in client responses but simply to focus on asking the question exactly as written and accurately recording responses. Some surveys therefore contained logically inconsistent or impossible responses, e.g. clients who stated that they lived alone and then listed the ages of children living with them. Rather than letting

[7] "A guiding assumption of survey methodology is that similarity between interviewers and respondents on important social characteristics increases the validity of the information obtained in the interview" (Hurtado 1994).

such inconsistencies and impossibilities remain in the data the data analysts chose to look carefully at such cases and determine the underlying logic of the responses, if possible.[8] The data were then "cleaned" so that each respondent's data reflected a history that was internally consistent and within the bounds of possibility.

Because data on utilization of sampled services (food sites, shelters, drop-in services and mobile outreach) were necessary for calculation of the individual weights used in all survey estimates, these data were cleaned most carefully. Each service contact reported by the respondent represents an opportunity for selection into the survey. Persons with multiple selection opportunities contribute less weight to population estimates because each of those opportunities represents only a fraction of an unduplicated person. It was important to get the number of selection opportunities for each respondent as "right" as possible, neither too high nor too low.

Several sources of confusion in services utilization data had to be addressed. (1) Some respondents reported no use of any sampled services. In cases without further information, a minimum of one service contact was assigned for the type of service at which the interview occurred. (2) Some respondents were unclear on whether they were using an emergency shelter or transitional housing program. Where possible, the data were changed to correspond to the kind of service at which the interview occurred. (3) Some respondents appear to have double-reported services used, for example snacks consumed at drop-in centers were also reported as soup-kitchen meals. Apparent duplicate reports were resolved by eliminating or reducing the frequency of the service that was not the service type of the interview location. (4) Although most shelter programs serve one or more meals per day, respondents in shelters often reported they had eaten those meals in soup kitchens. For most respondents interviewed in shelters or reporting shelter use, breakfast and supper were eliminated from the list of soup kitchen meals for the number of days of shelter use. (5) Many respondents seemed to be reporting use of services in a conceptual way, rather than reporting actual service use over a one-week period. For example, "I never miss a meal!" appeared in the data as seven breakfasts, seven lunches, and seven dinners eaten in soup kitchens. Unfortunately, it is virtually impossible to find breakfast, lunch, and dinner, seven days per week, at soup kitchens in Alameda County. Council staff

[8] For example, in the above case, data from other questions, verbatim responses and margin notes (if any) related to family status might lead to the conclusion that the respondent did have children, but the children were not living with the respondent.

assisted with data cleaning by preparing a grid for the maximum of several types of services available in various regions of Alameda County. (The "maximum usage grid" is included as Appendix 2.) In the final steps of data cleaning, for some cases, reported service use for each type of service was reduced to the maximum available in the region where the respondent was interviewed, or resided. Final cleaned data on usage of sampled services range from 1 to 26 service contacts in a one-week period. For more detail, see Appendix 2.

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SECTION 2. PROJECT SAMPLE

This section describes the demographic make-up of the sample, highlighting differences between housed and homeless users of homeless services.

Guide to reading tables

The title of most tables ends with parentheses giving the survey question number, which was the primary source of the information in the table rows. The full questionnaire is found in Appendix 4. Table headers, the top row of each table, explain the contents of the columns, and the left-most column explains the contents of the rows (see, for example, Table 2-1). Table headers contain the numbers of observations (n) and population estimates (N) for the largest survey subset in the analyses reported in the table, in this case, the entire sample and thus the entire service user population. In most tables in this section, the columns will include unweighted numbers of respondents (sometimes called observations), n; the total number of persons we estimate the survey represents, or the weighted population, N; and the weighted percent, which is the population estimate for the row divided by the population estimate for that section of the table. In the case of Table 2-1 (Gender), for the row labeled "Female", the number of female respondents (572) yields an estimated population of 5,532 service users (the weighted N), and the weighted % is the weighted N of females (5,532), divided by the entire service user population weighted N (10,420), or 53.1 percent. The table also lists a final row with some additional information that may be useful for interpreting results, in this case, it gives the number of respondents for whom gender assignment was based on interviewer observation.

Sample characteristics

While six out of ten survey respondents were male, males tended to utilize services more frequently than females; therefore, males were down-weighted in estimating the size of the County population utilizing services for homeless persons. County-wide, we estimate that 53.1 percent of the individuals utilizing homeless services are females (Table 2-1).

Similarly, members of the Oakland and Berkeley sub-samples tended to use services more frequently than did members of the Mid & North and the South & East County sub-samples. While 64.0 and 17.5 percent of interviews took place in Oakland and Berkeley, respectively, the

weighting procedures explained in Section 1 adjust the proportion of services users in those cities to 56.0 and 10.5 percent of estimated service users County-wide. As a result, data from Oakland and Berkeley respondents tend to be weighted *down*, while data from the rest of the County are weighted *up*. Differences in weighting across interview locations do not, in themselves, affect the quality of the data.

The differences in numbers of respondents across interview locations can have a large impact on certainty around population estimates. For most characteristics of interest, Oakland and Berkeley, with larger samples, have sufficient numbers of respondents to give reliable estimates. The smaller interview locations, Mid & North and South & East, often have too few respondents to yield reliable estimates for a given characteristic, and the higher weights per person sometimes contribute to exaggerated percentages. We suggest caution in interpreting findings from the smaller interview locations, even in tables where findings differ significantly by locations and thus are shown.

Users of homeless services are older than the average for the general population, with 48.7 percent at least 45 years of age (Table 2-2). Half (51.5%) are black, one-fifth (20.3%) are white, and one in eight (12.5%) is Hispanic (Table 2-3). While interviewers were prepared to administer the survey in English, Spanish, Vietnamese, and Cantonese, relatively few interviews were conducted with respondents whose preferred language was other than English or Spanish (Table 2-4).

Tables 2-5 and 2-6 display the distribution, by residence locality and by study jurisdiction, where survey respondents reported that they regularly sleep and where they were interviewed. The majority of respondents – whether using an unweighted or weighted measure – reported sleeping in Oakland, with sizeable proportions residing in Berkeley, Fremont, San Leandro and Castro Valley**,** Livermore, Alameda, and Union City. In total, more than 18 cities and areas were mentioned.

Table 2-1: Survey respondents by gender (Question B1)

Gender categories	Weighted %	Weighted N 10,420	Unweighted n 1,461
Female	53.1	5,532	572
Male	46.7	4,862	883
Transgender	0.3	26	6
Imputed from observed gender			9

Table 2-2: Survey respondents by age (Questions B2, B3)

Age categories	Weighted %	Weighted N 10,420	Unweighted n 1,461
0 – 17 years	0.3	28	1
18 - 21 years	1.7	178	24
22 – 24 years	1.5	158	37
25 – 34 years	16.4	1,690	176
35 – 44 years	31.4	3,233	489
45 – 54 years	26.4	2,714	478
55 – 64 years	11.6	1,195	173
65 years and over (65+)	10.7	1,101	68
Missing			15

Table 2-3: Survey respondents by race/ethnicity categories (Question B4)

Race, HUD categories, plus Hispanic and Hispanic combinations	Weighted %	Weighted N 10,420	Unweighted n 1,461
Amerindian, Alaska Native	2.8	293	34
Asian	2.9	306	24
Black, African American	51.5	5,371	909
Hispanic	12.5	1,300	106
Pacific Islander/Hawaiian	1.4	149	12
White	20.3	2,117	243
Amerindian and Black	1.5	157	36
Amerindian and White	2.0	212	22
Asian and White	0.1	11	1
Black and White	< 0.1	54	8
Hispanic and Amerindian	0.8	78	8
Hispanic and Black	0.4	44	8
Hispanic and White	1.7	179	13
Black, White and Amerindian	0.7	76	16
Other	0.7	70	21
Imputed from observed race	1.7	172	53

Table 2-4: Survey respondents by preferred language (Question B5)

Language[1]	Weighted %	Weighted N 10,324	Unweighted n 1,421
English	89.5	9,240	1,353
Spanish	11.4	1,180	92
Tagalog (Philippines)	1.3	135	7
Cantonese	1.1	113	9
Vietnamese	0.2	18	2
Mandarin	< 0.1	7	2
Russian	< 0.1	2	1
Other		280	29
Imputed from recruitment language, for subsequent categories	0.9	96	40

1 Respondents could specify more than one language

Table 2-5: Detail of residence location (Question C2)

City, locality[1]	Weighted %	Weighted N 10,420	Unweighted n 1,461
Alameda	4.3	443	86
Albany	0.2	22	2
Berkeley	9.8	1,001	225
Dublin	0.3	34	3
Emeryville	0.4	42	7
Fremont	8.8	903	85
Hayward	1.7	177	28
Livermore	5.2	529	50
Newark	0.8	84	4
Oakland	56.8	5,802	852
Piedmont	0.8	78	8
Pleasanton	0.5	50	3
San Leandro (and unincorporated Castro Valley area)	8.8	894	60
Union City	3.6	371	16
Richmond (Contra Costa County)	0.6	60	20
Other county, mainly San Francisco and Contra Costa	0.8	84	13
No regular place	0.5	55	3
Other	2.3	236	26
Missing data		445	60

1 Respondents could specify more than one residence location (sleeping place). Write-in responses were coded to existing questionnaire categories, if possible, and were assigned new categories if necessary. For 60 respondents, no residence location was given, presumably because interviewers skipped question C2, after the respondent responded "No" to question C1, Do you have a place in Alameda County, inside or outside, where you sleep regularly?

Table 2-6: Survey respondents by interview location (Cover sheet)

	Interview Location				
	Oakland	Berkeley	Mid & Other North County	South & East County	**Total**
Unweighted n	935	255	114	157	**1,461**
Unwtd. percent	64.0	17.5	7.8	10.7	**100.0**
Weighted N	5,838	1,090	1,525	1,967	**10,420**
Wtd. percent	56.0	10.5	14.6	18.9	**100.0**

SECTION 3. HOMELESSNESS

Defining homelessness involves terms that, technically and in terms of policy considerations, are complicated. Accordingly, survey respondents were not asked directly if they were homeless. Instead, the housing status of each person interviewed was assigned during analysis, based on responses to several questions used for classifying respondent housing status.

Survey questions used in the definitions of homelessness included the following (see survey instrument in Appendix 4):

Cover sheet – service site where interview occurred and service site type

X2A – X2E –utilization in the past 7 nights of a shelter, transitional housing, voucher hotel or permanent supportive housing bed, or sleeping "on the streets" in places not meant for human habitation

E1 – Who do you live with now, or who lives with you?

E6 – What kind of place do you live in now?

E7 – How long can you stay there, before you get asked to leave or move?

E12 – In the place you are living now, do you sleep in a bedroom?

Any relevant verbatim responses explaining respondent situations "Other" than those precoded in the questionnaire. For example, a respondent may have stated he/she was living in a van in response to Question X2g: Other, where ____? He or she was then classified as homeless (tallied in row 5 in part A of Table 3-1).

Margin notes supplied by interviewers.

Homelessness – operational definitions

To estimate the numbers of persons who were homeless, PHI used the collected data to construct two operational definitions of homelessness, one approximating criteria used by the U. S. Department of Housing and Urban Development (HUD) and one relying on the Alameda County-wide Homeless Continuum of Care Council's community-defined criteria. The HUD category includes persons living on the streets, including in abandoned buildings, or residing in emergency shelters, transitional housing, hotels paid by service agency vouchers, in a vehicle, in a place not meant for human habitation or a room not meant for sleeping. The community

definition also includes persons whose living situation is transient or precarious and those who lack a place of their own or for whom homelessness may be imminent.

Brief descriptions of the criteria for both definitions, the weighted numbers and percent of service users to whom each criterion applies, and the (weighted) cumulative proportion after adding each criterion are included in Table 3-1. The unweighted number of sampled persons is also shown immediately after the criterion description, to indicate the number of persons contributing to the statistical analysis. In subsequent tables data columns will tend to display weighted numbers and/or percents, although some tables will provide columns with unweighted numbers to alert the reader to sensitivity concerns in interpreting small numbers. See, for example, Table 4-2.

Persons meeting one or more of the six criteria approximating the HUD definition of homelessness constitute 34.6 percent of the estimated population of service users. The four criteria for precarious housing status add another 8.2 percent to the HUD criteria, bringing the total estimate of homeless persons by the community definition to 42.8 percent of service users.

The majority of interviewed service users were homeless persons; however, the survey estimate reveals that the majority of the unduplicated population of service users were housed persons. Homeless respondents used more services, or used services more often than did housed persons, and thus are weighted down in analyses. Therefore, each interview with a homeless respondent represents a smaller proportion of an unduplicated user than does an interview with a housed respondent. Thus, homeless client interviews have less weight in the final analyses. In the weighted population estimates, homeless client interviews added up to a smaller number of unduplicated service users than did housed client interviews.

Table 3-1. Classification of survey respondents as homeless[1]

Situation or criterion	Weighted		
	Category		Cumulative
	N	%	%
A. HUD definition, survey data			
1. Emergency shelter: Reported use now or any time in the seven-day period before interview, or interviewed at emergency shelter site (hhud1, n=410)	927	8.9	8.9
2. Transitional housing: Reported use now or any time in seven-day period before interview, or interviewed at transitional housing site (hhud2, n=136)	666	6.4	15.0
3. Voucher-paid hotel: Reported hotel stay paid by voucher any time in the seven-day period before interview (hhud3, n=10)	101	1.0	15.7
4. "On the streets": Reported staying in an abandoned building, place of business or anywhere else "outside" now or any time in the seven-day period before interview (hhud4, n=447)	1,629	15.6	29.0
5. In a vehicle: Reported staying or living in a vehicle now or any time in past 7 days (hhud5, n=66)	352	3.4	30.1
6. Place not meant for human habitation: Sleeping in other than a bedroom at time of interview (hhud6, hhud16; n=473)	1,958	18.8	34.6
B. Community definition adds to above, survey data			
1. Can't stay 30 days: Day of interview, staying in own or someone else's place, but cannot stay there for 30 days or more (own30, frend30; hcom1, hcom17; n=37)	320	3.1	36.2
2. Hotel/motel, short stay: in hotel or motel paid by respondent, but cannot stay more than 30 days (room30; hcom2, hcom18; n=21)	168	1.6	37.7
3. Moving around, no regular place to stay (hztyp5 = 12; hcom3, hcom19; n=24)	131	1.3	42.8
4. Other precarious living arrangement, not limited to 30 days (owntemp, roomtemp, frndtemp; hcom4, hcom110; n=57)	668	6.4	42.8

1 Unweighted number of survey respondents = 1,461.

Chronic homelessness

The HUD Chronic Homelessness definition is tightly focused on a hard-to-serve subpopulation of homeless persons, those currently homeless, living unaccompanied, disabled and either

continuously homeless for a year or more or homeless for at least four times in the last three years. Table 3-2 briefly illustrates the criteria used to operationalize the HUD Chronic Homelessness definition, showing a step-down from all persons meeting the HUD criteria for homelessness to the target subpopulation. The table also defines two additional, stricter interpretations of duration of homelessness to illustrate the effect of differing operational criteria on the estimated count of chronically homeless persons.

About 18.7% of homeless service users, who were also unaccompanied, met the duration of homelessness criterion we selected for the HUD Chronic Homelessness operational definition (Table 3-2, row 3). They represent 1,734 adults using services in Alameda County. About 14.3% of service users classified themselves as disabled,[1] thus meeting all criteria for the HUD chronically homeless subpopulation. This subpopulation constitutes about half of all persons meeting the HUD definition of homelessness; furthermore, about 76% of HUD homeless persons meeting the chronicity criterion are also disabled. It is important to note that the more stringent definitions of chronic homelessness have relatively little impact on percent chronic homelessness (rows 4 and 5).

The *confidence interval* around an estimated value identifies the range in which we are sure, with 95% probability, that the true population value falls. For most of these estimates, confidence intervals are quite wide. Thus, our survey-based estimate of 14.3 percent of services users meeting the HUD criteria for chronic homelessness – which includes disability as one condition – could represent a true population value as low as 9.6 percent (the lower bound, or LB) or as high as 20.8 percent (the upper bound, or UB). There is only a 5% chance that the true value is outside that range.

An additional 711 persons, shown in the grayed-out row, met some of the criteria for HUD Chronic Homelessness designation, being both single and homeless, but their duration of homelessness or their disability status was unknown due to missing data. Data were missing for two reasons. First, interviews conducted literally on the street were kept short, with the result that disability information was not collected for 179 persons. Second, the section on duration of

[1] Disability, briefly described in the glossary, includes physical disability, developmental disability, learning disability, blindness, deafness, mental illness, and disability due to alcohol or drug abuse. Analyses elaborating on health and disability, presented in Section 8 of this report, also incorporate information coded from open-ended responses. Short interviews (n = 179) did not include information on disability.

homelessness began with "Were you ever homeless …" and permitted those answering "No" to skip the duration questions. The skip generated missing data for, coincidentally, 179 persons whom we later assessed as homeless. Those service users assessed as disabled constitute another 2.6 percent of the population.

In subsequent tables in this section, grayed-out rows will be used to present estimates derived from survey data which differ from the analytical criteria for the table as a whole, but which add information helpful for interpreting results.

Table 3-2. Chronic homelessness, HUD definition

CHRONICALLY HOMELESS CRITERIA: HUD DEFINITION	**Wtd. N**	**Wtd. %**	***Confidence Interval***		**Disabled %**
Weighted number in analysis	9,276	100.0			
Unweighted number in analysis	1,282[1]		LB	UB	1,114[2]
1. Currently homeless, by HUD definition (n=829)	2,866	30.9	*23.4*	*38.4*	22.2
2. Currently homeless and living alone (n=653)	2,107	22.7	*16.3*	*29.1*	17.1
3. Currently homeless & living alone and either current homeless spell one year or more or homeless for at least 12 months in past 3 years (n=520)	1,734	18.7	*13.0*	*24.4*	**14.3 LB 9.6 UB 20.8**
4. Currently homeless, living alone, and (currently homeless for one year or more or homeless at least 18 months in past 3 years) (n=494)	1,606	17.3	*11.9*	*22.7*	13.1
5. Currently homeless, living alone, and (currently homeless for one year or more or homeless at least 24 months in past 3 years) (n=486)	1,591	17.2	*11.8*	*22.5*	12.9
Single & homeless by HUD definition but inadequate information about history of homelessness or disability to determine if "chronic" (n=302)	711	4.8	*2.9*	*6.7*	2.6

1 Questions on duration of homelessness (questions E9 and E10) were asked in all interviews, but data were missing or insufficient to categorize 179 respondents, leaving 1282 in the analysis.

2 Missing values for duration of homelessness, combined with uncollected values on disability, leave 1114 persons available for the analysis.

The popular understanding of chronic homelessness differs from the HUD definition, restricted to only single, disabled persons. In community terms, anyone who has been homeless a long time or many times would be called chronically homeless, without regard to whether they live alone or with others or whether they are disabled. By self-report, 40.6% of *service users* had experienced twelve or more months of homelessness within the past three years (Table 3-3). Furthermore, 68.4 percent of those classified as *currently homeless* by the community definition had been homeless a year or more of the past three years (figure not presented tabularly). We offer this definition of long-term homelessness, homeless for a year of more of the past three years, as the criterion for a community definition of chronic homelessness. This definition includes persons who may not be currently homeless, but who nevertheless have a recent history of homelessness or episodic homelessness totaling a year or more of the past three years.

Table 3-3 estimates the numbers of homeless persons who meet four increasingly strict criteria for long-term and/or episodic homelessness, without regard to family status or disability. For comparison with the HUD definition, the table also shows the proportion of homeless persons at each level of chronicity, who are also disabled. Under the lens of the community definition, almost one-third (29.2%) of the service user population was both chronically homeless and disabled.

The numbers of chronically homeless persons by the community definition (40.6%) are more than double the estimate based on the HUD criterion for chronicity alone (18.7%). When disability is also considered (not required for the community definition) the estimate for the community definition, plus disability (29.2%), is again more than twice the HUD estimate (14.3%). The community definition generates the additional numbers of persons by including among the chronically homeless persons who may not be currently homeless but who have accumulated a history of episodic homelessness, as well as couples and families with long histories of homelessness.

Table 3-3. Chronic homelessness, community definition

Chronically homeless criteria: Community definition	**Wtd. N**	**Wtd. %**	***Confidence Interval***		**Disabled %**
Weighted number in analysis	9,276	100.0			
Unweighted number in analysis	1,282[1]		LB	UB	1,114[2]
1. Homeless for at least 12 months in past 3 years (n=786)	**3,766**	**40.6**	***33.8***	***47.4***	**29.2**
2. Homeless for at least 18 months in past 3 years (n=718)	3,141	33.9	*26.0*	*41.7*	24.4
3. Homeless for at least 24 months in past 3 years (n=697)	3,076	33.2	*25.4*	*41.0*	23.9
4. Currently homeless for one year or more (n=566)	2,150	23.2	*16.8*	*29.6*	17.2
Currently homeless by community definition, duration unknown (n=179)	1,144	11.0	*8.0*	*14.0*	5.3

1 Questions on duration of homelessness (questions E9 and E10) were asked in all interviews, but data were missing or insufficient to categorize 179 respondents, leaving 1282 in the analysis

2 Short interviews (n = 179) did not include information on disability. Missing values for duration of homelessness, combined with uncollected values on disability, leave 1114 persons available for the analysis.

Counting the Homeless

A primary purpose of the Alameda County-wide Shelter and Services Survey was to estimate the numbers of homeless persons in the County. Such a count is a crucial basis for planning and evaluating the effectiveness of services intended to meet the needs of homeless Alameda County residents. Of course, homeless persons are a disparate group with a wide variety of individual needs, but they share the common characteristic that they all need housing. The number, size, and type of housing units needed depends on the household composition and disability status of homeless persons and families.

Table 3-4 reports the numbers of persons meeting the HUD criteria for homelessness by family status – single individuals, person in couple, or adult accompanied by children – with confidence intervals for each estimate. The table also presents the estimated number of children currently living with homeless adults, according to respondent reports of the numbers of children with them (interview question E3).

An estimated 3,603 adult service users met the HUD definition of homelessness at the time of the survey, including 2,601 single individuals and 233 persons who were part of a couple. In addition, 769 homeless adults were accompanied by about 1,477 homeless children, for a total estimate of 5,080 homeless individuals. Among the single adults a little less than half, 1,280, met the disability criteria and duration of homelessness criteria for HUD chronic homelessness.

An additional 254 persons seem likely to meet the HUD Chronic Homelessness criteria, but there is not enough information on duration of homelessness to be certain.[2] As noted above, absent from these calculations are figures for individuals residing in permanent supportive housing or in institutions such as those incarcerated in jails and prisons or temporarily or permanently residing in hospitals or other institutions.

Table Count 3-4. Counting the homeless by family type

	Wtd. N	***Confidence Interval***	
HUD definition (n = 1461)		*LB*	*UB*
Adults			
Single individuals (n=769)	2,601	*2,009*	*3,193*
Person in couple (n=61)	233	*85*	*381*
Adult accompanied by children (n=156)	769	*452*	*1,085*
Survey subtotal, adults	3,603	*2,546*	*4,659*
Children with surveyed adult (n=156)	*1,477*	*841*	*2,112*
Survey Total	*5,080*	*3,387*	*6,771*
Chronically homeless, HUD (n = 1114)[1]			
Single individuals, disabled (n=310)	1,280	*801*	*1,759*
Homeless, single & disabled, length of time homeless unknown[2] (n=76)	*254*	*146*	*362*

1 Number with no missing (and/or uncollected) data on duration of homeless and disability status.
2 Based on the number of persons for whom disability status is known (n = 1282)

[2] We also used an alternative method to estimate the added numbers of HUD Chronically Homeless persons who could not be classified because of missing data. Using only persons with no missing data, we calculated two values: the proportion of single homeless persons who were also disabled (41%) and the proportion of single homeless persons who were also met the duration of homelessness test (80%). Multiplying those two proportions by the number of single homeless persons with missing data (711) yielded an estimate of 244 persons likely to meet the HUD Chronic Homelessness criteria (data not tabulated), very similar to the simpler calculation (254 persons) shown in Table 3-4.

Table 3-5 presents similar information for community definitions of homelessness, chronic homelessness, and disabled and chronic homelessness. By the community definition, the estimated number of homeless adults in Alameda County is 4,460, some 936 of whom are accompanied by 1,755 homeless children. With the community definition, we estimate that 3,766 adults, accompanied by 1,554 children, are chronically homeless. Given the extent of missing data on duration of homelessness, in fact, the figures could be larger.[3]

For planning purposes, the numbers of disabled, chronically homeless persons seem particularly important. The survey identifies an estimated 2,611 chronically homeless, disabled adults, including 380 living as part of a couple and 476 accompanied by children, a remarkable 58.5 percent of all homeless adults. Details about disabling characteristics are found in Section 7 below.

Limitations of survey count estimates

The survey method used for the Alameda County-wide Shelter and Services Survey is capable of generating valid and very complete estimates of the numbers of homeless persons. The survey sample design, based on a sample of specific types of services, supports accurate estimation of the numbers of persons who use those kinds of services. However, there were a few ways that the numbers of homeless persons may have been underestimated.

First, as noted above, a number of potential "service sites" were not included in the sampling design. These included jails, prisons, mental institutions, residential treatment centers, and group homes for disabled persons. Homeless persons who were incarcerated or housed in any of these settings during the survey were unlikely to be using services at sampled service sites, and thus probably missed being counted by this survey method. Persons residing in permanent supportive housing, who meet the HUD, but not the community, definition of homelessness, were not sampled, because the number of residents in such housing units is known.

Second, homeless persons who did not choose to use any of the sampled services – food pantries, soup kitchens, outreach or drop-in services, and shelters or transitional housing – were also

[3] Since the community definition of chronic homelessness does not require *current* homelessness but covers a retrospective period, the number could, in fact, be greater than the number homeless at any point in time.

missed by the survey. Persons temporarily living and eating with others were invisible to this survey methodology. Persons camping away from central city locations or avoiding contact with the service system were also hidden from the survey. Thus, the survey probably underestimates the number of marginally housed persons, many of whom would fit within the community definition of homelessness, as well as missing persons purposively avoiding homeless services sites.

Third, it appears that some interviewed persons may not have been classified as homeless, when, in fact, they were homeless at the time. Despite the best efforts of the survey designers and their community advisors, some respondents were unable to recognize their housing situations in the brief questionnaire descriptions of housing programs for homeless persons. In some cases, we suspect, their responses to the housing questions led to their classification as housed, rather than homeless, persons. The most telling indication of such an undercount is this: The survey estimate of numbers of persons in transitional housing is lower than the numbers of transitional housing beds known to be in use during the survey period.

Fourth, specific subpopulations may be undercounted. One such subpopulation is chronically homeless, disabled persons, which we have surely undercounted due to missing and uncollected data necessary for classification. Another is homeless youth. Since it is reported that most homeless youth do not utilize sites frequented by adults and families, youth-oriented service sites were specifically included in the sampling frame. The fact that there are somewhat fewer youth in the sample than anticipated probably reflects the fact that one of the sites selected for sampling was closed during the survey due to a funding crisis, and the other, a new facility, was only partially filled.

These survey limitations – sampling only the most used types of service locations, missing persons who do not use the sampled services, perhaps undercounting homeless persons in the surveyed sample, and perhaps undercounting specific subpopulations – all contribute to an estimated number of homeless persons that is very likely somewhat smaller than the actual numbers in Alameda County.

Table 3-5. Counting the homeless, community definition, by family type

	Wtd. N	*Confidence Interval*	
Community definition (n = 1461)			
Adults			
Single individuals (n=807)	2,975	*2,308*	*3,642*
Person in couple (n=72)	549	*138*	*959*
Adult accompanied by children (n=171)	936	*615*	*1,258*
Survey subtotal, adults	4,460	*3,061*	*5,859*
Children with surveyed adult (n=171)	*1,755*	*1,097*	*2,413*
Survey Total	*6,215*	*4,158*	*8,272*
Chronically homeless, community definition (n = 1282)			
Adults			
Single individuals (n=600)	2,536	*1,866*	*3,206*
Person in couple (n=67)	437	*146*	*728*
Adult accompanied by children (n=119)	793	*446*	*1,141*
Survey subtotal, adults	3,766	*2,458*	*5,075*
Children with surveyed adult (n=119)	*1,554*	*849*	*2,259*
Survey Total	*5,320*	*3,307*	*7,334*
Missing data on duration of homelessness[1]			
Adults (any family status) (n=179)	1,144	*736*	*1,552*
Children with surveyed adult (n=36)	*526*	*256*	*795*
Disabled and chronically homeless by community definition (n=1114)			
Adults			
Single individuals (n=366)	1,755	*1,219*	*2,290*
Person in couple (n=45)	380	*88*	*672*
Adult accompanied by children (n=69)	476	*191*	*761*
Survey total, adults	2,611	*1,498*	*3,723*

1 Numbers for persons with unknown duration of homelessness are based on the full sample (n = 1461).

Analyses by jurisdiction

The remaining tables in this section convey results separately for each of four interview locations or jurisdictions within Alameda County, as well as for the County as a whole. Because information by jurisdiction has obvious utility for planning type and location of future services for homeless persons, most of the analyses in the rest of the report also follow this pattern.

Guide to reading tables

The tables in this section begin a pattern followed for almost all tables in the remainder of the report. As in previous tables, the left-most column explains the contents of the rows and the headers, the top row of each table, explain the contents of the columns. From here on, most headers identify separate columns for four interview locations (jurisdictions) and a fifth column for the total of all four jurisdictions. The header row also shows in each jurisdiction column and the total column, for the largest segment of the sample described in the table, the number of respondents interviewed (n), the estimated service user population (N), and, in most tables, the weighted percent of the service user population in that column.

In this section, the next sets of tables (Tables 3-6 and 3-7. Homeless count estimates and Homeless count by family type) show in the rows estimated numbers of persons (N) by jurisdiction. After those, the next sets of tables, beginning with Table 3-8 (Percent of service users who were homeless), show in the rows, instead, weighted percents, derived by dividing weighted N by population total estimated N *for each column.* In tables showing percentages, within each section of the table, if all rows are shown, percents add up to 100 percent. However, in many tables, only rows of particular interest are shown, for example persons for whom the answer is "yes" are shown, and those for whom the answer is "no" are not shown. Except where otherwise noted, definitions of homelessness and chronic homelessness used are the community definitions (see, for example, the columns in Table 5-2).

Analysis by interview location, or jurisdiction, has several implications for the interpretation of results. It is theoretically possible to analyze results by any variable, or combination of variables, in the data set. However, as the data are subdivided – by housing status, by jurisdiction, by family type, by disability status**,** or other characteristic – the numbers of persons underlying the statistical estimate in each table cell become smaller and smaller. Weighting up to

population numbers can easily mask the fact that only 2, or 5, or 10 sampled persons provide the basis for the estimated value. One good general rule to keep in mind is: the fewer the number of persons underlying an analysis, the less reliable the estimate. This is particularly true for estimates reported as percentages. Disregarding sample weights for the moment, when only two persons enter an analysis, only three percentage values can be generated – 0%, 50% or 100%. None of these may be an accurate representation of the true value, for which we would have preferred 20, 30 or 50 or more persons in the table cell.

For this reason, in subsequent report sections many tables include grayed-out *columns* or parentheses (like those found in the *row* descriptions of Table 3-1) showing the unweighted number of persons entering the analysis for that row of the table. For some complex tables, to make the table more readable, the unweighted numbers are not shown; however, the number of observations will usually have been shown in a nearby, preceding, table. The reader must keep in mind that each jurisdiction *column* represents only a fraction of the total individuals in each *row*.

Where the number of persons underlying a row of analyses is large, as for the numbers of single homeless persons, further subdivision may have little effect on the reliability of the estimates. The confidence intervals will be somewhat wider for each subdivision, but the estimates will be sound. Where the number of persons underlying a row is small, as for the number of persons living with a partner (as a couple), columnar analyses may vary widely simply due to lack of sufficient data for a good estimate. In every case, the most reliable estimates will be the ones based on the largest number of surveyed individuals, the county-wide estimates. As a reminder of the greater reliability of larger cells, in each table presented by jurisdiction the County-wide, or "total", column is presented in bold-face type.

Estimates by Jurisdiction

The survey design stratified Alameda County into three regions from which the service sites were sampled. Results are presented by four jurisdictions. The cities of Oakland and Berkeley, both in the Northern region of Alameda County, stand alone in their own right. For statistical reasons, the city of Emeryville was folded in with the Mid- and North-County area including Alameda, Castro Valley, Hayward, and San Leandro. South and East County cities include Dublin, Fremont, Livermore, Newark, Pleasanton, and Union City.

Tables 3-6 and 3-7 present estimates for numbers of homeless and chronically homeless persons by jurisdiction using, first, the HUD definitions, and second, the community definitions. In both tables, the final column, in bold type, reflects the County-wide totals presented in preceding tables.

In Table 3-6, we see that the numbers of service users and homeless persons are unevenly distributed across jurisdictions and family types. Oakland interview sites yielded an estimated 5,838 *service users*, over one-half (56.0%) of the population of 10,420 *service users*. Homeless persons interviewed in Oakland, and the children with them, totaling 2,450 persons, constitute about half (48.2%) of the survey-estimate of 5,081 *homeless persons* in the county. Thus, it appears that Oakland programs serve more persons overall, and almost more homeless persons, than the rest of the County combined.

Examining the numbers of homeless persons by family type, Berkeley interview sites, serving an estimated 10.5 percent of the 10,420 service users, captured a disproportionate number of single individuals (707 of 2,601, or 27.2%) and an unexpectedly large proportion of the County's chronically homeless persons (529 of 1,280, or 41.3%). Given their overall numbers of service users, the Mid & North and South & East regions appear to serve a disproportionate number of HUD homeless families with children (195 and 221 respectively).

Table 3-6. Homeless count estimates, HUD definition, by family type and interview location

	Oakland	Berkeley	Mid & N	S & E	**Totals**
n	935	255	114	157	**1,461**
N	5,838	1,090	1,525	1,967	**10,420**
Homeless, HUD definition (n = 1461)					
Adults					
Single individuals	1,444	707	241	210	**2,601**
Person in couple	170	20	0	43	**233**
Adult accompanied by children	307	46	195	221	**769**
Survey subtotal, adults	1,921	773	436	474	**3,603**
Children with surveyed adult	*529*	*48*	*489*	*411*	***1,477***
Survey Total	*2,450*	*821*	*925*	*885*	***5,081***
Chronically homeless, HUD (n = 1114)					
Single individuals, disabled	627	529	45	79	**1,280**
Single, disabled, time homeless unknown	*111*	*45*	*59*	*39*	***254***

When we examine the numbers homeless by the community definition (see Table 3-7), there is a similar uneven distribution of homeless persons and family types across jurisdictions, with somewhat higher total numbers in comparable table cells. Again, the majority of service users and homeless adults were interviewed in Oakland. As with the HUD estimates in Table 3-6, the numbers of homeless persons with children is disproportionately high in the Mid & North and South & East regions. The estimated number of homeless persons living with a partner, as a couple, under the community definition is more that twice the HUD-definition estimate.

Where 6,215 persons (adults and children) meet the community definition of homelessness, 5,321 – or six-sevenths of that number – meet the community definition of *chronic* homelessness (which can include persons not *currently* homeless). Considering only those currently homeless, approximately 68 percent had also been homeless 12 months of more of the last 3 years (data not shown). Using the community definition, we estimate that a little less than half of the total homeless persons (3,056 of 6,215, or 49.2%), and a little more than half of the chronically homeless (2,905 of 5,321, or 54.6%) rely on services in Oakland.[4] Again, the numbers of single homeless adults and chronically homeless persons are disproportionately high in Berkeley. The proportion of chronically homeless persons in couples who are also disabled (380 of 437, or 87.0%) is higher than that of other family types.

[4] Individuals may also utilize services in other jurisdictions as well.

Table 3-7. Homeless count, community definition, by family type and interview location

	Oakland	Berkeley	Mid & N	S & E	**Totals**
n	935	255	114	157	**1,461**
N	5,838	1,090	1,525	1,967	**10,420**
Homeless, community definition (n = 1461)					
Adults					
Single individuals	1,753	719	241	262	**2,975**
Person in couple	389	20	69	71	**549**
Adult accompanied by children	334	47	222	334	**936**
Survey subtotal, adults	2,475	785	532	668	**4,460**
Children with surveyed adult	*581*	*50*	*532*	*592*	***1,755***
Survey Total	*3,056*	*835*	*1,064*	*1,260*	***6,215***
Chronically homeless, community definition (n = 1282)					
Adults					
Single individuals	1,412	699	224	202	**2,537**
Person in couple	365	23	0	49	**437**
Adult accompanied by children	429	30	174	160	**793**
Survey subtotal, adults	2,206	752	398	411	**3,767**
Children with surveyed adult	*699*	*34*	*481*	*340*	***1,554***
Survey Total	*2,905*	*786*	*879*	*751*	***5,321***
Missing data on homelessness duration[1]					
Homeless adults (inc. singles, coupled)	591	57	231	265	**1,144**
Children accompanying homeless adult	*86*	*4*	*88*	*348*	***526***
Disabled and chronically homeless by community definition (n=1114)					
Adults					
Single individuals	827	589	173	166	**1,755**
Person in couple	324	19	0	37	**380**
Adult accompanied by children	262	27	91	96	**476**
Survey total, adults	1,413	634	264	299	**2,611**

1 Numbers for persons with unknown duration of homelessness are based on the full sample (n = 1461).

Tables 3-8 and 3-9 echo the findings in the previous tables, presenting the results in the form of *percentages* of the population of service users in each jurisdiction and County-wide. The percentages in each cell are the proportion of service users who are homeless for the jurisdiction, placing each column on an equal footing and making proportions easier to compare.

Table 3-8 presents findings for the HUD definitions of homelessness and chronic homeless. Oakland interviews represented an estimated 56 percent of the population of service users. Considering only homeless persons, county-wide, 34.6 percent of service users and 45.6 percent of single service users were homeless by the HUD definition, figures far beyond the 15.2 percent for persons in couples. Given the high percentage of the service user population interviewed in Oakland, it is not surprising that these proportions are very similar to Oakland proportions. If we compare the data for Oakland and the county-wide findings, it becomes clear that Oakland proportions dominate the sample average.

In Berkeley, 72.2 percent of single service users were homeless, while 82.5 percent of the adult service users who had children living with them were homeless. About half of the service users in Berkeley met the HUD chronically homeless criteria, compared to 12.6 percent of Oakland service users. Considering chronically homeless persons as a percent of HUD homeless persons, county-wide our operational definition yields an estimate of 48.8%. In Oakland, 47.1 percent of HUD homeless service users were also Chronic Homeless, compared to 73.8 percent interviewed in Berkeley.

Homeless adults who have children living with them are a larger proportion of the Mid & North (27.9%) and South & East regions (23.7%) than in Oakland.

Table 3-8. Percent of service users who were homeless, HUD definition, by family type and interview location

	Oakland	Berkeley	Mid & N	S & E	**Total**
N	5,838	1,090	1,525	1,967	10,420
Wtd. %	56.0	10.5	14.6	18.9	100.0
Homeless, HUD definition (n = 1461)					
Adults					
Single individuals	44.0	72.2	36.0	26.7	**45.6**
Person in couple	16.0	35.4	0.0	17.2	**15.2**
Adult accompanied by children	20.6	82.5	27.9	23.7	**24.2**
Survey total, adults	32.9	70.8	28.6	24.1	**34.6**
Chronically homeless, HUD (n=1114)					
Single individuals, disabled (n = 310)	12.6	51.5	35.5	4.7	**14.3**
Single, disabled & homeless (n=76), duration of homelessness unknown1	*1.9*	*4.2*	*3.9*	*2.0*	***2.4***
Percent of HUD homeless who are chronically homeless and disabled (n=1114) ***Note alternative denominator***	47.1	73.8	17.9	24.3	**48.8**

1 Based on the number of persons for whom disability status is known (n = 1282).

Table 3-9 presents percentages of adult homeless service users by jurisdiction, using the community definition of homelessness. Again, the county-wide proportions by family type are very similar to Oakland proportions, as the size of the Oakland sample generally dominates the sample.

However, the broader definition of community homelessness, by including the precariously housed, somewhat changes the picture with respect to homeless families, compared to the previous table presenting the HUD definition of homelessness. Homeless adults who have children living with them comprise a larger proportion of the county-wide sample by the community definition (29.5% vs. 24.2% by the HUD definition). Also, the proportions in Oakland versus Mid & North versus South & East are more divergent. The three-to-seven-point spread evident in Table 3-8 increases to nine-to-thirteen-points in Table 3-9.

Perhaps the most profound difference between HUD and community definitions, as exhibited in Tables 3-8 and 3-9, is the percent chronically homeless: 50.8 percent under the community definition but 14.3 percent according to HUD criteria.

Table 3-9. Percent of service users who were homeless, community definition, by family type and interview location

	Oakland	Berkeley	Mid & N	S & E	**Total**
N	5,838	1,090	1,525	1,967	10,420
Wtd. %	56.0	10.5	14.6	18.9	100.0
Homeless, community definition (n = 1461)					
Adults					
Single individuals	53.5	73.4	36.0	33.4	**52.1**
Person in couple	36.4	35.4	43.8	28.3	**35.8**
Adult accompanied by children	22.3	83.6	31.8	35.9	**29.5**
Survey total, adults	42.4	72.0	34.9	34.0	**42.8**
Chronically homeless, community definition (n=1282)					
Adults					
Single individuals	50.8	75.4	40.0	27.8	**50.8**
Person in couple	34.9	42.7	0	22.5	**31.1**
Adult accompanied by children	30.2	56.8	26.9	21.2	**27.8**
Survey total, adults	42.0	72.7	30.7	24.2	**40.6**

Disability among chronically homeless persons

Earlier in this section, we reported that 76 percent of single homeless respondents meeting the HUD chronicity of homelessness criterion were also disabled (discussion preceding Table 3-2). Table 3-10 presents the proportions of community definition chronically homeless persons who were also disabled. There appears to be a strong association between disability and chronic homelessness, for all segments of the homeless population. County-wide, 75.8 percent of single chronically homeless service users were also disabled, a little higher than the HUD Chronic Homeless estimate. Among chronically homeless persons in couples, 91.1 percent were disabled. Considering chronically homeless persons with children, 60.5 percent county-wide were also disabled.

Table 3-10. Percent of chronically homeless service users, community definition, who were disabled by family type and interview location (n = 1114)[1]

	Oakland	Berkeley	Mid & N	S & E	**Total**
N	5,838	1,090	1,525	1,967	10,420
Wtd. %	56.0	10.5	14.6	18.9	100.0
Adults					
Single individuals	69.4	84.3	77.1	82.4	**75.8**
Person in couple	94.0	80.3	0	76.0	**91.1**
Adult accompanied by children	62.0	88.8	52.6	59.8	**60.5**
Survey total, adults	72.1	84.4	66.4	72.8	**74.2**

1 Number with no missing data on duration of homelessness or disability.

Length of time homeless

Question E8 asked, "Were you ever homeless, or ever had to stay with someone else to avoid being homeless?" If the respondent answered "yes," the interviewer continued with Question E9, asking when, if the respondent was currently homeless, "was the last time that you had a place of your own for 30 days or more in the same place?" E10 asked, "How much of the past 3 years were you homeless, or without a regular place to stay, in total, counting time in shelters, but not counting any time in jail or prison?"

More than half of those assessed by the survey as currently *housed* reported having "ever" been homeless, or doubled up with someone else to avoid homelessness (Table 3-11, 52.5%). County-wide, 10.6 percent of *currently homeless* persons (community definition), as defined by the survey, reported never having been homeless. This finding begins to make evident the need to assess homelessness in some way other than just asking the respondent. On the other hand, almost no one meeting the HUD chronic homeless criteria doubted that they had ever been homeless.

Among service users we defined as homeless, 17.2 percent did not or could not tell us how long they had been homeless. However, as displayed in the second panel of Table 3-11, for 14.4 percent of respondents length of time homeless ranged five years or longer, and 8.7 percent said they had never had their own place. For those defined as chronically homeless under HUD's perspective, the comparable figures are 23.7 percent homeless five years or longer and 18.9 percent never having had their own place.

Apparently large differences across interview locations are not statistically significant, overall, even though Berkeley and Oakland analyses seem to be based on large enough numbers to be reliable. Figures for other jurisdictions need to be interpreted with extreme caution, perhaps instead relying on row percents.

Table 3-11: Ever homeless and length of time since housed by survey-assessed housing status and interview location (Questions E8, E9, E10)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,835	1,087	1,525	1,967		10,413
Weighted %	56.0	10.4	14.6	18.9		100.0
Unweighted n	933	253	114	157		1,457
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Were you ever homeless or doubled up?**						10,319
Housed						5863
"Yes"	51.5	71.1	50.4	52.4	**52.5**	3079
"No"	48.5	28.9	49.6	47.6	**47.5**	2784
Homeless, community def.*						4457
"Yes"	92.0	96.4	71.4	86.2	**89.4**	3986
"No"	8.0	3.6	28.6	13.8	**10.6**	471
HUD Chronic Homeless* (n = 310)						1280
"Yes"	99.8	99.6	100.	100.	**99.7**	1277
"No"	0.3	0.4	0	0	**0.3**	3
If homeless, how long since housed?**						10018
Housed						5748
"Never homeless", skipped	49.2	28.9	50.8	48.0	**48.1**	2767
"Was homeless", unkn. time	37.6	65.7	41.1	42.1	**40.6**	2332
Under 3 months	4.3	0	0	0	**2.5**	141
3 months to under a year	0.5	0	0	0	**0.3**	17
1 year to under 2 years	3.4	0	0	3.2	**2.6**	150
2 years to under 3 years	1.2	0	0.8	2.3	**1.3**	74
3 years to under 5 years	1.9	1.0	0	2.3	**1.6**	93
5 years to under 10 years	0.1	3.9	7.3	0	**1.4**	82
10 years or more	0.8	0.5	0	2.3	**1.0**	55
"Never had own place"	1.1	0	0	0	**0.6**	36
Homeless, community def.*						4270
"Never homeless", skipped	8.0	2.8	30.2	13.9	**10.6**	453
"Was homeless", unkn. time	17.4	2.7	19.7	31.1	**17.2**	733
Under 3 months	7.9	7.2	2.4	7.1	**7.0**	298
3 months to under a year	16.4	12.0	12.5	29.4	**17.2**	733
1 year to under 2 years	8.9	13.9	7.7	0.8	**8.4**	359
2 years to under 3 years	11.7	8.7	6.5	11.9	**10.6**	453
3 years to under 5 years	6.1	9.4	5.3	2.7	**6.1**	259
5 years to under 10 years	7.8	12.2	4.5	1.7	**7.3**	310
10 years or more	10.4	7.3	0	0.8	**7.1**	303
"Never had own place"	5.4	24.0	11.1	0.7	**8.7**	370

Table 3-11, continued

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,835	1,087	1,525	1,967		10,413
Weighted %	56.0	10.4	14.6	18.9		100.0
Unweighted n	933	253	114	157		1,457
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
HUD Chronic Homeless* (n = 304)						1266
"Never homeless", skipped	0	0	0	0	**0**	0
"Was homeless", unkn. time	2.0	1.5	10.7	0	**2.0**	25
Under 3 months	8.9	2.8	3.5	0	**5.6**	71
3 months to under a year	8.0	3.0	0	43.1	**7.8**	99
1 year to under 2 years	18.9	16.1	37.8	2.2	**17.4**	220
2 years to under 3 years	13.9	8.3	17.2	29.1	**12.6**	159
3 years to under 5 years	14.1	10.8	0	12.0	**12.1**	153
5 years to under 10 years	11.6	17.1	30.8	7.2	**14.3**	181
10 years or more	10.3	9.7	0	5.1	**9.4**	118
"Never had own place"	12.4	30.6	0	1.2	**18.9**	239
How much of past years homeless?**						9960
Housed	n = 254	n = 24	n = 40	n = 62	**n = 380**	5612
"Never homeless", skipped	51.0	29.4	53.4	47.7	**49.5**	2780
"Was homeless", unkn. time	17.2	14.6	29.2	23.8	**20.4**	1146
Under 3 months	5.1	5.2	9.0	5.3	**5.8**	324
3 months to under a year	6.1	11.6	2.6	10.5	**6.8**	382
1 year to under 2 years	12.5	0.6	5.0	5.2	**9.1**	510
2 years to under 3 years	4.6	25.5	0	5.3	**5.1**	286
3 years or more	3.5	13.1	0.9	2.2	**3.3**	184
Homeless, community def.*	n = 638	n = 220	n = 70	n = 88	**n = 1016**	4348
"Never homeless", skipped	7.6	3.5	29.0	13.8	**10.4**	451
"Was homeless", unkn. time	12.8	0.5	10.3	13.4	**10.4**	453
Under 3 months	4.6	4.4	4.5	15.6	**6.2**	271
3 months to under a year	18.9	11.3	12.3	29.6	**18.4**	801
1 year to under 2 years	18.4	21.1	14.0	8.4	**16.8**	732
2 years to under 3 years	12.0	9.3	21.0	15.0	**13.1**	568
3 years or more	25.8	49.9	9.0	4.3	**24.7**	1073
HUD Chronic Homeless* (n= 307)	n = 177	n = 106	n = 9	n = 15	**n = 307**	1271
"Never homeless", skipped	0	0.2	0	0	**0.1**	1
"Was homeless", unkn. time	0.5	0.2	0	0	**0.3**	4
Under 3 months	0.9	0.4	0	0	**0.6**	7
3 months to under a year	10.1	0.3	10.5	15.0	**6.3**	81
1 year to under 2 years	31.3	26.9	30.8	13.0	**28.3**	360
2 years to under 3 years	17.3	8.7	9.1	47.9	**15.3**	194
3 years or more	40.1	63.3	49.6	24.1	**49.1**	624

* Significant differences ($p < 0.05$): housed vs. homeless and HUD Chronic Homeless vs. all others.
** Significant differences exist among interview locations ($p < 0.05$).

SECTION 4. DEMOGRAPHIC CHARACTERISTICS OF HOUSED AND HOMELESS SERVICE USERS

In this section, we describe the sample and estimated population of service users in terms that can be compared with other surveys, at other times or for other locations.

Guide to reading tables

In this and subsequent sections of the report, most titles of tables end with parentheses enclosing the number of the survey question that generated the data, for example, "Table 4-1: Gender by housing status and interview location (Question B1)". Where the data are derived from many questions, a footnote refers the reader to the Glossary or to other sections of the report.

Tables in this section begin some new conventions, selective display and grayed out cells. First, we list some reasons for selective display: 1) In cases where the difference between homeless and housed persons is not statistically significant a*nd showing results by housing status would be misleading*, separate breakdown may not be shown in the table at all (Table 4-3). Grayed out cells can have several meanings: 2) In cases where the numbers of respondents by jurisdiction are too low to yield reliable estimates the cells for results by jurisdiction may be left empty and grayed out (Table 4-7), or 3) When there are no significant differences by jurisdiction, cells for results by jurisdiction may be left empty and grayed out (Table 4-6), although results for the total of all jurisdictions will be shown in bold. Grayed out rows (Table 4-10), as in previous report sections, indicate information that should be interpreted with care.

*Gender***.** The findings displayed in Table 4-1 demonstrate that, countywide, whether using the community or the HUD definition of homelessness, a larger proportion of Alameda County's homeless service users are males. Among *housed* persons utilizing service sites, however, the situation is reversed, with females more prevalent than males. Among the HUD chronically homeless there are three males for every female (75.7% versus 24.4%). In part this figure reflects the HUD criterion *unaccompanied*. Women with children, by definition, are not chronically homeless for HUD's purposes.

Within the four study jurisdictions, some differences appear. In Mid & North and in South & East County females outnumber males not only among housed persons but also among those

defined as homeless, whether by the community or the HUD definition. And in Mid and North County females are more prevalent than males even among the chronically homeless (55.5% versus 44.5%).

Among housed persons interviewed at Berkeley sites, males are far more prevalent than females (housed, 72.1% versus 27.9%). For homeless persons in Berkeley; whether by HUD or community definition, males outnumber females four to one.

Table 4-1: Gender by housing status and interview location (Question B1) [1]

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Gender**						
Housed						
Female	54.1	27.9	71.1	64.0	**57.7**	3,384
Male	45.9	72.1	28.9	36.0	**42.3**	2,481
Homeless, community def.*						
Female	43.8	19.5	72.2	70.5	**46.9**	2,093
Male	56.2	80.5	27.8	29.5	**53.1**	2,369
HUD homeless*						
Female	38.8	19.7	66.1	64.3	**41.4**	1,490
Male	61.2	80.3	33.9	35.7	**58.6**	2,113
HUD chronically homeless*						
Female	31.6	14.3	55.5	16.4	**24.4**	312
Male	68.4	85.7	44.5	83.6	**75.7**	968

* Differs significantly from housed ($p < 0.05$).
** Significant differences exist among interview locations ($p < 0.05$).
1 Nine persons gave no information about gender. For those nine, we imputed the gender recorded by the site coordinator during recruitment.

*Age***.** Relatively few of the survey respondents were young. Rather, when interviewed, most were ages 35 – 54 (Table 4-2). Mean age of all service users, whether housed or homeless, is in the 40s, with the homeless sub-population, however defined, significantly younger than the housed group. Using the community definition of homelessness, homeless service users were, on average, 43.4 years compared to 48.0 years of age for housed service users. Housed persons

in Berkeley are older than in the other jurisdictions; homeless persons in the South and East jurisdiction tend to be younger.

Table 4-2: Age[1] by housing status and interview location (Question B3)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Age**						
Housed						
Under 22	0.1	0	2.3	3.2	**1.2**	66
22-24	0.4	0	2.3	0	**0.6**	36
25-34	17.0	1.6	25.1	17.9	**17.8**	1,022
35-44	30.9	18.0	13.2	33.0	**27.7**	1,594
45-54	21.5	48.6	39.7	15.2	**24.6**	1,414
55-64	14.8	12.5	15.2	9.6	**13.6**	783
65 and over	15.4	19.3	2.4	21.1	**14.6**	843
Homeless, community def.*						
Under 22	2.6	0.5	7.6	4.9	**3.2**	140
22-24	1.8	3.6	8.7	0.5	**2.7**	122
25-34	14.2	11.2	11.6	23.1	**14.7**	654
35-44	30.8	45.6	25.5	52.0	**36.0**	1,599
45-54	33.3	27.4	31.9	10.8	**28.7**	1,276
55-64	11.0	11.5	1.5	0.5	**9.0**	401
65 and over	6.2	0.2	13.1	4.2	**5.7**	252
Average age (years)**						
Housed	48.8	53.2	43.7	48.0	**48.0**	5,758
Homeless, community def.*	44.8	42.7	43.1	39.7	**43.4**	4,443
HUD homeless*	43.8	42.6	38.4	39.8	**42.4**	3,584
HUD chronically homeless*	44.2	42.5	44.7	43.7	**43.5**	1,274
Total	47.1	45.5	43.6	45.0	**46.0**	10,295

* Differs significantly from housed ($p < 0.05$).

** Significant differences exist among interview locations ($p < 0.05$).

1 Fifteen persons gave no information about age, not even a partial birth date in the unique identifier composed of the first two initials of the last name and the last four digits of the social security number, or, alternatively, the two-digit month and year of birth. In cases where the birth date, or partial birthdate were provided, we calculated age. In cases where the respondent provided both age and birthdate, we could compare the reported age and calculated age. There was little difference between the two, which is one indication of data quality and evidence of respondent cooperation.

*Race/ethnicity***.** The racial/ethnic distribution of Alameda County homeless service users differs from the general Alameda County population.[1] Blacks constitute the majority of service users, followed by whites and Hispanics (Table 4-3). Compared to County population, service users are half as likely to be White, 3.6 times as likely to be Black or African American, 7.7 times as likely to be Amerindian or Alaska Native, and less likely to be Asian, Hispanic, or of another race/ethnic group. The HUD Chronically Homeless sub-population has proportionately more whites and fewer Hispanics than the service user population as a whole.

Examined by jurisdiction, Asians and Hispanics are more prevalent in South and East County, compared with overall County estimates. Blacks are more heavily represented in Oakland and Whites in Berkeley.

Table 4-3: Race/ethnicity by housing status and interview location (Question B4) [1]

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
All Service Users**						10,420
Amerindian, Alaska Native	3.3	4.4	6.7	8.5	**4.9**	506
Asian	0.7	0.9	6.6	8.3	**3.1**	318
Black, African American	70.6	47.1	41.3	20.0	**54.3**	5,658
Hispanic	10.9	3.4	18.9	32.4	**15.4**	1,602
White	13.5	42.3	23.6	25.7	**20.3**	2,117
Other	0.9	2.1	2.9	5.1	**2.1**	220
Imputed from observed race					**1.7**	172
HUD chronically homeless**						1,280
Amerindian, Alaska Native	1.9	4.9	0	5.1	**3.3**	42
Asian	0	0	0	29.3	**1.8**	23
Black, African American	86.1	28.1	63.2	11.4	**56.7**	726
Hispanic	2.6	0.6	0	28.0	**3.2**	41
White	8.3	64.7	36.8	26.3	**33.7**	431
Other	1.2	1.8	0	0	**1.3**	17
Imputed from observed race					**3.2**	116

** Significant differences exist among interview locations ($p < 0.05$).

1 This table first displays figures for all service users, then for HUD chronically homeless. Figures are not displayed for homeless versus housed due to lack of significant differences.

[1] Census data derived from California Census Data Center, Census 2000, Summary File 1 General Profile 1: Persons by race, age, & sex; households and families by race and by type, Alameda County. Available at http://www.dof.ca.gov/HTML/DEMOGRAP/SF%201/Alameda.pdf. Accessed 1/28/2004.

*Preferred language***.** The distribution of language differs significantly, between homeless and housed sub-groups (Table 4-4). Thus, a larger proportion of the housed, versus homeless, persons speak Spanish (11.2% versus 1.4%). Further, Spanish-speakers, whether housed or homeless, are more likely found in South and East County and virtually absent from the Berkeley population.

Table 4-4. Preferred language by housing status and interview location (Question B5)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Language						
Housed						5,865
English only	80.3	78.4	78.6	68.4	**77.4**	4,538
Spanish only	10.4	0	11.3	15.9	**11.2**	657
English & Spanish	7.2	0.2	2.3	0.5	**4.6**	268
English, Spanish & Other	0.2	0	0	0	**0.1**	8
Asian/Pacific Islands	0.8	0	0	7.5	**2.1**	122
English & Asian/Pacific Is.	0	2.4	0	2.2	**0.6**	35
English & other language(s)	1.0	19.0	7.9	5.6	**4.0**	237
Imputed					**0.1**	7
Homeless, community def.*						
English only	92.9	94.3	83.6	88.9	**91.4**	4,078
Spanish only	0.9	0.5	0.5	4.9	**1.4**	60
English & Spanish	6.0	3.7	0.5	0.8	**4.1**	185
English, Spanish & Other	< 0.1	0.5	0	0.1	**0.1**	6
Asian/Pacific Islands	0	0	13.0	4.2	**2.2**	97
English & Asian/Pacific Is.	0.2	< 0.1	0.9	0.9	**0.4**	16
English & other language(s)	< 0.1	1.0	1.5	0.1	**0.4**	18
Imputed					**2.0**	88

* Differs significantly from housed ($p < 0.05$).

City of residence and where served. Virtually all members of the housed group have a regular place to sleep in Alameda County, while significantly fewer members of the homeless sub-group do (Table 4-5; 96.4% housed, 86.8% homeless). Almost all housed and homeless respondents *interviewed* in Oakland (88.1% and 87.1%) report that they also *reside* in Oakland. Only two-thirds (69.3% and 66.4%) of respondents interviewed in Mid and North County reside there, with most of the remainder residing in Oakland. About one-fourth of housed respondents interviewed at Berkeley sites reside instead in Oakland or Mid and North County (26.5% or 21.6%). One in nine (11.0%) homeless persons interviewed in Berkeley resides in Oakland.

Table 4-5. City of residence by housing status and interview location (Question C2 & coversheet)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total clients	
Weighted N	5,838	1,090	1,525	1,967		10,291
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,445
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Has regular place to sleep in Alameda County?						
Housed						5,852
Yes	95.6	100.0	97.7	96.7	**96.4**	5,640
Homeless, community def.*						4,439
Yes	83.9	90.9	89.9	90.4	**86.8**	3,854
City/locality**						
Housed						
Oakland	88.1	26.5	30.8	0	**56.7**	3,325
Berkeley	3.9	51.8	0	0.8	**5.0**	293
Oakland & Berkeley	0	0	0	0	**0**	0
Mid-county & other North	5.8	21.6	69.3	2.2	**16.4**	959
South & East	0.7	0	0	94.8	**20.6**	1,209
Other county	0.7	0	0	2.2	**0.9**	50
Missing	0.8	0	0	0	**0.5**	28
Homeless, community def.*						
Oakland	87.1	11.0	21.7	0	**52.9**	2,358
Berkeley	0.7	77.6	1.0	1.8	**14.4**	643
Oakland & Berkeley	1.5	3.7	0	0	**1.5**	65
Mid-county & other North	5.5	2.1	66.4	8.4	**12.6**	562
South & East	< 0.1	1.2	0	88.7	**13.5**	603
Other county	1.2	2.7	0	0	**1.1**	49
Missing	4.1	1.8	10.9	1.2	**4.1**	181

* Differs significantly from housed ($p < 0.05$).
** There are significant differences among age categories ($p < 0.05$).

Education. Generally, service users constitute an educated group, and one in eight persons was engaged in additional school or training at the time they were interviewed (Table 4-6). The proportion of homeless service users engaged in education or training decreases significantly with increasing age. Three-quarters or more of all service users have completed high school, secured a GED, or continued on with post-high-school education. Nevertheless, the housed and homeless subgroups differ significantly. The housed group includes a greater prevalence both of those who did not complete high school *and* those who have done at least some college work.

Table 4-6: Education by housing status and interview location (Question G1)

Interview location	Oakland	Berkeley	Mid & N[1]	S&E[2]	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,013
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,276
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Highest education achieved						
Housed						5,816
Elementary grades					**8.6**	502
Jr. High – 12th grade					**16.2**	944
High School graduate/GED					**33.9**	1,972
Jr. College - AA degree					**31.1**	1,810
College graduate or higher					**10.1**	588
Homeless, community def.*						4,197
Elementary grades					**0.8**	31
Jr. High – 12th grade					**21.8**	913
High School graduate/GED					**41.5**	1,741
Jr. College - AA degree					**30.0**	1,257
College graduate or higher					**6.1**	254
In school or training now?						
Yes					**12.0**	1,192
School now by age category**						9,895
Under 22					**37.5**	77
22 – 24					**19.2**	30
25 – 34					**19.9**	325
35 – 44					**13.5**	425
45 – 54					**11.4**	294
55 – 64					**5.1**	57
65 and over					**0.8**	8

* Differs significantly from housed ($p < 0.05$).

** There are significant differences among age categories ($p < 0.05$).

*Institutionalized as child and under age 30***.** Homeless persons using services are twice as likely as housed persons to have had histories of foster home, group home, or other institutionalization prior to age 18 (Table 4-7). One in eight homeless individuals (13.6%) had been in foster care, one in fourteen (6.8%) had been in a group home, and one in seventeen (5.6%) had been in another institution. In total, one in eight, or 20.0 percent, had been in one institution or another prior to age 18. For housed persons, the comparable figures are 6.9, 1.3, and 2.6, or a total of 9.9 percent.

In light of concern that in recent years the connection between institutionalization and homelessness may have increased, we continue to examine the topic by restricting the analysis to the younger cohort of service users, those under age 30 (n = 125). Whether currently homeless or housed, this younger group is substantially more likely to have been institutionalized prior to age 18. One in three (36.8%) of the younger homeless individuals and one in six (15.5%) of the younger housed individuals experienced a child welfare system placement prior to age 18. Many had been housed in more than one institution.

Table 4-7: Child welfare system institutionalization before age 18 by housing status and interview location (Question D1)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,291
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,300
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Ever in institution before 18?						10,013
Housed						5,800
Yes					**9.9**	574
Homeless, community def.*						4,213
Yes					**20.0**	841
Type of institution (before 18)						
Housed						
Foster home					**6.9**	401
Group home					**1.3**	77
Another institution					**2.6**	150
Homeless, community def.*						
Foster home					**13.6**	574
Group home					**6.8**	287
Another institution					**5.6**	236
Under age 30, in inst. before 18 (n=125)						798
Housed						303
Yes					**15.5**	47
Homeless, community def.*						495
Yes					**36.8**	182
Under age 30, type of institution before 18						
Housed						303
Foster home					**12.3**	37
Group home					**3.9**	12
Another institution					**7.2**	22
Homeless, community def.						495
Foster home					**31.2**	154
Group home *					**25.7**	127
Another institution					**5.8**	29

* Differs significantly from housed ($p < 0.05$).

*Jail or prison experience***.** For many persons, lack of adequate shelter increases exposure to arrest and detention on any of a number of charges. Thus, it may not be surprising that two-thirds (69.7%) of homeless persons using services in Alameda County report they have been jailed or imprisoned (Table 4-8). Perhaps even more remarkable, until we recall that many housed persons can themselves be classified as chronically homeless, is the fact that 41.7 percent of housed service users have also served time in jail or prison.

The prevalence of jail or prison experience among homeless persons is greater in Oakland and Berkeley and lower in the other localities. Jail or prison experience among housed persons is most prevalent among Berkeley respondents and least prevalent among persons from South and East County.

Homeless persons are not only more likely to have experienced jail or prison, their experiences are also more recent. Among service users, 12.9 percent of homeless persons, compared with 4.4 percent of housed persons, were released from jail or prison within the last 30 days. These percentages are higher – for both groups – among persons in Berkeley. Interestingly, a disproportionately large number of housed – but a disproportionately small number of homeless – South and East County individuals were released between 30 days and one year previous to interview.

Table 4-8: Ever in jail or prison in the US and length of time since release by housing status and interview location (Questions D2 and D3)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,017
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,309
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Ever in jail or prison in US**						10,013
Housed						5,800
Yes	45.5	61.9	46.1	23.3	**41.7**	2,421
Homeless, community def.						4,218
Yes	76.5	74.5	50.3	56.7	**69.7**	2,940
How long since last release**						(n = 833)
Housed						2,312
In the last 30 days	4.9	16.9	0	0	**4.4**	101
Between 30 days and a year	8.5	3.4	18.1	23.4	**11.5**	265
More than a year ago	86.6	79.7	81.9	76.6	**84.2**	1,946
Homeless, community def.*						2,918
In the last 30 days	11.7	20.9	10.0	8.3	**12.9**	377
Between 30 days and a year	19.3	10.7	16.4	5.2	**15.5**	453
More than a year ago	69.0	68.4	73.6	86.5	**71.5**	2,088

* Differs significantly from housed ($p < 0.05$).
** Significant differences exist among interview locations ($p < 0.05$).

*Household composition by housing status***.** Table 4-9 documents the wide variety of family compositions among study households. The table also suggests major differences in household composition associated with housed or homeless status. Compared with housed persons, homeless persons are twice as likely to be solo adults (49.4% versus 24.8%) and far less likely to be in two-parent or compound families. One-parent families are more prominent among homeless persons in South and East County as well as Mid and North County. Adult with kin families are more evident in Mid and North County. Whether housed or homeless, solo adults dominate the Berkeley sub-population.

Table 4-9: Household composition by housing status and interview location (E1-E4)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,326
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,452
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Household composition**						
Housed						5,865
Solo adult	27.5	72.7	11.4	16.4	**24.8**	1,452
Couple	19.3	12.1	2.4	10.7	**14.3**	839
Two-parent family	11.1	0	15.8	21.3	**13.5**	792
One-parent family	11.1	3.1	22.0	13.3	**12.9**	759
Compound family	13.7	4.9	11.3	18.0	**13.8**	808
Couple, plus other(s)	1.0	0	6.8	0.9	**1.9**	110
Adult with kin	8.5	2.4	13.9	12.1	**9.8**	577
Adult with other(s)	7.9	4.9	16.4	7.2	**9.0**	528
Homeless, community def.*						4,461
Solo adult	52.5	83.0	25.8	17.4	**49.4**	2,206
Couple	15.5	2.5	13.0	10.7	**12.2**	545
Two-parent family	0.7	1.4	2.9	4.7	**1.7**	75
One-parent family	9.7	3.1	31.1	42.3	**16.0**	713
Compound family	3.1	1.4	7.7	3.0	**3.4**	150
Couple, plus other(s)	0.1	0	0	0	**0.1**	4
Adult with kin	4.3	5.3	13.3	9.6	**6.3**	283
Adult with other(s)	14.0	3.3	6.2	12.3	**10.9**	487
Number in nuclear family**						
Housed						5,865
One person	45.1	84.8	41.7	38.0	**45.0**	2,640
Two persons	33.3	12.1	17.6	21.2	**27.1**	1,586
Three to four persons	16.8	3.1	24.9	32.1	**20.7**	1,215
Five or more persons	4.8	0	15.8	8.7	**7.2**	424
Homeless, community def.*						4,461
One person	71.1	91.6	45.7	39.3	**66.9**	2,986
Two persons	21.5	6.8	24.5	37.2	**21.6**	965
Three to four persons	6.2	1.6	22.9	19.4	**9.4**	417
Five or more persons	1.2	0.1	6.8	4.2	**2.1**	94

* Differs significantly from housed ($p < 0.05$).
** Significant differences exist among interview locations ($p < 0.05$).

Children with and not with respondent. In essentially equivalent proportions, about one-half of housed and of homeless service users have children under age 22. Depending on their situations, options, and personal histories, parents can be with all of their children, none of their children, or some of their children. The first panel of Table 4-10 finds that, compared with housed persons using the same services, homeless persons are more likely to be separated from all of their children under age 22 (26.5% versus 11.1%). Seen from the other direction, housed are twice as likely as homeless persons to have all their children with them (30.7% versus 15.8%). Two possibilities come to mind. First, homeless persons accompanied by their children may be more likely to be provided with housing – hence no longer being homeless – than counterparts without children. Second, homeless persons with children may be more likely to have been separated from their children, for financial, social, or health reasons. Homeless persons in Mid & N and S & E interview locations appear more likely to have all their children with them, suggesting that family shelters may be more available in those regions.

The distribution of ages of children with survey respondents is quite similar for both housed and homeless individuals (last panel, Table 4-10). The plurality is between 6 and 12 years of age, about one-third are from 13 to 21 years old. Smaller proportions are under age 6.

Additional table panels provide detailed information on the distribution of children with, and not with, adult survey respondents, broken out by housing status.

Although the questionnaire was not designed to provide this level of detail, interviewers recorded examples in margin notes of complex child custody and care arrangements. A few children were reported in unexpected categories, such as with respondents who were classified as not having children or having no children with them. Children who did not fit into expected categories were grandchildren or stepchildren, children spending days with a housed friend and nights in a parent's vehicle, children in shared custody arrangements with the respondent parent only part of the time, and so on. The table section reporting mean numbers of children does not show miscellaneous occurrences of children in unexpected categories, to avoid confusion and to avoid reporting essentially unreliable statistics. However, estimated *numbers* of children in unexpected categories are shown (in gray cells), to illustrate the kind of complexity volunteered in margin notes.

Table 4-10: Location, number, and age of children under 22 by housing status and interview location (Questions E2 - E4)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,326
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,452
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Location of children < 22**						
Housed						5,865
No children under 22	55.6	77.6	32.9	47.9	**51.4**	3,011
Children not with respondent	10.9	19.3	18.0	4.5	**11.1**	652
Some children with, some not	8.0	0.6	4.5	7.3	**6.9**	404
All children with respondent	25.5	2.4	44.6	40.3	**30.7**	1,797
Homeless, community def. *						4,461
No children under 22	52.2	71.2	51.9	33.5	**52.7**	2,351
Children not with respondent	34.6	22.9	6.8	16.5	**26.5**	1,183
Some children with, some not	2.9	3.0	7.8	12.9	**5.0**	223
All children with respondent	10.3	2.9	33.5	37.1	**15.8**	704
Average number of children[1, 2]						9,192
With respondent						
Housed						5,864
Some children with, some not	1.6	3.0	2.5	2.0	**1.8**	404
All children with respondent	2.4	3.0	2.4	2.2	**2.3**	1,797
Homeless, community def. *						4,461
Some children with, some not	1.9	1.1	2.7	1.8	**1.9**	223
All children with respondent	1.7	1.1	2.4	1.8	**1.9**	704
Not with respondent						
Housed						5,861
Children not with respondent	2.4	4.4	1.9	1.5	**2.3**	652
Some children with, some not	2.4	1.0	1.0	1.6	**2.1**	404
Homeless, community def. *						4,446
Children not with respondent	2.4	2.0	2.9	2.4	**2.4**	1,183
Some children with, some not	1.9	1.1	1.9	1.8	**1.8**	223
Total number of children[1, 2]						
With respondent						
Housed						5,018
Children not with respondent	52	2	0	53		107
Some children with, some not	428	6	110	182		725
All children with respondent	2,019	22	1,025	1,120		4,185
Homeless, community def. *						1,975
No children under 22	2	0	0	0		2
Children not with respondent	178	16	24	0		218
Some children with, some not	138	25	113	155		432
All children with respondent	442	25	419	437		1,323

Table 4-10, continued

Interview location	Oakland	Berkeley	Mid & N	S & E	**Total**	Clients
Weighted N	5,838	1,090	1,525	1,967		10,326
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,452
	Wtd %	Wtd %	Wtd %	Wtd %	**Wtd %**	Wtd. N
Total numbers of children[1, 2]						
Not with respondent						
Housed						2,370
Children not with respondent	860	252	334	81		1,528
Some children with, some not	654	2	44	143		842
Homeless, community def. *						3,207
Children not with respondent	2,074	357	107	269		2,806
Some children with, some not	136	27	80	158		401
Age of children w/ respondent						
Housed						
0 – 2 years					**10.1**	498
3 – 5 years					**11.0**	541
6 – 12 years					**47.5**	2,332
13 – 21 years					**30.4**	1,491
Unknown					**1.0**	50
Total children with R					**100.0**	4,912
Homeless, community def. *						
0 – 2 years					**10.5**	184
3 – 5 years					**14.3**	250
6 – 12 years					**41.8**	733
13 – 21 years					**32.6**	572
Unknown					**0.9**	15
Total children with R					**100.0**	1,754

* Differs significantly from housed ($p < 0.05$).
** Significant differences exist among interview locations ($p < 0.05$).
1 Very small numbers of children in "No children" or "Children not with" not tabulated.
2 Estimated numbers of children in unexpected categories are shown, although results may be statistically unreliable.

*Military service***.** Homeless services users, whether categorized as chronically homeless or not, were almost twice as likely as housed services users to have served in the United States military (Table 4-11, 19.1% or 19.3% versus 10.3%).[2] Based on discharge information provided by study

[2] Since homeless persons were also more likely to be missing veteran information, it is possible that the prevalence of military service among the homeless group is higher than estimated.

participants, it appears that very few service users with military experience are ineligible for services provided by the Veterans Administration.

Table 4-11: Veteran status by housing status and interview location (Questions G4 and G5)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,324
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,451
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Ever served in US military						
Housed						5,865
Yes					**10.3**	602
No					**87.9**	5,153
Not asked					**1.9**	111
Homeless, community def.*						4,459
Yes					**19.1**	853
No					**74.4**	3,318
Not asked					**6.5**	288
Homeless, HUD definition*						3,600
Yes					**19.3**	694
No					**73.5**	2,647
Not asked					**7.2**	260
Eligible for VA services?						9,922
Housed						5,751
Not a veteran of US military					**89.6**	5,153
Discharge type eligible					**10.3**	595
Discharge type ineligible					**0.1**	4
Unknown					**0**	0
Homeless, community def.*						4,171
Not a veteran of US military					**79.6**	3,318
Discharge type eligible					**19.5**	815
Discharge type ineligible					**0.2**	10
Unknown					**0.7**	28
Homeless, HUD definition *						3,341
Not a veteran of US military					**79.2**	2,647
Discharge type eligible					**19.6**	656
Discharge type ineligible					**0.3**	10
Unknown					**0.8**	28

* Differs significantly from housed ($p < 0.05$).

SECTION 5. REASONS FOR HOMELESSNESS

There are many reasons for homelessness, some of them based at the social or economic level, and others perhaps focused at the level of the individual. In the words of one observer of social policy in Alameda County who also provides services to homeless and other poor individuals, "In my experience, there is usually a four-tiered explanation for homelessness: i) the precipitating cause (e.g., an eviction), ii) the underlying cause (loss of benefits or a job), iii) the (often unreported) fundamental personal limitation at issue (e.g., mental health issues, substance abuse, lack of education, lack of job skills), and iv) (often unreported) contributing societal factors (racial discrimination, an unresponsive welfare system, the labor market structure for low wage workers, etc.)".

The survey questionnaire was designed to capture reasons for homelessness salient to respondents at the time of the survey. It did not specifically ask about larger social issues, although some respondents thought to mention those in the verbatim comments. The questionnaire did specify a broad range of potential causes, including a number of sensitive, personal issues, on the empirically based theory that people very often respond to direct questions with direct and honest answers. Thus, the responses reported here provide a snapshot of the complex and multiple layers of individual issues and experiences that might call for helping services. These findings should add to, not replace, research and policy-making on larger social issues such as the availability of affordable housing, living wages, and integration of needed services with meaningful work.

Survey responses

Survey respondents provide multiple explanations for their most recent episode of homelessness (see Table 5-1). Half (51.5%) report inadequacy of income, and this group probably includes persons whose benefit checks were stopped or reduced (13.5%) as well as those with a reduced income from work (32.7%). About one-third indicated that they had broken up with a spouse or partner, or otherwise experienced a change in family (33.3%). Almost one-third endorsed the explanation that their family, partner, or roommate made them move (27.8%). Respondents also reported evictions (19.4%), releases from jail, prison, or hospital (12.2%), use of alcohol (11.0%), drug use (14.1%), and closures of buildings as unsafe (5.2%) as explanations for their

homelessness. Finally, one in five (20.7%) said that their homelessness was due to the fact that they had moved to a new area and had no money, friends, or family. Additional details provided under the category "some other reason" reveal an array of other difficulties as well: domestic violence victimization, mental health problems, physical or medical health problems or injury, change in building ownership, death within the family, loss of Section 8 support or other benefit, and mishandling of finances (see Table 5-2). In short, services users bring to mind a combination of factors – employment problems, family problems, problems with benefits programs, physical and behavioral health problems, and lack of social capital – to explain homelessness, rather than a single reason.

Variation across jurisdictions was evident for three response sets (Table 5-1). Evictions were less prevalent in Berkeley and South and East County, more prevalent in Oakland and Mid and North County. Individuals moving to a new area without the benefit of friends, money, or family, are most noticeable in Berkeley and least evident in South and East County. Finally, releases from institutions are reported to leave more Oakland and Berkeley residents homeless, compared to those residing in Mid and North and South and East County.

Table 5-1. Reasons for homelessness for current or last time homeless by interview location (Question E11 a-m)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5838	1,083	1528	1967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	157		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any response to E11**						10,326
Housed						5,865
Yes (n = 248)	49.4	76.6	52.8	47.8	**51.0**	2,993
Homeless, community def. *						4,461
Yes (n = 960)	92.0	94.7	71.4	86.3	**89.2**	3,978
Precoded responses, a – m (n = 1216)						7,063
a. My benefit check(s) were stopped or reduced					**13.5**	955
b. My income from work dropped or stopped					**32.7**	2,309
c. My total income is not enough to afford housing					**51.5**	3,638
d. I had no income					**37.5**	2,650
e. My family, partner or roommate made me move					**27.8**	1,961
f. I broke up with a spouse/partner, or other family change					**33.3**	2,349
g. The building was closed by the government as unsafe					**5.2**	370
h. I was evicted from my place**	21.9	8.5	28.8	12.9	**19.4**	1,369
i. I moved to a new area, had no money, friends or family**	20.1	36.1	25.5	6.7	**20.7**	1,461
j. I was released from jail, prison or a hospital**	14.5	18.7	4.6	5.5	**12.2**	864
k. Because I was using alcohol					**11.0**	777
l. Because I was using drugs					**14.1**	998
m. Some other reason[1]					**22.5**	1,591
DON'T KNOW (n = 5)					**0.5**	33
REFUSED (n = 3)					**< 0.1**	3
"NOT HOMELESS" (n = 5)					**0.3**	22

* Significant differences exist between housed and homeless persons ($p < 0.05$).

** Significant differences exist among interview locations ($p < 0.05$).

1 See detail in Table 5-2.

Table 5-2. Additional reasons for homelessness by housing status (Write-in responses for Question E11m, "Some other reason"[1])

		Homeless			Housed		
	Brief description of response	Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. N
	Null responses						
-66	Not homeless	0	0	0	5.3	37	5
-7	Respondent refused further explanation	4.9	46	13	20.2	141	5
0	Already recorded in precoded choices, no additional information	1.7	16	10	6.1	42	4
	Health reasons						
55	Domestic Violence	9.8	92	18	5.2	36	3
57	Mental health	4.4	41	14	0.3	3	2
58	Disability	1.0	9	5	2.1	15	2
59	Physical or medical health problems or injury	12.3	116	19	0.1	1	1
61	Pregnancy	3.6	34	2	0	0	0
595	Someone else's (family member's) physical or medical problems	1.6	15	3	0	0	0
577	Appears to be Mental health related	1.2	12	1	2.3	16	2
				62			10
	Housing reasons						
71	Could afford, but couldn't find; or just couldn't find	0.2	2	2	0	0	0
73	Apartment was unsanitary, dangerous, had roaches	1.1	10	5	0	0	0
77	Fire (or water) destroyed house	2.3	22	10	4.3	30	3
81	Waiting for apartment or application, apartment not ready	0.2	2	1	0.9	6	2
85	Temporary housing arrangement ended, not on lease	2.3	22	3	0	0	0
86	Dispute with landlord or other authority, evicted, or landlord discontinued Section 8	9.8	92	11	7.1	49	4
87	Illegal eviction	0.1	1	2	0	0	0
88	Building ownership changed	9.8	92	19	8.4	59	8
89	Program rules	0.6	6	3	1.7	12	1
				56			18
	Family reasons						
63	Has animals	0.3	3	1	0	0	0
66	Death in *family*, broadly considered	2.5	23	16	1.7	12	1
69	Trouble with family member, broke up with partner, family asked to leave, ran away from home	6.1	58	19	6.8	47	4
92	Move to area, stayed with friends, family -- doubled up	0.1	1	1	22.4	157	6
95	Due to other people's lack of concern	0.6	6	2	0	0	0
125	Family member, relative, partner, roommate were AOD users	0.8	7	4	2.4	16	1
44	Homeless in part from own choice	0.9	8	4	0.3	2	2
				47			14

Table 5-2, continued

	Brief description of response	Homeless Wtd. %	Homeless Wtd. N	Homeless Obs. n	Housed Wtd. %	Housed Wtd. N	Housed Obs. N
	Insufficient income, financial reasons						
11	Benefit money not enough for housing	3.3	31	2	0	0	0
21	No work, no income, perhaps no skills; no sign that ever *was* employed	4.8	45	7	0	0	0
22	Lost job, fired; job ended, or left work voluntarily; *had* job, but no more	1.8	17	13	1.7	12	1
23	Lost other kind of personal income	1.3	12	5	0	0	0
24	Lost Section 8 or lost (or interrupted) other kind of benefit or settlement income	3.7	35	10	2.6	18	2
25	To save money to get own place	0.0	0	1	0	0	0
33	One-time overwhelming expense	0.2	2	1	0	0	0
35	Money was stolen from R, or someone else messed up/mishandled money	0.9	9	5	0	0	0
37	Rent was too high, out of reach	0.9	13	5	0.2	1	1
				49			4
	Legal reasons						
101	Did something illegal, consequence thereof (including other people's subsequent prejudice)	1.9	18	9	1.7	12	1
102	Financial/legal problem caused by past behaviors	0.5	5	2	0	0	0
111	Selling drugs	1.1	10	2	0	0	0
				13			1
	Social capital						
99	Lack of education, upbringing	3.1	29	3	0.2	1	1
130	Too old to be hired	0.3	3	1	0	0	0
570	Negative self-evaluation	1.0	10	4	0	0	0
				8			1
	Miscellaneous						
711	Unusual story	1.7	16	7	0.7	5	1
811	Social comment	2.8	27	2	0	0	0
				9			1

1 n = 306 individuals with write-in responses. For some, multiple codes were assigned.

SECTION 6. HUNGER

The survey instrument asks respondents if, within the past 30 days, they had been hungry but not eaten because they could not afford to get food. Those indicating hunger were then asked how many days in the last 30 they had been hungry. All respondents living with any of their children were also asked whether there had been a time in the last 30 days that their children did not have enough to eat because the respondent could not afford enough food.

Among both the homeless and housed service users hunger is far more prevalent than in American households generally. Almost half of the homeless population (48.0%) were hungry but failed to eat within the past 30 days (Table 6-1). Remarkably, half of that group was hungry at least one week of the month, with 14.4 percent reporting hunger almost every day. Hunger was by far more evident in Berkeley (69.2%) than in the other jurisdictions. Even among those who were housed, hunger affected more than one-quarter of respondents (27.9%). While frequency of hunger was lower than among homeless respondents, nevertheless one in five housed survey respondents (20.7%) reported being hungry about one week in the last month. These monthly figures contrast markedly with national data for the United States. During the year 2002, in any single month, 2.7 percent of U.S. households had one or more members hungry because they could not afford enough food. For persons in poverty, the U.S. average was 10.4 percent in the previous 30 days.[1]

As a social measure, hunger is taken most seriously when applied to children. Respondents with children report that 17.8 percent had a child who had gone hungry in the last 30 days. Nationally, the figure is 0.7 percent hunger *annually* for children. It seems particularly noteworthy that the prevalence of child hunger is greatest among respondents for whom some, but not all, of their children accompany them. That is, the risk of child hunger appears greatest in situations of parents whose families have been split up.

Table 6-2 considers the hunger context further by examining the association of hunger with family type. Without taking into account housing status, hunger is far more prevalent among persons living alone, as opposed to those living in a couple and/or with children. Berkeley

[1] Mark Nord, Margaret Andrews, and Steven Carlson. Household Food Security in the United States, 2002. Food Assistance and Nutrition Research Report No. (FANRR35). October 2003. http://www.ers.usda.gov/publications/fanrr35/. Accessed February 16, 2004.

service users stand out particularly, with even greater prevalence of hunger among single service users (60.6%) and members of couples without children (39.6%).

The analysis displayed in the second panel of Table 6-2 examines hunger by type of interview site. Here we see that hunger is least prevalent among persons interviewed at transitional housing (15.0%) and family shelter or transitional housing (26.8%) sites but common among those interviewed at emergency shelters (52.3%), soup kitchens (42.1%), drop-in services (41.0% and 41.3%), and food pantries (32.8%). Across jurisdictions, hunger is greatest among patrons of Berkeley soup kitchens (81.0%) and drop-in services that provide some food (61.1%) and among emergency shelter residents in Mid & North County (62.2%).[2]

[2] Many respondents reported use of multiple types of service sites. Analysis by *any* use of each type of site, whether or not the respondent was interviewed there, would also be interesting. However, the analysis data file resulting from project data cleaning procedures designed to establish individual weights and to assess homeless status altered usage data for many respondents and left such an analysis problematic. (See discussion of data cleaning in section 1.) Thus, interview site type provides a more secure basis for comparison.

Table 6-1. Hunger in past 30 days by housing status and interview location (Questions P1-3)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,478	1,083	1,489	1,897		9,947
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	790	254	110	154		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Hungry**						9,881
Housed						5,711
Yes	25.7	28.2	30.7	31.3	**27.9**	1,591
Homeless, community def. *						4,170
Yes	44.4	69.2	37.6	42.6	**48.0**	2,001
How many days hungry? (n = 535)						3,587
Housed						1,623
Less than a week					**66.8**	1,084
About a week					**20.7**	335
Two to three weeks					**9.0**	146
Almost every day					**2.7**	43
Homeless, community def. *						1,964
Less than a week					**48.7**	956
About a week					**18.0**	353
Two to three weeks					**18.6**	365
Almost every day					**14.4**	282
Children not enough to eat, couldn't afford enough food (n = 369 accompanying adults)						3,369
Yes					**17.8**	599
By location of children (< 22)						
Some with respondent					**38.9**	214
All with respondent					**19.1**	354

* Differs significantly from housed ($p < 0.05$).

** Significant differences exist among interview locations ($p < 0.05$).

Table 6-2: Hunger by family type, survey site type, and interview location (Questions P1-3)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,478	1,083	1,489	1,897		9,947
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	790	254	110	154		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Hungry by family type* **						9,946
Single, alone	37.0	60.6	36.4	45.1	**42.4**	5,344
Coupled	28.4	39.6	27.7	9.5	**26.0**	1,451
One-parent	38.0	20.5	37.4	28.3	**34.9**	2,099
Two-parent (n = 70)					**26.4**	1,051
Hungry by survey site type* **						9,946
Soup kitchen	39.0	81.0	---	18.2	**42.1**	2,001
Food pantry	30.3	46.9	21.7	38.8	**32.8**	4,758
Drop-in, some food	34.1	61.1	---	---	**41.3**	1,036
Drop-in	---	48.2	39.0	---	**41.0**	1,020
Outreach (not asked P1)	---	---	---	---	**---**	~ 297
Emergency shelter	48.8	54.5	62.2	47.7	**52.3**	560
Transitional housing	0	10.5	27.3	22.4	**15.0**	325
Family shelter or transitional	14.8	39.9	20.1	29.3	**26.8**	247

*** There are significant differences among both row variables and interview locations ($p < 0.05$).

SECTION 7. WORK, INCOME, AND BENEFITS

Respondents were asked a series of questions about paid work, including how secure the work was and number of hours of work per week (G7 - G8). These questions were followed by questions concerning sources and amounts of income or benefits received in the past 30 days by the respondent and/or others in respondent's family unit (H2 & H3, a –n). Family unit was defined as the people living and sharing their income with the respondent. These questions also permitted us to ascertain the number of people in each family unit (H1).

*Work***.** Homeless and housed respondents were equally likely to have worked at something for pay in the past 30 days (35.4% of homeless and 30.7% of housed respondents; Table 7-1). However, the percent of homeless persons who worked differed by city of interview. Compared with respondents in the other jurisdictions, homeless individuals in Berkeley were less than half as likely to have worked. Among housed respondents working was least evident in Oakland. These findings could reflect differences by locality in prevalence of mental illness or other disability, demographics, and employment opportunities.

Among the housed, 58.7 percent of those working in the past 30 days had held the same job for three months or more. Among the homeless, job stability was significantly less prevalent (39.6%). Pan-handling, street sales, and self-employment were more prevalent among the homeless, compared with the housed, group. In both groups, substantial numbers were engaged in temporary and occasional or pick-up work. Although not statistically significant, it appears that more of the homeless persons who do work, engage in work relatively few hours weekly: 32.3 percent of homeless respondents reported working no more than 15 hours weekly, compared with 18.7 percent for housed respondents.

Table 7-1. Paid work in past 30 days by interview location (Questions G6 – G8)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,539	1,090	1,502	1,957		10,088
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	764	255	113	155		1,287
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Working**						9,994
Housed						5,818
Yes	25.9	32.8	39.6	36.2	**30.7**	1,788
Homeless, community def. *						4,176
Yes	40.2	17.4	36.2	40.1	**35.4**	1,479
Duration and kind of work (n = 381)						3,223
Housed						1,776
Same job more than 3 mos.					**58.7**	1,043
Less than 3 mos., continuing					**6.9**	123
Temporary, less than 3 mos.					**13.0**	231
Occasional or pick-up labor					**20.9**	371
Pan-handling, street sales					**3.0**	53
Self-employed					**2.7**	49
Other					**2.6**	46
Homeless, community def. *						1,448
Same job more than 3 mos.					**39.6**	574
Less than 3 mos., continuing					**14.8**	214
Temporary, less than 3 mos.					**17.9**	259
Occasional or pick-up labor					**24.7**	357
Pan-handling, street sales					**10.7**	155
Self-employed					**6.5**	94
Other					**1.3**	19
Hours usually work*** (n = 378)						
Housed						
Not working now					**8.4**	148
15 hours/week or less					**18.7**	328
16 to 30 hours/week					**29.2**	511
31 to 39 hours/week					**15.1**	264
40 or more hours/week					**28.5**	499
Homeless, community def.						
Not working now					**6.4**	93
15 hours/week or less					**32.3**	467
16 to 30 hours/week					**20.8**	300
31 to 39 hours/week					**5.0**	72
40 or more hours/week					**35.6**	514

* Differs significantly from housed ($p < 0.05$).

** Significant differences exist among interview locations ($p < 0.05$).

*** Statistically significant differences among interview locations are based on too few respondents.

*Household composition***.** We asked respondents how many people were in their "family unit", the number with whom they were living and sharing income. The number of persons respondents reported as sharing income in the family unit ranged from 1 to 14. The most frequent response – "1", reported by 57.1 percent of homeless persons and 40.0 percent of housed persons – signifies a respondent living alone (Table 7-2). The 20 – 25 percent of persons who reported a family unit of size "2" include respondents who also report living as a couple, a parent with a child, or an adult respondent living with a parent or other kin.

Size of family unit varies considerably across the interview locations. The vast majority interviewed in Berkeley live alone (homeless, 89.6%, and housed, 73.3%). While the plurality of Oakland respondents live alone (59.6% and 41.2%), sizeable numbers also live with one or more other individuals. In Mid and North County, the plurality of housed persons report living alone (40.4%), but the plurality of homeless persons live with two or three other persons (45.0%), for a family unit size of three or four. And in South and East County, most homeless respondents live with one other person (40.2%), but sizeable numbers of housed persons live in households of three or four (31.7%), five or more members (23.4%), and alone (28.1%).

*Income sources***.** Of the 1,265 persons who report how many people share their household income, virtually all also respond to one or more of a series of 14 questions about sources of income (Table 7-3). Most of those who give any information about sources of income give some response to all 14 sources, in most cases a "no" response. To give a common denominator to all sources of income, we recoded to "0" ("No") those who did not reply to any single source of income, and report percentages for all 1,289 persons who were asked about sources of income.

Averaged across jurisdictions, 87.7 percent of homeless persons report any income, while 92.3 percent of housed persons report income. Among homeless persons, reports of income are notably lower in Berkeley (64.3%), compared to the other sites. Interestingly, housed and homeless persons report virtually indistinguishable numbers of income sources (Table 7-4, 1.8 and 1.7 respectively). The only substantially divergent value was for homeless service users interviewed in Berkeley, whose income sources average 1.0.

Noteworthy proportions of the family units of both homeless and housed respondents received work income, SSI/SSDI, Food Stamps, General Assistance, Pan-handling or other marginal

sources, and help from family or friends. Only one source of income differs in prevalence for housed versus homeless service users, *Other retirement payment*, which is about twice as likely among housed as contrasted with homeless persons (Table 7-3; 5.5% versus 2.6%).

Several sources of income appear to vary significantly by location of interview, however. Among the homeless, pay for working, as a household source of income, is far more prevalent in South and East County, while receipt of SSI and/or SSDI are more common in Berkeley. (Variation in working as a source of income is not necessarily consistent with respondents' reports of their own individual work effort, shown in Table 7-1.) Food Stamps are received by one-third of Mid and North County homeless service users, but only by 7.2 percent of homeless individuals living in Berkeley. GA is much more common in Oakland; but CALWORKS, unemployment benefits, and Social Security retirement are more prevalent in Mid and North County. Help from family and friends is more likely in Oakland and South and East County. Distribution patterns tend to differ among housed respondents.

Some of these differences reflect the uneven demographic distribution of homeless persons; for example, among homeless service users in Berkeley, for whom disability is most prevalent, income from work is less prevalent. Some differences by interview location are artifacts of the structure of the social welfare system in California; for example, among housed service users, Food Stamps are least prevalent in Berkeley where SSI is most prevalent. The equivalent value of Food Stamps is provided to SSI recipients as an increase in their benefit check, so many recipients are unaware that they are receiving the Food Stamp benefit.

Among residents of Alameda County who utilize services designed to address problems of homeless persons, there is no consistent association between income source and homelessness, at least at the point in time of this survey. Rather, as would be expected, it appears that homeless family units – and their housed peers who use the same services – utilize a great many income sources in an effort to support themselves.

Table 7-2. Size of family unit by housing status and interview location (Question H1)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Number sharing income** (n = 1265)						9,817
Housed						5,706
One (living alone)	41.2	73.3	40.4	28.1	**40.0**	2,285
Two	32.1	14.6	15.0	16.7	**25.1**	1,434
Three or four	20.5	12.1	25.0	31.7	**23.2**	1,321
Five or more	6.1	0	19.6	23.4	**11.7**	666
Homeless, community def. *						4,111
One (living alone)	59.6	89.6	29.5	30.6	**57.1**	2,347
Two	21.8	3.7	16.2	40.2	**20.5**	842
Three or four	16.0	6.1	45.0	22.6	**18.7**	770
Five or more	2.7	0.6	9.4	6.6	**3.7**	152

Table 7-3. Sources of family unit income by housing status and interview location (Question H2)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	Clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Reporting any income**						9,993
Housed						5,812
One or more sources "Yes"	90.0	85.4	95.5	97.8	**92.3**	5,367
Homeless, community def.						4,180
One or more sources "Yes"	92.8	64.3	93.5	94.0	**87.7**	3,667
Income sources (n = 1289)						10,086
Housed						5,812
Pay for working, any kind**	26.8	39.8	41.4	48.8	**34.6**	2,011
SSI	23.1	48.0	14.5	13.0	**20.8**	1,208
SSDI	11.8	23.1	17.7	8.1	**12.6**	730
Either SSI or SSDI**	30.5	59.2	29.9	18.5	**29.3**	1,702
Food Stamps	19.5	16.0	29.3	19.5	**20.9**	1,215
GA	10.1	15.3	9.5	2.1	**8.5**	496
CALWORKS ("Welfare")	9.8	3.1	11.4	11.5	**10.1**	586
Pan-handling, recycling, sale of blood, hustling, other[1]	19.4	18.6	15.4	5.6	**15.7**	914
Help from family/friends	20.5	5.6	10.5	22.3	**18.5**	1,074
Unemployment benefits	6.6	0.2	9.2	4.4	**6.3**	364
Social Security retirement	14.8	19.3	5.3	19.5	**14.5**	842
Other retirement payment	6.0	0	6.9	4.5	**5.5**	321
Veteran's benefits	3.2	0	4.6	4.3	**3.5**	204
Child support or alimony	3.8	0	2.3	3.4	**3.3**	191
Some other benefit[2]	6.5	0.7	5.7	6.9	**6.1**	356
Homeless, community def.						4,180
Pay for working, any kind**	29.0	16.2	33.8	48.2	**30.2**	1,264
SSI	24.0	19.4	18.5	11.0	**20.4**	852
SSDI**	6.4	16.7	1.4	6.1	**7.7**	320
Either SSI or SSDI	28.0	33.3	19.0	16.5	**26.0**	1,088
Food Stamps**	25.0	7.2	32.8	21.6	**22.1**	922
GA**	10.3	3.2	2.5	2.1	**6.7**	279
CalWORKs ("Welfare")**	5.3	2.6	24.2	15.3	**8.7**	363
Pan-handling, recycling, sale of blood, hustling, other[1]**	29.2	10.9	14.8	22.8	**23.0**	962
Help from family/friends	22.3	13.1	15.3	24.2	**20.0**	836
Unemployment benefits	8.3	2.4	14.5	6.3	**7.6**	318
Social Security retirement	9.3	3.3	13.6	4.2	**7.9**	328
Other retirement payment	2.5	0.4	4.3	4.2	**2.6**	109
Veteran's benefits	4.7	2.7	1.3	4.3	**3.9**	162
Child support or alimony	2.6	0.2	5.9	0.5	**2.2**	93
Some other benefit[2]	4.3	2.5	6.1	9.4	**5.0**	208

1 This category seems likely to include self-employment, flea-marketing, and other casual employment, as well as more marginal sources of income.

2 Responses included, in order of frequency, retirement, annuity, earnings on investment, or inheritance; workers' compensation, state disability, or other disability payment; WIC or other in-kind food source; EITC or other tax refund; in-kind medical benefits; school loans or other school-related benefits; housing subsidy; and a variety of other sources of income or in-kind benefits.

** Significant differences exist among interview locations ($p < 0.05$).

Table 7-4. Number of family unit income sources by housing status and interview location (Question H2)

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	Clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Number of income sources**						9,993
Housed	1.8	1.9	1.8	1.7	**1.8**	5,812
Homeless, community def. *	1.8	1.0	1.9	1.8	**1.7**	4,180

* Differs significantly from housed ($p < 0.05$).
** Significant differences exist among interview locations ($p < 0.05$).

*Amount of income***.** For each income *source* supporting the family unit in the last month, respondents were asked the amount of income.[1] About two-thirds of the respondents provide some information about income amounts, even if only "Don't know" (n = 886 of 1,289 full-length interviews). The amounts of income from each source are presented in Table 7-5. In most cases, the average monthly income, for family units receiving that form of income, ranges between about $600 and $800. Noteworthy exceptions are the value of Food Stamps, averaging $153 monthly, income from panhandling and other casual or marginal employment, averaging $94 monthly, and income from other benefits, $991 monthly.

Although the *prevalence* of income sources does not differ for homeless and housed service users, the total *amount* of income is significantly lower for homeless clients, averaging $727 monthly, compared to $1,022 for housed persons.

[1] One trade-off in designing the survey to collect information on amount of income source-by-source, rather than asking for total income and documenting whatever amount of detail the respondent volunteered, is the possibility that that fewer persons reported amount of income from each source, than would have reported total income and named whatever sources came immediately to mind. Thus, it may be that we have better information from those who responded, even if we have less information for the sample as a whole. Of course, time permitting, asking both ways would be preferable.

Table 7-5: Monthly family unit income by source and total income from all reported sources (Question H3)

Income source	Average Wtd $	Wtd. N	Number Unwtd. n	Minimum Unwtd. $	Maximum Unwtd. $
Pay for working, any kind	**844**	2,413	258	3	5,500
SSI	**698**	1,504	208	20	2,143
SSDI[3]	**812**	641	86	60	1,906
Sum of SSI and SSDI	**797**	1,971	262	20	2,143
Food Stamps[3]	**153**	1,532	224	10	624
GA	**279**	566	105	19	548
CalWORKs ("Welfare")	**603**	661	101	122	2,800
Pan-handling, recycling, sale	**94**	1,532	219	1	1,000
Help from family/friends[2, 3]	**161**	1,226	148	3	2,100
Unemployment benefits	**623**	495	53	71	1,604
Social Security retirement	**657**	753	49	75	1,550
Other retirement payment	**625**	217	19	44	2,700
Veteran's benefits[3]	**584**	246	38	7	2,600
Child support or alimony[3]	**582**	168	25	19	1,500
Some other benefit[3]	**991**	334	36	10	3,000
Total income from all sources	**901**	7,002	879	1	10,628
Housed	**1,022**	4,139	262	9	5,500
Homeless, community def. *	**727**	2,863	617	1	10,628

1 This category likely includes self-employment, flea-marketing, and other casual employment, as well as more marginal sources of income.
2 Mean excludes one amount of "$9999", the largest value that could be entered in a 4-digit field.
3 Weighted mean, calculated with other statistical software due to insufficient number of sample sites.
* Differs significantly from housed ($p < 0.05$).

Access to benefits – selected subpopulations. Table 7-6 compares sources of *household* income for housed vs. homeless persons in three special populations of service users – disabled persons (including physical disability, developmental disability, learning disability, blindness, deafness, mental illness, and disability due to alcohol or drug abuse[2], n = 881), families with children (adult respondents accompanied by children under the age of 22, n = 291), and veterans (persons reporting having served in the U.S. military, n = 271).[3]

Membership in a *special population* is a more important predictor of income *source* than housing status. Disabled persons are much more likely to report SSI or SSDI as a household source of

[2] Short interviews (n = 179) did not include information on disability.
[3] Respondents could be included in more than one sub-population group, if not logically mutually exclusive.

income than the rest of the sample ($p < 0.001$). They are also more likely to report marginal income sources ($p < 0.05$). Nevertheless, only 35 to 38 percent of those whom we classify as disabled report SSI or SSDI as a source of household income, while 24 to 26 percent report marginal income sources. Families are more likely than the rest of the sample to report household income from Food Stamps (38%, $p < 0.001$) or CalWORKs (28%, $p < 0.001$). However, fewer than half of the families in the sample have *either* source of income. Similarly, veterans are most likely to report a VA cash benefit or pension as a source of income ($p < 0.001$), but only 17 percent of those reporting a US military service history also report a VA cash benefit or pension.

In the comparison of income sources across subpopulations, there is only one significant difference between housed and homeless persons: among the disabled sub-population, housed persons are about half-again as likely to report pay for working, as compared with homeless respondents.

Several large differences between housed and homeless persons do not achieve statistical significance, but nevertheless may be important to service providers, such as that for SSI or SSDI among veterans. Housed veterans are more likely to report household income from SSI or SSDI than homeless veterans (25.6 vs. 19.8, difference not significant). Similarly, homeless families are *more* likely (difference not significant) to report household income from Food Stamps, as well as from CalWORKs.

Table 7-6: Last month household income sources for selected sub-populations of service users by interview location (Question H3)[1]

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Disabled (n =881)						5,779
Housed						1,208
Either SSI or SSDI					**38.0**	1,078
SSI					**25.3**	719
SSDI					**18.4**	522
Food Stamps					**22.6**	641
Pan-handling, recycling, sale of blood, hustling, other[2]					**24.4**	692
Pay for working, any kind					**32.7**	928
Homeless, community def.						2,863
Either SSI or SSDI					**34.5**	986
SSI					**27.0**	773
SSDI					**9.9**	282
Food Stamps					**18.5**	531
Pan-handling, recycling, sale of blood, hustling, other[2]					**26.2**	749
Pay for working, any kind*					**21.6**	619
Families (children < 22) (n =291)						3,161
Housed						2,234
Food Stamps					**35.3**	788
CalWORKs ("Welfare")					**24.5**	546
SSI or SSDI					**19.0**	424
Help from family/friends					**17.2**	385
Pan-handling, recycling, sale of blood, hustling, other[2]					**13.5**	301
Pay for working, any kind					**38.0**	848
Homeless, community def.						927
Food Stamps					**45.0**	417
CalWORKs ("Welfare")					**35.3**	327
SSI or SSDI					**26.7**	247
Help from family/friends					**11.4**	106
Pan-handling, recycling, sale of blood, hustling, other[2]					**18.1**	167
Pay for working, any kind					**35.4**	328

Table 7-6, continued

Interview location	Oakland	Berkeley	Mid & N	S & E	Total	clients
Weighted N	5,838	1,090	1,525	1,967		10,420
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	935	255	114	147		1,461
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Veterans (n = 271)						1,452
Housed						599
Veteran's benefits					**17.5**	105
SSI or SSDI					**25.6**	153
Food Stamps					**13.1**	79
Help from family/friends					**12.1**	73
Pan-handling, recycling, sale of blood, hustling, other[2]					**14.2**	85
Pay for working, any kind					**30.4**	182
Homeless, community def.						853
Veteran's benefits					**16.5**	141
SSI or SSDI					**19.8**	169
Food Stamps					**13.6**	116
Help from family/friends					**9.0**	77
Pan-handling, recycling, sale of blood, hustling, other[2]					**14.8**	126
Pay for working, any kind					**40.2**	343

1 Income data were available for 1289 respondents.
2 This category seems likely to include self-employment, flea-marketing, and other casual employment, as well as more marginal sources of income.
* Differs significantly from housed ($p < 0.05$).

SECTION 8. HEALTH CONDITIONS, HEALTH STATUS, AND DISABILITY STATUS

For an overview of the prevalence of disability among users of homeless services, we asked study participants for self-reports of a number of types of disability and used Census categories to relate those cumulative disabilities to their impact on work and daily life.

*Self-reported disability categories***.** Study participants were asked to state whether they were blind, deaf, physically disabled, disabled by HIV/AIDS, developmentally disabled, had a learning disability, and/or were disabled by mental illness, alcohol abuse, and/or drug abuse. They were also asked if they were disabled by anything not already mentioned. More than half the service users respond positively to one or more self-assessed disability. Those who are homeless are significantly more likely than housed service users to make such a report (Table 8-1, 63.4% versus 47.4%).

Four out of ten homeless service users (41.7%) say they are physically disabled, followed in rank order, by those who report being disabled by mental illness (19.8%) and who have learning disabilities (13.4%), alcohol abuse disability (8.1%), drug abuse disability (6.9%), and developmental disability (4.7%). Smaller proportions are blind, disabled by HIV/AIDS, and deaf. Several disability categories are less prevalent in the less urbanized area of Mid and North and South and East County. One-quarter (24.7%) of the homeless sub-group, and 15.1 percent of the housed sub-group, report being disabled by something else. In fact, much of the follow-up information that respondents supply had already been mentioned (Table 8-2). However, worthy of note is the number of references to high blood pressure as a disability category.

We used the category “Not disabled” at the time of data entry to capture a large number of written-in comments along the line of “not applicable” and “not disabled”. Because it was a write-in, it was not provided as a prompt to everyone and the weight given to it should be tempered by that fact. Nevertheless, homeless clients are significantly less likely than housed clients (Table 8-1, 21.1% vs. 29.5%) to sum up their own health status as “Not disabled”.

We give particular credence to reported disability from mental illness and alcohol or drug abuse. These conditions have such great stigma in our culture that they are typically under-reported in surveys. For purposes of estimating the size of the disabled population, we count any self-report of these disabilities, accumulating information from write-in responses and questionnaire entries in other question sets.

We were particularly concerned about unwillingness to report HIV infection and therefore grant any acknowledgment of HIV/AIDS infection or disability high credibility. Redundancy concerning HIV/AIDS was designed into the questionnaire for two reasons: (1) to achieve question wording consistent with previous surveys, and (2) to allow acknowledgement of HIV infection in several different contexts, one of which might be easier for the respondent to report. Hence, question K1 was not the only source of HIV/AIDS information. For purposes of defining a chronic disease disability, any acknowledgment of HIV-positive status was accumulated from questions K4 (write-ins), K5 (HIV status), and K6 (HIV/AIDS services utilization). The total number of persons defined as HIV-positive is 48, of which 36 report themselves as "Disabled by HIV/AIDS" in question K2b (population estimate, N = 360). Perhaps reflecting the sensitivity of the question, three persons report themselves as disabled by HIV/AIDS, but HIV-negative.

*Construction of Census disability categories***.** Census disability definitions are based on Question set K2: "Because of a physical, mental, or emotional condition, lasting six months or more, do you have difficulty doing any of the following activities: working at a job or business; learning, remembering, or concentrating; going around town alone for daily activities like getting food or medical care; basic physical activities like walking, climbing stairs, reaching, lifting or carrying; and dressing, bathing, or other personal care? Table 8-3 summarizes Census disability status. In addition, blindness and/or deafness constitute a Census sensory disability category.

Census disability calculations from Question K2, like the self-defined disabilities in question K1, are based on self-reports. In fact, respondents no doubt had in mind any conditions referenced in the preceding question when they answered the K2 question set. The primary difference is that the Census definition requires a condition to have limited activities for six or more months. Hence Census disabilities are more likely to be permanent conditions.

The findings are striking. Two-fifths (42.3%) of housed service users, over one-half (56.5%) of homeless services users, and three-quarters (76.6%) of those defined as HUD chronically homeless report activity-limiting disability consistent with a Census disability category. The prevalence of disability in Mid and North County is lower than the other interview locations, under the homeless community definition. For those defined as HUD chronically homeless, Census disability prevalence is lowest in Oakland.

Broken out by type of disability, the prevalence rates are strikingly large for the homeless sub-group (using the community definition). Forty percent report difficulty working at a job or business because of a physical, mental, or emotional condition, lasting 6 months or more, and a similar proportion (38.5%) have what we term a mental disability in light of difficulty learning, remembering, or concentrating. One-third (35.8%) have difficulties with basic physical activities like walking, climbing stairs, reaching, lifting or carrying, and one-quarter (26.6%) find it hard to go around town alone for daily activities like getting food or medical care. One in ten (9.3%) report difficulties with activities of daily living (ADL) such as dressing, bathing, or other personal care. On average homeless service users report difficulties with 1.5 of the Census categories.

Each of these proportions is even larger for the chronically homeless persons who, on average, report 2.2 Census category disabilities. Perhaps just as profound for social policy, housed service users report a non-trivial average of 0.9 disabilities.

*Poverty as disability***.** During questionnaire testing, one respondent quietly expressed the conviction that homelessness and poverty were, in themselves, disabling conditions. Once it was expressed, others ratified that view. We decided to include a question to capture that thought, separated from more traditional definitions of disability, out of respect for respondents who felt the need to make such a statement. Accordingly, we asked, "Some people say that poverty and homelessness are disabilities themselves, making it hard to think or concentrate. Is that true for you?"

Large numbers of respondents affirm the idea that homelessness and poverty are disabling conditions in their own right, making it difficult for them to think or concentrate (Table 8-4). Those currently homeless are more likely to share this perspective than are those currently housed (62.0% versus 35.1%). Fully three-quarters (75.0%) of those defined as HUD chronically homeless agree from their experience that poverty and homelessness are disabilities. Only a relatively tiny proportion of respondents appear to be unsure of their position on the matter.

Table 8-1: Disability, self-asssessed, by housing status and interview location (Questions K1a – K1m)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,524	1,083	1,491	1,925		10023
Weighted %	55.1	10.8	14.9	19.2		100.0
Unweighted n	760	254	111	155		1,280
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any self-defined disability**						9930
Housed						5771
Any disability reported	51.3	67.7	33.2	43.2	**47.4**	2735
"Don't know"	1.0	0	0	0	**0.6**	32
Homeless, community def.*						4159
Any disability reported	64.2	79.9	57.5	46.0	**63.4**	2638
"Don't know"	1.1	1.1	0	0.4	**0.8**	35
Type of disability						
Housed						5771
"None, not disabled" (n = 263)	26.5	22.1	31.5	37.8	**29.5**	1694
Physically disabled**	40.1	52.4	22.8	31.1	**35.9**	2060
Disabled by HIV/ AIDS**	4.9	0	0	0	**2.8**	161
Developmentally disabled**	1.9	14.0	2.4	2.3	**2.7**	154
Learning disabilities**	3.5	28.9	9.2	7.6	**6.6**	380
Blind	1.1	0.2	1.1	2.3	**1.3**	75
Deaf	0.6	9.9	0	2.3	**1.3**	75
Mental illness**	11.2	43.7	12.2	9.3	**12.6**	723
Disabled by alcohol abuse**	1.7	2.8	2.3	2.3	**2.0**	115
Disabled by drug abuse**	2.4	3.5	0	0	**1.5**	88
Disabled by something else	15.7	26.5	11.7	13.7	**15.1**	869
Housed or homeless						
Speech disability					**0.1**	14
(Disabled by) dental problem					**0.1**	13
Homeless, comm. def.						4159
"None, not disabled"*	18.7	13.9	27.0	33.0	**21.1**	871
Physically disabled**	46.5	51.7	24.3	27.4	**41.7**	1719
Disabled by HIV/ AIDS**	3.5	0.3	0	0.2	**1.9**	79
Developmentally disabled**	3.6	11.6	3.6	1.0	**4.7**	194
Learning disabilities*,**	13.4	19.5	15.1	4.9	**13.4**	553
Blind	3.1	1.4	0	2.3	**2.2**	92
Deaf	1.1	0.8	0	6.4	**1.8**	73
Mental illness*,**	15.5	38.2	14.1	16.7	**19.8**	817
Disabled: alcohol abuse*,**	7.8	14.5	4.7	4.5	**8.1**	334
Disabled: drug abuse*, **	6.9	9.2	3.1	6.9	**6.9**	284
Disabled by something else*	25.3	31.8	26.4	13.2	**24.7**	1018

* Differs significantly between housed and homeless ($p < 0.1$).

** There are significant differences among interview locations ($p < 0.05$). For some disabilities, significant differences by interview location persist within housing status.

Table 8-2: Other self-reported disabilities, selected write-in responses, by housing status (Question K1j)

	I am disabled by something else. What is that?	Homeless Wtd. %	Homeless Wtd. N	Homeless Obs. n	Housed Wtd. %	Housed Wtd. N	Housed Obs. N
	ANY ADDITIONAL RESPONSE						
-1	No additional comment	73.4	3028	659	82.3	4721	299
-7	Refused further explanation	0.4	17	11	0.1	5	2
1	Any write-in disability/comment	26.2	1081	201	17.7	1013	80
13	Totals (n = 294)	100.0	997	216	100.0	1090	78
	SELECTED COMMENTS						
0	Already mentioned (in K1 i – k, l, m)	22.1	912	162	14.1	808	61
13	Economic conditions	0.8	34	11	0.3	19	2
14	Family violence	0.1	4	1	0.4	22	2
15	Immigration status	0.1	3	1	0.1	6	1
16	High blood pressure	2.6	107	12	1.0	56	6
20	Medical condition (temporary?)	0.2	9	4	< 0.1	1	1
22	“Life”, “age”	< 0.1	2	3	0.7	40	2
25	Prejudice	< 0.1	1	1	0	0	0
27	Service-connected	0	0	0	0.4	23	2
28	Post-traumatic stress disorder (PTSD)	0.1	2	2	< 0.1	1	1
99	Meaning unclear	0.2	9	4	0.7	38	2

Table 8-3: Disability, consistent with Census definitions, by housing status and interview location (Question K2).

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,524	1,083	1,491	1,925		10023
Weighted %	55.1	10.8	14.9	19.2		100.0
Unweighted n	760	254	111	155		1,280
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any Census disability**						9986
Housed						5805
Any Census disability	39.9	55.3	40.1	47.6	**42.3**	2457
Homeless, community def.*						4180
Any Census disability	56.7	77.0	34.1	48.8	**56.5**	2361
HUD chronic homeless (n=1113)*						1279
Any Census disability	65.9	87.8	74.0	88.1	**76.6**	980
Type of disability						
Housed						5805
Work disability, all ages**	30.2	49.9	26.2	25.4	**29.5**	1699
Work disab. (age 16 – 64)**	27.0	44.9	23.8	24.4	**26.8**	1545
Mental disability**	20.7	36.1	34.3	23.1	**24.3**	1404
Going outside the home**	13.4	12.6	19.3	8.7	**13.3**	767
Physical disability**	25.5	26.8	25.1	26.2	**25.7**	1478
Self-care (ADL)	4.2	17.4	9.5	5.9	**6.1**	347
Sensory (blind, deaf)	1.6	9.9	1.1	2.3	**2.1**	122
Homeless, community def.						4180
Work disability, all ages*	44.0	48.2	15.0	35.5	**40.0**	1653
Work disab. (age 16 – 64)*	43.3	48.2	15.0	35.5	**39.6**	1637
Mental disability*	36.9	62.5	27.3	23.7	**38.5**	1595
Going outside the home*	30.2	39.4	6.8	14.4	**26.6**	1105
Physical disability*	35.4	53.0	14.0	32.9	**35.8**	1487
Self-care (ADL)	6.8	16.0	5.0	12.9	**9.3**	380
Sensory (blind, deaf)	3.8	2.0	0	8.6	**3.8**	158
HUD chronic homeless (n = 1107)						1279
Work disability, all ages*	46.0	53.3	63.0	36.3	**49.0**	624
Work disab. (age 16 – 64)*	45.3	53.3	63.0	36.3	**48.7**	619
Mental disability*	49.8	76.4	65.8	10.8	**59.0**	751
Going outside the home*	36.0	48.6	44.1	15.4	**40.2**	514
Physical disability*	31.0	66.5	52.2	78.5	**49.4**	631
Self-care (ADL)*	8.0	21.2	32.6	16.9	**14.9**	188
Sensory (blind, deaf)*	5.0	1.7	0	17.8	**4.3**	54
Number of Census disabilities						
Housed	0.9	1.5	1.1	0.9	**0.9**	5805
Homeless, community def.	1.6	2.2	0.7	1.3	**1.5**	4180
HUD chronic homeless	1.7	2.7	2.6	1.7	**2.2**	1278

* Differs significantly ($p < 0.1$): housed vs. homeless or HUD chronic homeless vs. all others.

** Significant differences exist among interview locations ($p < 0.05$). For some disabilities, significant differences by interview location persist within housing status.

Table 8-4: Poverty and homelessness, seen as disabilities, by housing status and interview location (Question K3)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,524	1,083	1,491	1,925		10023
Weighted %	55.1	10.8	14.9	19.2		100.0
Unweighted n	760	254	111	155		1,280
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Poverty, homelessness as disability**						9893
Housed						5719
Yes	31.0	54.6	40.8	36.5	**35.1**	2005
"Don't know"	1.3	5.0	4.6	2.3	**2.3**	129
Homeless, community def.*						4174
Yes	67.4	76.9	48.1	37.3	**62.0**	2589
"Don't know"	0.7	1.1	5.7	1.1	**1.5**	61
HUD chronic homeless (n=1097)*						
Yes	71.1	85.4	74.0	37.1	**75.0**	958
"Don't know"	0.6	0.8	0	0	**0.6**	8

* Differs significantly ($p < 0.1$): housed vs. homeless or HUD chronic homeless vs. all others.
** Significant differences exist among interview locations ($p < 0.05$).

*SF-8 measures of physical and mental health status***.** The set of health status questions L1 through L8, collectively called the SF-8, addresses general health, physical functioning, the relationship between physical limitations and activities of daily life, pain, vitality, social functioning, mental health, and the relationship between emotional limitations and activities of daily life. The set was developed over many years, first by the Medical Outcomes Survey and later by QualityMetric. Each health status question is comparable to a number of published surveys, including national and state data. In addition, the responses can be combined into two summary scores, one for physical health and one for mental health. The summary scores are "normed" for several demographic subpopulations, thus allowing comparison across studies, and with national norms.[1]

SF-8 summary scores and item scores are constructed so that higher scores represent better health and functioning. Scores in the 48.0 to 52.0 range are typical averages for the general US population; however, average scores differ across major demographic groups in the general

[1] Ware JE, Jr. and Kosinski M. SF-36® Physical and Mental Health Summary Scales: A Manual for Users of Version 1. Second edition. Lincoln, RI: QualityMetric Incorporated, 2001.
Ware JE, Jr., Kosinski M, Dewey JE and Gandek B. How to Score and Interpret Single-Item Health Status Measures: A Manual for Users of the SF-8™ Health Survey. Lincoln, RI: QualityMetric Incorporated, 2001.

population. Scores are typically lower (worse) for persons with lower income, less education, female gender, and older age. Average scores by race/ethnicity are difficult to compare without controlling for age, because, on average, Black and Hispanic subpopulations are younger than Whites.

Table 8-5 displays detailed responses for each of the SF-8 questions, as well as average item scores by housing status. Each item shows a distribution of responses that shifts toward "worse" from housed to homeless to chronic homeless (HUD criteria) service users. Average item scores summarize this shift, being progressively lower across the housing status categories. Item scores for HUD chronic homeless persons in this sample are about one standard deviation below expected values for the US general population.

Homeless persons are more likely than housed persons to report incompletely, failing to answer all 8 of the SF-8 question set, so that their responses can not be combined into summary scores (Table 8-6). Incomplete reporting is even more likely among persons defined as chronically homeless under HUD criteria, seven percent of whom fail to respond to the full question set. Although differences in incomplete reporting by housing status are not statistically significant, the step pattern appears meaningful, and incomplete data may be, in itself, a sign of reduced functioning. There is significant and sizable variation in the completeness of the data across interview locations, with respondents interviewed in Berkeley faring the worst, whether housed or homeless.

The second panel of Table 8-6 shows average summary scores, for physical health and mental health, by housing status. Depending on interview location, summary scores for housed clients of homeless services are near the US population average, or a little lower. Homeless persons and HUD chronic homeless persons score significantly lower on both physical and mental health statuses than housed persons, in a progressively worse step pattern. There is also significant variation across interview locations with HUD chronically homeless persons in Berkeley and Mid and North County having the lowest physical scores; Mid and North County HUD chronically homeless persons have the lowest mental health scores.

Table 8-5: Responses to individual SF-8 questions by housing status (Questions L1 – L8)

	Subgroup	Housed		Homeless		HUD Chronic	
	Wtd. population N	5794		4180		1279	
	Observed sample n	385		893		309	
	SF-8 Questions	**Wtd. %**	**Wtd. N**	**Wtd. %**	**Wtd. N**	**Wtd. %**	**Wtd. N**
L1	Overall, how would you rate your health in the past 4 weeks?		5793		4146		1258
	Excellent	19.7	1138	13.3	549	8.8	111
	Very good	20.9	1210	16.0	663	14.5	182
	Good	26.9	1556	21.3	883	19.2	242
	Fair	22.0	1274	35.2	1459	43.0	540
	Poor	6.6	380	10.7	442	8.4	106
	Very poor	4.1	236	3.6	150	6.1	77
	General Health (GH) item score	**46.7**		**44.0**		**42.4**	
L2	During the past 4 weeks, how much were you limited in your usual physical activities, such as walking or climbing stairs, by physical health problems?						1242
	Not at all	56.3	3203	45.1	1867	28.6	355
	Very little	15.5	882	13.9	575	17.4	216
	Somewhat limited by physical health	17.5	996	23.3	966	24.1	299
	Quite a lot	7.5	428	15.9	659	27.4	340
	Could not do physical activities	3.1	177	1.8	75	2.5	31
	Physical Function (PF) item score	**47.9**		**45.6**		**42.4**	
L3	During the past 4 weeks, how much difficulty did you have doing all your daily activities, like work or chores, because of your physical health?						1247
	No difficulty at all	60.8	3481	44.4	1820	29.8	372
	A little bit	14.3	817	16.6	682	14.2	177
	Some difficulty	13.3	763	23.3	955	27.1	337
	Quite a lot	7.4	422	13.8	566	26.0	325
	Could not do daily work	4.2	240	2.0	81	3.0	37
	Role Physical (RP) item score	**47.7**		**45.1**		**41.2**	
L4	How much bodily pain did you have in the past 4 weeks?						1279
	None	38.0	2174	24.2	1009	18.9	242
	Very mild	16.0	918	11.8	492	8.2	104
	Mild	12.1	690	13.8	575	15.0	192
	Moderate	17.9	1022	30.9	1288	34.5	441
	Severe	12.0	686	15.2	635	18.5	237
	Very severe	4.1	233	4.1	171	4.9	63
	Bodily Pain (BP) item score	**49.4**		**45.8**		**43.9**	

Table 8-5, continued

	Subgroup Wtd. population N Observed sample n	Housed 5794 385		Homeless 4180 893		HUD Chronic 1279 309	
	SF-8 Questions	**Wtd. %**	**Wtd. N**	**Wtd. %**	**Wtd. N**	**Wtd. %**	**Wtd. N**
L5	During the past 4 weeks, how much energy did you have?						1279
	Very much	18.6	1070	16.0	668	13.2	168
	Quite a bit	29.1	1670	21.4	892	12.4	159
	Some	30.7	1766	34.1	1421	41.4	529
	A little	18.9	1087	22.6	939	27.6	353
	None	2.7	153	5.9	244	5.5	70
	Vitality item score	**49.1**		**47.0**		**45.1**	
L6	During the past 4 weeks, how much did physical health or emotional problems limit your usual social activities, with family or friends?						1255
	Not limited at all by physical/emotional health	59.1	3381	30.4	1249	12.7	159
	Very little	16.7	954	18.4	755	22.1	278
	Somewhat limited by physical/emotional hlth.	12.7	728	25.1	1032	28.0	351
	Quite a lot	7.7	438	15.9	654	21.3	267
	Could not do social activities because of physical/emotional health	3.8	218	10.2	418	16.0	200
	Social Function (SF) item score	**49.2**		**43.1**		**39.3**	
L7	During the past 4 weeks, how much were you bothered by emotional problems (such as feeling anxious, depressed or irritable)?						1278
	Not bothered at all by emotional problems	44.6	2538	21.8	901	9.9	127
	Slightly bothered	25.7	1464	24.2	1001	26.5	338
	Moderately bothered by emotional problems	13.0	738	15.5	643	22.8	291
	Bothered quite a bit	10.2	581	21.1	874	25.2	322
	Extremely bothered	6.5	368	17.4	721	15.6	200
	Mental Health (MH) item score	**48.1**		**41.2**		**39.5**	
L8	During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual daily activities, work, or school?						1262
	Not at all	61.1	3485	35.1	1454	22.5	283
	Very little	15.0	853	17.3	715	17.5	220
	Somewhat	12.5	716	28.8	1194	41.8	527
	Quite a bit	8.9	509	14.1	584	16.8	212
	Could not do daily activities	2.5	145	4.8	200	1.5	19
	Role Emotional (RE) item score	**46.8**		**42.4**		**40.9**	

Table 8-6: Health status by housing status and interview location (Questions L1-L8)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,529	1,083	1,496	1,959		10,067
Weighted %	54.9	10.8	14.9	19.5		100.0
Unweighted n	765	254	112	156		1,287
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any SF-8 response**						9974
Housed						5794
One to seven responses	1.4	19.5	2.3	5.0	**3.2**	186
All 8 (scorable)	98.7	80.5	97.7	95.0	**96.8**	5608
Homeless, community def.						4180
One to seven responses	4.3	8.2	0.8	2.2	**4.3**	179
All 8 (scorable)	95.7	91.8	99.2	97.9	**95.7**	4002
HUD chronic homeless (n = 309)						1279
One to seven responses	2.0	11.5	9.1	15.0	**7.0**	89
All 8 (scorable)	98.0	88.5	90.9	85.1	**93.0**	1189
Summary Scores						
Physical score (PCS-8)**						9610
Housed	48.0	47.6	48.1	48.7	**48.1**	5608
Homeless, community def.*	47.9	40.4	48.5	44.9	**45.9**	4002
HUD chronic homeless* (n =292)	47.4	35.9	35.7	41.0	**42.1**	1189
Mental score (MCS-8)**						9610
Housed	50.2	47.0	45.1	46.4	**48.4**	5608
Homeless, community def.*	41.1	39.8	41.5	42.9	**41.2**	4002
HUD chronic homeless* (n =292)	40.0	39.0	30.8	44.6	**39.6**	1189

* Differs significantly from housed ($p < 0.05$).
** Significant differences exist among interview locations ($p < 0.05$).

*Diagnosed condition***.** Respondents were asked if a doctor or other health professional had ever told them that they have asthma, diabetes, tuberculosis, hepatitis, or another condition. Slightly more than half of all service users reply yes to one or more condition (Table 8-7). Only one of the four prevalence rates, hepatitis, varies by housed or homeless status. In that case, homeless persons are about half-again as likely to respond positively (11.6% versus 7.6%). We know, for two of the conditions, that the prevalence rates for service users are substantially greater than rates for adult County residents. The California Health Interview Survey (2001) reported that, among 18 – 64 year-old persons in Alameda County, 13.2% have been told they have asthma,

and 4.6% that they are diabetic.[2] Prevalence of asthma among users of homeless services (from this survey) is half-again as high as the general population prevalence among Alameda County adults (CHIS), and double the population rate for diabetes.

Approximately one-third of study participants provide information about additional conditions. Given the small numbers of observations (n) and, in some cases, large weighting factors, the weighted Ns and percents must be interpreted with caution. Nevertheless, as displayed in Table 8-8, many potentially serious maladies are reported, including, among both housed and homeless service users, high blood pressure, anemia, or hypertension; ulcers; serious heart condition; bone or muscle problems; mental health problems; cancer; serious nerve conditions; and problems with extremities.

Table 8-7: Chronic conditions of respondents by housing status and interview location (Question K4)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,528	1,083	1,496	1,959		10,067
Weighted %	54.9	10.8	14.9	19.5		100.0
Unweighted n	767	254	112	156		1,289
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Reporting any condition						9973
Housed						5790
One or more condns. "Yes"	53.2	73.9	52.8	54.2	**54.4**	5790
Homeless, community def.						4183
One or more condns. "Yes"	56.9	34.6	53.7	64.9	**53.6**	4160
Conditions						9973
Asthma	23.2	14.6	15.3	18.3	**20.2**	2023
Diabetes**	9.4	8.1	4.4	15.7	**9.7**	976
Tuberculosis (TB)**	3.6	10.6	0.6	4.4	**4.0**	405
Hepatitis (a liver disease)						922
Housed	8.0	14.4	4.7	7.2	**7.6**	439
Homeless, community def.*	14.2	9.2	6.0	10.1	**11.6**	483
Other (medical) condition	34.9	28.0	44.5	31.6	**34.9**	3503

* Differs significantly from housed ($p < 0.05$).
** Significant differences exist among interview locations ($p < 0.1$).

[2] AskCHIS website http://www.chis.ucla.edu/main/default.asp. Accessed 1/28/04.

Table 8-8: Other chronic conditions by housing status (Question K4e write-in responses)[1]

	Has a doctor or health professional ever told you that you have … Other condition? What is that?	Homeless Wtd. %	Homeless Wtd. N	Homeless Obs. n	Housed Wtd. %	Housed Wtd. N	Housed Obs. n
	Any write-in responses						
-1	No other condition claimed	64.3	2676	583	64.6	3742	244
-7	Respondent refused further explanation	0.3	12	3	0	0	0
0	Already recorded in K4 a - d, no additional information	0.1	2	2	0.2	11	3
1	Named one or more conditions	35.3	1469	305	35.2	2037	138
	Total (n = 1287)	100.	4160	893	100.	5790	385
	Coded responses (n = 453)						
1	Another serious breathing condition	1.6	65	26	1.5	88	10
2	Diabetes (incipient?), hypoglycemia	0.5	21	5	0	0	0
4	Type of hepatitis, or serious liver condition	0.5	19	6	0.5	26	2
5	HIV/ARC/AIDS	1.2	50	10	1.7	101	4
6	Vision	0.6	28	13	1.5	85	6
7	Hearing	0.3	14	3	0.2	12	1
8	High blood pressure, anemia, hypertension	6.7	277	74	12.2	707	41
9	Serious heart condition	2.5	103	22	4.8	273	16
10	Ulcers, etc.	2.1	88	22	3.1	182	7
11	Kidney, bladder, reproductive	1.9	79	11	0.5	31	3
12	Cancer	4.2	175	14	3.5	201	10
13	Legs, feet, arms, hands, incl. carpal tunnel	3.3	136	21	1.6	94	6
14	Back problems	1.1	47	15	1.5	82	6
15	Bone or muscle: paralysis, arthritis, rheumatism...	4.7	194	46	3.9	228	25
16	Mental health / Emotional	4.6	189	43	4.5	264	13
17	Serious nerve condition (not MH)	3.6	135	28	0.8	42	7
18	STD (but not AIDS)	0	0	0	0	0	0
19	Skin problems	0.3	13	2	0.1	5	2
20	Thyroid	0.3	13	4	2.2	128	6
22	Another medical / health / pain	0.4	18	8	0.6	34	2
23	TBI – traumatic brain injury	0	0	0	0.5	29	2
24	CFIDS, MS, other autoimmune / immune	0.4	14	3	0.0	2	1
25	Sleep apnea, sleep disorders	0.1	5	4	0.0	1	1
26	High cholesterol	0.2	6	1	0.5	30	2
27	Aging	0	0	0	0.3	14	1
28	Allergies, sinus condition	0.5	21	5	0.4	22	6
29	Low blood pressure	0.2	10	2	0	0	0
30	Alcohol or drug problem	0.7	28	3	0	0	0
31	Stroke, clotting disorder	3.0	121	3	0	0	0
32	Overweight, obesity	0.0	1	1	0.4	22	1

1 n = 453 individuals with write-in responses. For some, multiple codes were assigned.

*HIV/AIDS status***.** After being reminded that study answers are confidential and anonymous, participants were asked about their HIV/AIDS status and whether they were receiving the help they need with medical treatment, medicines, housing, rental assistance, mental health support or counseling, and other programs. We estimate that from two to four percent of services users are HIV positive or have AIDS, with slightly more housed than homeless service users reporting a positive status (Table 8-9, 3.9% versus 2.7%). Virtually all the positive responses are from Oakland service users.

But these prevalence rates may be low. About half as many respondents report that they "Don't know" their HIV status as acknowledge infection. Probably due to interviewer error, about the same numbers were not asked the question (no response was recorded). Not only do respondents experience fear and stigma about answering the question, it may be that interviewers had some difficulty asking about HIV status.

It appears, from the second panel of results, that virtually all housed service users with a positive diagnosis are receiving services. That is less true for homeless service users and even less so for persons designated chronically homeless under the HUD definition. Homeless persons are particularly less likely to be receiving mental health support and counseling, compared with their housed counterparts.

Table 8-9: HIV/AIDS status and services by housing status and interview location (K5, K6)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,493	1,083	1,491	1,931		9,998
Weighted %	54.9	10.8	14.9	19.3		100.0
Unweighted n	758	253	111	155		1,277
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
HIV status**						9932
Housed						5778
HIV-positive	6.8	0	0	0	**3.9**	224
"Don't know"	1.5	2.0	2.3	2.3	**1.8**	103
Not asked, in error	4.5	0	0	0.7	**2.7**	155
Homeless, community def.						4154
HIV-positive	4.6	0.5	0	1.2	**2.7**	114
"Don't know"	0.8	0.7	5.1	0.2	**1.2**	49
Not asked, in error	0.4	1.6	5.3	4.7	**1.9**	79
HUD chronic homeless** (n =1105)						1274
HIV-positive	6.1	0.1	0	0	**3.1**	39
"Don't know"	0.9	1.0	9.1	0	**1.2**	15
Not asked, in error	0.9	0	0	15.0	**1.4**	17
Receiving HIV/AIDS services						9952
Asked if reported HIV+ in K5 (n = 49 of 1274)						
Housed						5779
Any service "Yes"					**3.8**	220
Homeless, community def.*						4173
Any service "Yes"					**2.2**	92
HUD chronic homeless (n = 1105)						1274
Any service "Yes"					**1.7**	308
HIV/AIDS services (n = 1274)						
Housed and homeless						9952
Medical treatment					**2.9**	290
Medicines					**2.4**	237
HIV/AIDS housing					**1.0**	109
Rent assistance (HOPWA)					**1.0**	97
Mental hlth. sppt./counseling						
Housed					**3.6**	207
Homeless, comm. def.*					**1.1**	42
Other program					**0.9**	94
HUD chronic homeless						
Medical treatment					**1.7**	22
Medicines					**1.1**	14
HIV/AIDS housing					**0.6**	7
Rent assistance (HOPWA)					**0.6**	7
Mental hlth. sppt./counseling					**1.0**	13
Other program					**0.3**	3

* Differs significantly from housed ($p < 0.1$).
** Significant differences exist among interview locations ($p < 0.1$).

Behavioral health: alcohol abuse, drug abuse, and mental illness. In Question K1, study participants were asked whether they consider themselves to be disabled by mental illness. In addition, a number of respondents report a mental health condition as a write-in response to Question K4, which asks about conditions diagnosed by a doctor or other health professional. Survey questions also address the presence of last-12-month symptoms of alcohol and drug abuse and dependence and whether respondents currently feel that alcohol or drug use is a problem for them.

For service users who are housed, homeless, and HUD chronically homeless, Table 8-10 displays, singly and together, the prevalence of alcohol dependence and drug abuse and dependence in the last 12 months as well as the prevalence of mental illness and dual diagnosis of mental illness and alcohol or other drug (AOD) dependence/abuse and mental illness and AOD dependence. Among the population of housed services users, 14.0 percent were evaluated as alcohol dependent within the past 12 months. The prevalence of increasingly severe past-12-month drug abuse, dependence, and physiological dependence steps down from 11.7 to 6.0 to 4.7 percent. One in five (20.5%) housed service users is estimated as having been alcohol dependent or a drug abuser, and 16.8 percent as alcohol or drug dependent, in the past 12 months. Though with a less certain reference point in time, the prevalence rate for mental illness is pegged at 13.1 percent. Prevalence rates for dual diagnosis are estimated at between three and four percent.

Each of these prevalence rates increases for service users who are homeless and, again, for those defined as HUD chronically homeless. Among HUD chronically homeless persons, 50 to 60 percent are assessed with alcohol dependence (53.1%), alcohol dependence or drug abuse (63.7%), and alcohol dependence or drug dependence (61.2%). Twelve to fourteen percent (12.5% to 13.8%) are dually diagnosed.

Most prevalence rates are fairly consistent across interview locations. However, among housed service users, we find that prevalence rates for alcohol dependence and drug abuse, or composite rates incorporating those factors, are lower than expected in Mid and North County. Mental illness is higher than would be expected by chance in Berkeley. Dual diagnosis is relatively low in Oakland and Mid and North County.

Other variations across sites are not statistically significant. Low rates of drug dependence, mental illness, and dual diagnosis in South and East County should be interpreted with caution, because of the small numbers of observations.

Table 8-11 shows the proportion (and estimated numbers) of persons whom we assess as having alcohol dependence or varying levels of drug problems in the past year, who also report *themselves* as having an alcohol, drug or either problem "now" (questions O2 and O4). Non-correspondence between these two kinds of variables could mean that a problem in the past year is no longer a current problem, or that respondent assessments and our assessment of a "problem" do not coincide. Either way, the proportions and numbers for whom assessment and acknowledgment agree probably represent a point in time demand for AOD treatment services, if such services were available to all who see a need for them.

From this perspective, as summarized in the first panel of Table 8-11**,** 23.5 percent of the housed service users assessed as alcohol dependent report that alcohol use is currently a problem for them. That proportion increases to 44.1 percent of homeless service users and to 56.4 percent of service users defined under HUD criteria as chronically homeless. Panels two and three present findings for drug use as a current problem and either alcohol or drug use as a current problem.

Table 8-10: Alcohol and drug problems and mental illness by housing status and interview location (Questions K1, K4, O1, and O3)[1]

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,527	1,083	1,474	1,959		10,044
Weighted %	55.0	10.8	14.7	19.5		100.0
Unweighted n	766	254	111	156		1,287
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Problems and comorbidity[2]						9950
Housed						5790
Alcohol dependence**	16.6	12.2	7.7	12.7	**14.0**	770
Drug abuse**	12.4	23.6	6.9	11.0	**11.7**	636
Drug dependence	6.6	4.4	5.5	4.6	**6.0**	323
Drug physiological dependence	4.7	2.8	5.5	4.6	**4.7**	257
Alc dep or drug (AOD) abuse**	22.9	27.2	11.7	19.3	**20.5**	1119
AOD dependence**	19.1	13.7	10.2	16.6	**16.8**	919
Mental illness (MH)**	11.1	43.7	12.2	12.0	**13.1**	761
Dual Diagnosis:						
MH & AOD dep/abuse**	2.4	25.0	2.3	5.3	**4.0**	230
MH & AOD dependence	2.0	11.6	2.3	5.3	**3.2**	182
Homeless, community def.						4160
Alcohol dependence*	29.4	41.5	18.7	23.5	**29.5**	1192
Drug abuse*	36.7	37.6	9.3	20.3	**31.0**	1241
Drug dependence*	24.6	30.1	5.4	14.3	**21.7**	867
Drug physiological dependence*	18.3	27.1	4.6	8.5	**16.8**	672
Alc dep or drug (AOD) abuse*	49.7	49.2	23.0	26.7	**42.9**	1736
AOD dependence*	43.4	44.8	21.5	25.7	**38.3**	1551
Mental illness (MH)*	16.4	38.8	16.1	17.8	**20.8**	866
Dual Diagnosis:						
MH & AOD dep/abuse*	11.6	12.1	3.8	7.4	**10.1**	419
MH & AOD dependence*	11.4	9.8	3.8	7.4	**9.5**	397
HUD chronic homeless (n = 309)						1279
Alcohol dependence*	52.1	54.3	30.3	64.3	**53.1**	665
Drug abuse*	43.7	47.8	41.5	31.4	**44.5**	556
Drug dependence*	33.9	39.5	32.4	2.1	**34.2**	427
Drug physiological dependence*	28.7	36.2	32.4	2.1	**30.2**	378
Alc dep or drug (AOD) abuse*	66.9	60.4	52.5	65.4	**63.7**	799
AOD dependence*	65.8	55.6	52.5	65.4	**61.2**	767
Mental illness (MH)*	22.2	40.6	45.8	3.5	**29.5**	377
Dual Diagnosis:						
MH & AOD dep/abuse*	14.5	15.8	3.5	1.2	**13.8**	176
MH & AOD dependence*	14.4	12.6	3.5	1.2	**12.5**	160

1 Alcohol questions (O1) and drug symptoms questions (O3) refer to the "last 12 months".
2 Mental health questions ask about self-assessed disability (K1j) or ever diagnosed, mentioned as a write-in (K4vb).
* Differs significantly ($p < 0.05$): housed vs. homeless or HUD chronic homeless vs. all others.
** Significant differences exist among interview locations ($p < 0.05$).

Table 8-11: Acknowledged current alcohol or drug use problem, if assessed with problem, by housing status

	Subgroup	Housed		Homeless		HUD Chronic	
	Wtd. population N	5790		4160		1279	
	Observed sample n	385		893		309	
		Wtd. %	Wtd. N	Wtd. %	Wtd. N	Wtd. %	Wtd. N
Among those evaluated with a problem:							
O2	Is alcohol use a problem for you now?		5482		4024		1247
	"Don't use"	7.3	56	1.8	22	1.1	7
	Evaluated with alcohol dependence*	23.5	181	44.1	524	56.4	373
O4	Is drug use a problem for you now?		5377		4000		1245
	"Don't use"	11.9	92	10.8	128	7.8	52
	Evaluated with alcohol dependence*	16.9	130	24.8	296	20.4	135
	Evaluated with drug abuse*	37.2	237	35.9	444	33.5	186
	Evaluated with drug dependence*	70.5	228	45.7	395	38.0	162
	Evaluated with drug physiological dependence*	66.6	171	39.4	264	38.4	144
O2 O4	Either alcohol or drug use a problem now (n = 1270)		5410		4033		1247
	Evaluated with alc. dep or drug (AOD) abuse*	35.5	397	47.6	824	61.9	491
	Evaluated with AOD dependence*	42.2	388	52.3	808	63.7	485
	Evaluated with mental illness (MH)	8.3	63	23.9	206	28.4	107
	Evaluated with Dual Diagnosis:						
	MH & AOD problem*	27.5	63	44.9	188	59.1	104
	MH & AOD dependence*	34.7	63	45.8	182	62.2	99

* Differs significantly ($p < 0.05$): housed vs. homeless or HUD chronic homeless vs. all others.

SECTION 9. VIOLENCE AND VICTIMIZATION

Respondents were asked two questions concerning violence and victimization. First, we asked, "Now about injuries, during the past 12 months, did you have any injuries from physical violence or sexual assault, by someone outside your family?" The second question asked, "In the last 12 months, were you ever physically hurt or threatened by a spouse or partner or someone in your family?" Violence from either source, outside or inside the family, appears to affect about 16 percent of respondents regardless of family type. Despite intriguing patterns, differences in prevalence of violence are not statistically significant across family types. Although violence appears consistently more prevalent among females and transgender persons than males, the differences are not statistically significant.

Violence was more prevalent among homeless than housed service clients. Occurrence of non-family violence is twice as likely for homeless persons (Table 9-1, 15.0% versus 7.4%), and the difference is greater for within-family violence (Table 9-2, 14.7% versus 3.4%). Differences across interview locations were not statistically significant and should be interpreted with extreme caution because they are based on very small numbers of respondents. While it seems likely that living in exposed or marginal conditions may make one more vulnerable to acts of violence, we may also see the influence of uneven reporting, with homeless respondents less hesitant to remark on occasions of violence.

Table 9-1: Injury from non-family physical violence or sexual assault by housing status, gender, family type, and interview location (Question K7)

Interview location	Oakland	Berkeley	Mid & N[1]	S&E[2]	Total	clients
Weighted N	5,512	1,082	1,496	1,944		10,034
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	763	253	112	153		1,281
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Violence (non-family) (K7)						10,034
Housed						5779
Yes	6.9	11.9	9.6	5.9	**7.4**	427
Homeless, community def.*						4161
Yes	17.1	12.4	16.2	10.2	**15.0**	624
By gender						10,034
Male					**8.4**	4,601
Female					**12.2**	5,410
Transgender					**10.2**	23
By family type						10,034
Single					**12.0**	649
Coupled					**14.6**	217
One-parent					**8.4**	176
Two-parent					**0.9**	9

* Differs significantly from housed ($p < 0.05$).

Table 9-2: Injury or threat of injury or sexual assault from family member by housing status, gender, family type, and interview location (Question K8)

Interview location	Oakland	Berkeley	Mid & N[1]	S&E[2]	Total	clients
Weighted N	5,512	1,082	1,496	1,944		10,034
Weighted %	56.0	10.5	14.6	18.9		100.0
Unweighted n	763	253	112	153		1,281
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Violence in the family (K8)						9,923
Housed						5,756
Yes	2.6	13.4	4.6	2.1	**3.4**	193
Homeless, community def.*						4,166
Yes	14.0	9.5	28.8	12.4	**14.7**	614
By gender						10,016
Male					**5.2**	4,581
Female					**10.6**	5,412
Transgender					**0**	23
By family type						10,016
Single					**8.3**	450
Coupled					**8.5**	125
One-parent					**11.0**	231
Two-parent					**0.7**	7

* Differs significantly from housed ($p < 0.05$).

SECTION 10. ACCESS TO HEALTH CARE: HEALTH INSURANCE AND HEALTH SERVICES UTILIZATION

Current access to health care

To gain an overview of health care access among persons using homeless services, we define the concept of access broadly to include not only traditional insurance coverage but also "free" indigent care at community clinics, as well as county hospitals. From this perspective, we estimate that three-quarters of the population of service users had such access (Table 10-1). County-wide, 26.5 percent of service users had – or believed they had – no insurance coverage or other access to health care. While Table 10-1 finds slightly more homeless than housed service users with health coverage, the difference is not statistically significant. Differences in overall coverage rates across jurisdictions appear large, but they also are not statistically significant.

To gauge comprehensiveness and completeness of health coverage, we asked study participants whether there had been a time in the past 12 months when they had no health insurance at all. As reported in Table 10-3, 44.2 percent of housed service users had such a lapse in coverage, compared with 51.8 percent of homeless services users and 61.1 percent of those defined as chronically homeless under the HUD criteria. Comparable figures for United States adults ages 18 – 64 for the first half of 2003 were 19.7 percent uninsured at time of interview; 23.4 percent uninsured at least part of the past year.[1]

Major sources of coverage for both homeless and housed service users include Medi-Cal, Medicare, Alameda County Health Card, free or community clinics, and privately-purchased plans (Table 10-1). While free clinics, the Alameda County Health Card, and emergency care are not actually *health insurance,* each provides access to health care services. Including these items in the questionnaire gave respondents a way of reporting access to care that is consistent with their understanding and experience of the health care system. Considering individual coverage types, a few differences between housed and homeless persons are statistically significant (or bordering on significance), although the size of the differences is generally quite small. Three distinctions may be worth noting: based on self-report, homeless service users are

[1] Cohen RA, Ni H. Health insurance coverage for the civilian noninstitutionalized population: Early release estimates from the National Health Interview Survey, January–June 2003. Available at http://www.cdc.gov/nchs/nhis.htm. January 2004.

about twice as likely as housed service users to have access to Veterans Administration health care (9.3% versus 4.6%) or through the Alameda County Health Card (13.2% versus 7.4%). Housed persons are about three times as likely as homeless persons to have private insurance (11.2% versus 3.6%). Of potential program importance, we note that only about half the study participants apparently eligible for VA benefits consider that the VA provides health coverage for them (see Tables 10-1 and 4-11).

Details on persons who fall under the HUD definition of chronically homeless are presented in Table 10-2. A number of differences from figures in Table 10-1 are evident. HUD chronic homeless services users are significantly less likely to have Medi-Cal, privately purchased, or other insurance coverage. They are more likely to have access to care through the Veterans Administration, Alameda County's Indigent Care Plan, or County Hospital.

Although private disability coverage appears as a prompted choice in the questionnaire, no one in the survey sample reports private disability coverage as a source of health care coverage.

Table 10-1. Health insurance status and coverage by housing status and interview location (Questions J1 through J3)

Interview location	Oakland	Berkeley	Mid & N[1]	S&E[2]	Total	clients
Weighted N	5,542	1,083	1,496	1,959		10,080
Weighted %	55.0	10.8	14.8	19.4		100.0
Unweighted n	767	254	112	156		1,289
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any health coverage						9,987
Housed						5,805
Any coverage reported	73.1	56.6	68.4	77.3	**72.4**	4,203
Homeless, community def.						4,181
Any coverage reported	75.9	72.1	73.7	77.1	**75.1**	3,141
HUD chronic homeless (n = 1114)						1,279
Any coverage reported	69.2	74.8	79.0	60.6	**71.4**	912
Type of coverage						
Housed & homeless, comm. def.						10,078
"No insurance"	23.3	31.7	29.3	22.9	**25.0**	2,519
Also marked a coverage	1.8	4.3	0.1	1.4	**1.8**	177
Medi-Cal	37.9	39.8	39.4	36.8	**38.1**	3,781
Healthy Families*						
Housed	5.0	0	2.3	4.5	**4.2**	242
Homeless	0.2	0.3	0.8	0	**0.2**	9
Medicare	20.9	28.4	11.9	14.8	**19.2**	1,934
Veterans Admin.(VA)*						
Housed	5.3	1.1	5.5	3.0	**4.6**	267
Homeless	12.8	8.1	1.3	5.0	**9.3**	387
Indian Health Service Clinics	1.3	1.0	2.2	0	**1.1**	114
Alameda County health card*						
Housed	7.9	1.1	3.4	10.7	**7.4**	429
Homeless	15.4	19.1	4.2	5.7	**13.2**	551
Indigent care, county plan	2.0	1.8	0.5	2.2	**1.8**	182
Free or community clinics*						
Housed	5.4	0.7	0	1.1	**3.4**	195
Homeless	11.1	8.5	1.7	24.5	**11.6**	485
County hospital**	2.5	7.7	7.5	4.6	**4.2**	426
Some other gov't or military	0.3	0.1	0.2	0	**0.2**	19
By employer, union, school**	2.3	0.4	1.1	5.4	**2.5**	253
Privately-purchased plan*						
Housed	11.0	10.0	8.0	14.4	**11.2**	649
Homeless	1.2	0.5	15.2	6.0	**3.6**	149
Private disability insurance	0	0	0	0	**0**	0
Other insurance*						
Housed	6.8	1.7	2.3	3.4	**5.1**	293
Homeless	1.9	0.3	4.2	3.5	**2.1**	89

* Significant differences exit between housed and homeless ($p < 0.05$).
** Significant differences exist among interview locations ($p < 0.05$),

Table 10-2. Health insurance coverage among chronically homeless services, HUD definition, by interview location (Questions J1 through J3)

Interview location	Oakland	Berkeley	Mid & N[1]	S&E[2]	Total	clients
Weighted N	626	529	45	79		1,279
Weighted %	49.0	41.4	3.5	6.1		100.0
Unweighted n	179	106	9	15		309
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Type of coverage, HUD chronic homeless def.						1,279
"No insurance"	30.8	25.2	21.0	39.4	**28.7**	366
Also marked a coverage	1.0	6.3	3.5	5.1	**3.5**	45
Medi-Cal*	30.1	31.9	11.0	3.3	**28.5**	365
Healthy Families*	0.3	0	0	0	**0.2**	2
Medicare**	7.2	29.0	0	0.9	**15.6**	199
Veterans Admin.(VA)*	14.5	7.1	9.1	6.9	**10.8**	138
Indian Health Svc. Clinics*	0.1	0.3	0	0	**0.2**	2
Alameda County health card	6.3	27.0	0	2.2	**14.4**	184
Indigent care, county plan*	6.5	2.7	10.7	0	**4.7**	60
Free or community clinics	10.9	10.4	13.3	15.0	**11.0**	141
County hospital*, **	6.2	9.1	34.9	34.3	**10.1**	130
Other government or military	0.1	0	0	0	**0.1**	1
Employer, union, school*, **	1.1	0.4	0	1.0	**0.8**	10
Privately-purchased plan*	2.5	0	0	0	**1.2**	16
Private disability insurance*	0	0	0	0	**0**	0
Other insurance*	0.2	0.2	10.7	0.9	**0.6**	8

***** Prevalence of coverage differs significantly between chronic homeless and all others ($p < 0.1$).
** Prevalence of coverage differs across interview locations ($p < 0.1$), among chronic homeless clients.
1,2 Small numbers make the percentages for these regions particularly unstable, and perhaps unreliable.

Table 10-3. Break in insurance coverage by housing status and interview location (Question J3)

Interview location	Oakland	Berkeley	Mid & N[1]	S&E[2]	Total	Clients
Weighted N	5,542	1,083	1,496	1,959		10,080
Weighted %	55.0	10.8	14.8	19.4		100.0
Unweighted n	767	254	112	156		1,289
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Break in coverage, past year[1]**						9,914
Housed						5,749
Break in coverage	40.2	47.7	64.1	38.1	**44.2**	2,538
Homeless, community def.						4,164
Break in coverage	46.3	61.3	45.8	63.4	**51.8**	2,157
HUD chronic homeless* (n = 1,114)						1,277
Break in coverage	54.1	65.6	53.1	90.9	**61.1**	780

1 Response of "No insurance" from previous questions was imputed as a break in coverage.
* Significant differences exist between chronic homeless and all others ($p < 0.05$).
** Significant differences exist among interview locations ($p < 0.05$).

Sources of medical care.

Study participants were asked, "The last time you received medical care of any kind, where was that?" More than one-third of homeless service clients (34.6%) reported receiving their last medical care at an emergency room, regardless of housing status (Table 10-4). By comparison, in 2001, 6.4 percent of all US adults, and 13.1 percent of poor adults, reported an emergency department visit in the past year.[2]

In this survey, one in five service users (21.2%) reported they last received care in a doctor's office, and 14.4 percent answered community health center, 9.1 percent free clinic, and 4.4 percent the Veterans Administration. There were no significant differences in source of last medical care by either housing status or interview location. A few differences were large enough to be interesting, and these are separated by housing status in Table 10-4. Such differences may represent real differences that are not, given sample size, statistically significant, or they may reflect geographic proximity of respondents to particular service sites. Table 10-4 also shows the proportion of "other" responses.

[2] Health United States, 2003, Table 77: Emergency department visits within the past 12 months among adults … 1997 – 2001, p 252, at http://www.cdc.gov/nchs/data/hus/tables/2003/03hus077.pdf, accessed February 12, 2004.

Table 10-4: Source of last medical care by housing status and interview location (Question M1)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,387	1,081	1,491	1,959		9,918
Weighted %	54.9	10.8	14.9	19.5		100.0
Unweighted n	759	253	111	156		1,279
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Source of care[1]						9,824
'Don't know'					**2.8**	277
No professional care					**0.6**	61
Emergency room (hosp.)					**34.6**	3,394
Housed	38.3	61.4	26.6	24.4	**34.4**	1,946
Homeless, community def.	32.6	30.6	40.2	42.5	**34.7**	1,448
Urgent care clinic					**4.1**	403
Free clinic					**9.1**	889
Housed	14.7	1.6	8.0	2.7	**10.2**	577
Homeless, community def.	4.4	22.1	1.4	5.2	**7.5**	312
Community health center					**14.4**	1,411
Mobile homeless services van					**1.0**	97
Housed	0.2	0	0	0	**0.1**	6
Homeless, community def.	2.2	1.2	1.5	3.8	**2.2**	92
Doctor's office					**21.2**	2,086
Housed	20.5	22.0	37.3	25.4	**24.5**	1,385
Homeless, community def.	15.7	8.8	31.4	18.6	**16.8**	701
Nurse practitioner/Phys. Asst.					**0.3**	28
Some other health professn'l.					**1.4**	136
Some other place					**6.2**	610
Veterans Admin. (VA)[2]					**4.4**	433

1 Gray fields emphasize that differences shown by housing status or interview location are *not* statistically significant.

2 Consolidated from 78 verbatim responses to "Some other place".

Table 10-5 captures write-in responses explaining the "Other place" that study participants described as the source of their last medical care. In some cases, the other place is an additional source of care, rather than the only source mentioned. In quite a few cases, the write-in comment simply provides the name of a facility already coded in pre-printed choices. There were so many references to care received from a VA facility that we created an additional code to capture them, as conveyed in Table 10-4. Some of the VA comments mention locations ranging throughout the Bay Area, from Oakland to Martinez. Particularly striking is the prevalence of last medical visits at a jail or prison for homeless and chronically homeless persons. Also noteworthy is the

downward step pattern in those mentioning "Other hospital" and "Kaiser," from housed to homeless to chronically homeless service users.

Table 10-5: Last medical visit, write-in responses to "Other place" by housing status (Question M1)

	Subgroup	**Housed**		**Homeless**		**HUD Chronic**	
	Wtd. population N	765		723		189	
	Observed sample n	56		161		55	
	"Other place" for last medical care (n = 218)	**Wtd. %**	**Wtd. N**	**Wtd. %**	**Wtd. N**	**Wtd. %**	**Wtd. N**
	Any write-in response						
	One or more	13.5	765	17.3	723	15.0	189
	Grouped responses*						
-7	Respondent refused further explanation	0.5	4	0.9	6	2.5	5
0	Already coded in M1, no added information	19.2	147	19.5	141	13.1	25
-4	Moved to 'VA' code in M1	25.3	194	29.9	216	35.6	67
	Additional source of care (add'l to M1)						
1	Emergency room, hospital	0	0	0.5	4	2.0	4
2	Urgent care clinic	0	0	1.8	13	2.6	5
3	Free clinic	0.1	1	0.5	4	0.4	1
4	Community health center	1.5	12	2.4	17	0.5	1
6	Doctor's office	0.1	1	0.8	6	2.7	5
7	Nurse Practitioner/ Physician's Assistant	0.8	6	0.6	5	0	0
8	Other health professional	0.5	4	3.9	28	15.0	28
9	Other place or type of care	0.2	2	2.0	15	0.5	1
	More information about source of care						
11	Highland Hospital/ County facility	3.9	30	2.2	16	2.8	5
12	Other hospital	24.2	185	12.4	89	0	0
13	Mental facility	0.8	6	1.1	8	2.0	4
14	Drug treatment facility	0	0	0.2	2	0.9	2
15	Jail, prison	0.7	5	16.0	116	19.5	37
16	Kaiser	22.2	170	5.3	38	0	0

* Significant differences: Housed vs. homeless, community def., and HUD Chronic vs. all others.

*Urgent care clinic or emergency room utilization***.** Respondents were asked how many times in the past 12 months they had visited an urgent care clinic or a hospital emergency room. Table 10-6 conveys the finding that homeless users of services were significantly more likely than housed service users to have visited such a facility, and persons defined as HUD chronically

homeless were even more likely to have used such facilities. While 44.4 percent of housed persons visited an urgent care clinic or emergency room in the past year, 59.8 percent of homeless and 64.2 percent of HUD chronic homeless persons had done so.

On average, housed persons visited an urgent care or emergency room facility 1.7 times in the past year (Table 10-7). Homeless persons made 3.0 visits, and HUD chronically homeless person, 3.5 visits. Visits to an emergency room were least likely for respondents interviewed in South and East County. A lower rate of emergency room or urgent care facility use could be attributable to fewer facilities in these areas as well as to less need for service. The largest utilization rate was for HUD chronic homeless persons in Mid and North County (an average of 7.6 visits).

Table 10-6: Urgent care clinic or emergency room utilization by housing status (Question M2)

	Subgroup	**Housed**		**Homeless**		**HUD Chronic**	
	Wtd. population N	5,779		4,173		1,274	
	Observed sample n	384		889		308	
	Urgent care clinic or emergency room utilization, categorized	**Wtd. %**	**Wtd. N**	**Wtd. %**	**Wtd. N**	**Wtd. %**	**Wtd. N**
M2	Utilization of urgent care clinic or emergency room visits, past year*						
	None	55.6	3,212	40.2	1,678	35.8	457
	Once or twice	29.5	1,706	28.7	1,196	25.1	319
	3 to 6 times	8.9	512	20.8	868	28.1	358
	6 to 24 times	4.5	260	7.7	319	7.5	95
	25 to 364 times	0.8	44	1.1	47	1.4	18
	"Don't know"	0.8	46	1.6	65	2.0	26

* Significant differences ($p < 0.05$): Housed versus homeless, community def., and HUD chronic versus all others.

Table 10-7: Health services utilization by housing status and interview location (Questions M2, M3)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,387	1,081	1,491	1,959		9,918
Weighted %	54.9	10.8	14.9	19.5		100.0
Unweighted n	759	253	111	156		1,279
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Average number of urgent care clinic or emergency room visits, past year**						9,841
Housed	1.6	2.4	2.8	1.0	**1.7**	5,733
Homeless, community def.*	3.4	2.7	3.0	2.0	**3.0**	4,109
HUD chronic homeless* (n = 310)	4.4	2.5	7.6	2.2	**3.5**	1,248

* Significant difference ($p < 0.1$): Housed versus homeless, community def., or HUD chronic versus all others.

** Significant differences exist among interview locations ($p < 0.05$).

Hospital utilization. Study participants were also asked how many separate times they were hospitalized for at least one night in the past 12 months. Among service users defined as housed, the average is 0.2 occasions (Table 10-8). For those homeless, the figure more than doubles, to 0.5, and HUD chronically homeless persons have been hospitalized an average of 0.9 times. The second panel of Table 10-8 provides greater detail on these usage patterns. We find that whether housed or homeless service users from Berkeley interview locations report more hospital visits.

Table 10-8: Hospital utilization by housing status and interview location (Question M3)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,386	1,081	1,491	1,959		9,917
Weighted %	54.9	10.8	14.9	19.5		100.0
Unweighted n	758	253	111	156		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Average number of hospital visits, past year**						
Housed	0.2	0.5	0.2	0.1	**0.2**	5,771
Homeless, community def.*	0.5	1.0	0.4	0.3	**0.5**	4,114
HUD chronic homeless* (n = 310)	0.7	1.2	0.5	0.6	**0.9**	1,274
Hospitalization patterns**						9,884
Housed						5,771
None	88.1	69.6	87.8	95.1	**88.6**	5,113
Once	8.1	26.0	6.9	4.6	**8.0**	462
Twice	1.2	0	3.0	0.4	**1.3**	74
3 or 4 times	2.6	3.6	2.3	0	**2.0**	116
5 or more times	0.1	0.9	0	0	**0.1**	5
Homeless*						4,114
None	78.2	68.0	82.3	76.8	**76.5**	3,148
Once	10.8	16.8	11.0	15.8	**12.8**	524
Twice	7.0	1.2	0	6.1	**5.0**	205
3 or 4 times	1.6	11.1	5.8	1.0	**3.8**	156
5 or more times	2.4	2.8	0.9	0.3	**2.0**	81
HUD chronic homeless* (n = 308)						1,274
None	64.7	67.7	78.8	74.4	**67.0**	854
Once	22.9	12.1	12.1	14.1	**17.5**	223
Twice	4.8	1.3	0	1.2	**3.0**	38
3 or 4 times	3.1	15.8	9.1	8.3	**8.9**	113
5 or more times	4.5	3.1	0	2.1	**3.6**	46

* Significant difference ($p < 0.1$): Housed vs. homeless, community def., or HUD chronic vs. all others.
** Significant differences exist among interview locations ($p < 0.05$).

Mental health services utilization

Study participants were also asked, "In the past 12 months, did you have help from any of these kinds of mental health staff or programs?" Pre-coded answers included mental health counselor or therapist, psychiatrist for medication for mental illness, group home for people with mental illness, psychiatric hospital, HIV/AIDS support group, another kind of support group, and other program. Especially noteworthy among the findings is that 20.5 percent of the HUD chronic

homeless service users have, within the past year, received mental health services in a psychiatric hospital. Overall, a clear step pattern by housing status is evident. Housed service users are less likely to report receipt of services compared to homeless and chronically homeless persons (Table 10-9). For much of the second panel of Table 10-9, numbers in interview locations other than Oakland and Berkeley are too small to yield reliable results. Where significant differences by interview location are indicated, results for Oakland and Berkeley are generally based on enough data to be reliable. As in prior tables, the most reliable estimates are those for the sample as a whole, found in bold in the Totals column.

When we consider the proportion of those needing services who also get them, we see no significant difference by housing status. More than 80 percent of persons who report a problem with mental health also report receiving some form of mental health services (Table 10-9, bottom panel). Thus, it appears that the higher utilization of mental health services is consistent with greater need for those services among homeless persons. It is interesting that more than 20 percent of homeless persons and 12 percent of housed persons who report no problem with mental health also report participating in some form of mental health services (data not shown).

Alcohol or drug services utilization

Study participants were asked whether, in the past 12 months, they had help from any of five kinds of alcohol or drug programs: a self-help program like Alcoholics Anonymous, Methadone Maintenance program, drug and alcohol counseling program without Methadone, detoxification whether out- or in-patient, and residential treatment or recovery program. While 13.0 percent of service users who are housed report participation in one or more alcohol or drug service, 23.2 percent of homeless and 38.4 percent of HUD chronically homeless service users report use of alcohol or drug services in the past year (Table 10-10). This step pattern repeats itself in the second panel of Table 10-10, where service utilization is displayed by service type. Table 10-11 examines the relationship between assessed alcohol dependence or drug abuse, alcohol or drug dependence, drug physiological dependence, and self-assessed alcohol or other drug problem now and alcohol or other drug program participation in the past year. Participation in alcohol or drug problem programs, given a survey-assessed alcohol or drug condition, ranges from 44.7 percent to 71.5 percent. Thus, roughly one-half to three-quarters of those who appear to have needed substance abuse services are engaged in some form of care for substance abuse.

Table 10-9: Mental health services by housing status and interview location (Question N2)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,453	1,083	1,491	1,953		9,981
Weighted %	54.6	10.9	14.9	19.6		100.0
Unweighted n	758	254	111	155		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any MH service reported**						9,887
Housed						5,719
One or more services	19.1	34.1	27.0	22.9	**22.0**	1,259
Homeless, community def*						4,168
One or more services	29.9	59.5	33.2	34.9	**36.7**	1,528
HUD chronic homeless* (n=308)						1,274
One or more services	31.9	65.3	39.6	4.6	**44.3**	564
MH services						
Mental health therapist**						9,884
Housed	11.8	29.2	20.2	14.0	**14.6**	834
Homeless, community def.*	17.0	50.2	26.7	26.1	**25.9**	1,077
HUD chronic homeless*	23.2	63.3	39.6	2.4	**39.1**	497
Psychiatrist for medications**						8,859
Housed	11.6	26.9	12.2	17.4	**13.7**	786
Homeless, comm. def.	12.1	44.0	15.7	20.8	**19.9**	829
HUD chronic homeless*	20.4	49.1	35.7	2.4	**31.7**	403
Group home						9,883
Housed	0.8	0	0	0	**0.5**	26
Homeless, comm. def.*	2.5	5.5	1.8	1.3	**2.8**	116
HUD chronic homeless*	2.3	6.3	0	0	**3.7**	47
Psychiatric hospital**						9,886
Housed	1.2	14.7	0.8	0	**1.5**	87
Homeless, comm. def.*	6.2	25.6	3.6	2.4	**8.9**	372
HUD chronic homeless*	10.8	35.6	12.1	1.2	**20.5**	261
HIV/AIDS support group	2.7	0.4	0	0.1	**1.5**	152
Another support group						9,885
Housed	3.1	6.1	8.0	11.6	**5.9**	339
Homeless, comm. def.	13.7	10.7	11.6	12.3	**12.6**	526
HUD chronic homeless	8.4	10.1	35.7	3.4	**9.7**	123
Another program**						9,885
Housed	2.4	7.9	9.1	2.9	**3.9**	224
Homeless, comm. def.*	6.0	11.6	10.5	12.2	**8.6**	358
HUD chronic homeless*	5.3	13.7	23.6	2.2	**9.2**	117
MH services if mentally ill						
Housed					**81.6**	759
Homeless, comm. def.					**85.4**	864
HUD chronic homeless					**80.7**	376

* Significant differences ($p < 0.05$): housed versus homeless or HUD chronic homeless versus all others.
** Significant differences exist among interview locations ($p < 0.1$).

Table 10-10: Alcohol or drug services utilization by housing status and interview location (Question N5)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,514	1,083	1,491	1,959		10,048
Weighted %	54.9	10.8	14.8	19.5		100.0
Unweighted n	763	254	111	156		1284
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any AOD service reported						9,954
Housed						5,779
One or more services	12.6	8.1	15.9	13.0	**13.0**	752
Homeless, community def*						4,175
One or more services	23.0	36.2	14.0	15.5	**23.2**	969
HUD chronic homeless* (n=308)						1,274
One or more services	33.4	44.2	48.7	33.5	**38.4**	489
AOD services						9,886
Self-help program (12-steps)	14.0	27.4	12.2	15.3	**15.4**	1,523
Housed					**11.5**	647
Homeless, community def.*					**20.3**	844
HUD chronic homeless*					**34.2**	435
Methadone maintnc. (MMT)	3.2	0.9	3.1	0.6	**2.4**	241
Housed					**2.6**	147
Homeless, comm. def.					**2.3**	94
HUD chronic homeless					**4.2**	53
Drug/alcohol couns., no MMT	6.4	7.3	5.4	5.2	**6.2**	609
Housed					**4.2**	239
Homeless, comm. def.*					**8.8**	366
HUD chronic homeless*					**13.9**	177
Detox., in- or out-patient	3.2	2.7	0.3	2.9	**2.7**	266
Housed					**2.1**	118
Homeless, comm. def.					**3.5**	144
HUD chronic homeless*					**6.2**	79
Residential treatment	4.5	4.7	0.9	2.4	**3.6**	355
Housed					**1.6**	92
Homeless, comm. def.*					**5.6**	231
HUD chronic homeless*					**9.2**	117
Other program	1.8	3.4	2.3	0.1	**1.7**	151
Housed					**1.3**	68
Homeless, comm. def.					**2.4**	83
HUD chronic homeless*					**4.0**	44

* Significant differences ($p < 0.05$): housed vs. homeless or HUD chronic homeless vs. all others.

Table 10-11: Health services utilization by need for services by housing status (Question N5)

Subgroup	Housed		Homeless		HUD Chronic	
Wtd. population N	5,779		4,175		1,274	
Observed sample n	384		891		308	
Observed sample n	384		891		308	
Services utilization by need	**Wtd. %**	**Wtd. N**	**Wtd. %**	**Wtd. N**	**Wtd. %**	**Wtd. N**
Any alcohol or drug program participation, in past 12 months, if past-year assessment of:		5458		4048		1254
Alcohol dependence/drug abuse (n = 516)*	45.8	512	44.8	777	53.7	429
Alcohol or drug dependence (n = 456)*	44.7	411	47.3	734	55.4	425
Drug physiological dependence (n = 183)*	60.0	154	52.5	353	71.5	270
Self-assessed AOD problem "now" (n = 238)*	65.7	277	56.6	483	64.3	317

* Significant differences ($p < 0.05$): housed versus homeless or HUD chronic homeless versus all others.

Delays in receipt of medical care and help for mental health and alcohol and drug problems

We asked study participants, "During the past 12 months, was there a time when you delayed or did not get any medical care you felt you needed?"[3] If so, they were asked, "What were the reasons you delayed or did not get the care you needed?" Similar questions were asked with reference to help for mental health and alcohol or drug problems.

Moving from housed to homeless to chronically homeless service users, the number of respondents who state that they have never had a mental health problem declines sharply (Table 10-12; 44.0 %, 23.6%, and 17.2%, respectively). That pattern repeats for those reporting no alcohol or drug problem, declining from 54.1% to 31.7% to 19.2% for the three groups.

Figures for those who *needed and got help* with mental health or alcohol or drug problems differed little across housing status categories.

However, unmet needs show a step pattern familiar in the past several tables, increasing across worsening housing status for all three types of care in Table 10-12. Just over one-quarter (27.2%) of housed persons, one-third (35.8%) of homeless persons, and almost one-half (45.1%) of chronically homeless persons delayed or didn't get medical care. This relationship is echoed

[3] The question included a prompt that continued, "That includes seeing a doctor, dentist, specialist, or other health professional, or getting tests, treatments, or medicines."

among the three groups regarding unmet needs for help with mental health problems (11.2%, 21.0%, and 29.2%). For alcohol or drug problems the prevalence of “need and didn’t get help” increases from 2.9 percent for housed persons to 11.3 percent for homeless to 18.7 percent for chronically homeless persons.

Reasons for delayed medical care were many, and association with housing status is evident for several of them (see Table 10-13). For example, cost is a reason given by 48.8 percent of housed but only 35.3 percent of homeless service users. Insurance provides the explanation in similar ratio (45.7% and 38.6%). The relationship reverses, however, in the case where “no openings" is cited as the reason for delaying medical care. While 12.6 percent of homeless services users offer this explanation, only 3.1 percent of housed persons do. Waiting list or long wait explains the lack of access to medical care for 27.0 percent of homeless persons and 15.1 percent of housed persons. Lack of knowledge of where to go for medical care explains lack of care for 13.8 percent of chronically homeless, 12.9 percent of homeless, and 3.6 percent of housed persons.

Reasons for not getting needed mental health care and AOD services are many and different. Lack of insurance, or insurance that failed to cover mental health services was the most prevalent explanation for not getting mental health care, followed by “didn’t know where to go” and “cost, couldn’t afford” (Tables 10-14). For these explanations prevalence rates did not differ across housed versus homeless groups. On the other hand, “waiting list, long wait” and “no openings” were offered by members of the chronically homeless significantly less often than by members of the housed group. “Put it off, lost referral” was an explanation provided by more homeless than housed persons and by more chronically homeless than homeless persons.

With regard to AOD services, the most prevalent explanation for not getting help was “put it off, lost referral,” an explanation stepping up in prevalence from the housed to homeless to HUD chronically homeless groups. Insurance and cost issues were next most prevalent, but were no t differentiated by housing status. Transportation problems were reported in the step pattern seen for “put it off, lost referral.”

Table 10-12: Delayed care or unmet needs by housing status and interview location (Questions M4, N3, N6)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5,502	1,081	1,486	1,959		10,029
Weighted %	54.9	10.8	14.8	19.5		100.0
Unweighted n	761	251	110	156		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Medical care, specialty care**						9,939
Housed						5,773
Delayed or didn't get	18.2	46.4	39.3	37.2	**27.2**	1,572
Homeless, community def.*						4,166
Delayed or didn't get	35.0	36.1	32.2	40.9	**35.8**	1,492
HUD chronic homeless* (n = 307)						1,269
Delayed or didn't get	49.1	36.4	63.7	62.9	**45.1**	572
Mental health problems**						9,891
Housed						5,721
Needed and didn't get	9.2	25.8	11.6	12.4	**11.2**	638
Needed and got help	25.0	34.8	20.8	21.2	**24.0**	1,372
Didn't feel I needed help	18.9	24.5	25.3	19.6	**20.4**	1,166
Never had MH problem	46.8	14.9	42.3	44.6	**44.0**	2,516
Don't know	0	0	0	2.3	**0.5**	28
Homeless, community def.*						4,170
Needed and didn't get	19.4	36.0	15.7	12.8	**21.0**	878
Needed and got help	24.0	30.7	28.5	39.0	**28.2**	1,175
Didn't feel I needed help	32.2	17.3	22.4	20.4	**26.3**	1,097
Never had MH problem	23.4	15.2	32.9	27.3	**23.6**	985
Don't know	1.1	0.9	0.5	0.5	**0.9**	36
HUD chronic homeless* (n = 305)						1,270
Needed and didn't get	21.5	42.5	22.2	4.7	**29.2**	371
Needed and got help	18.2	27.9	47.5	45.2	**24.8**	315
Didn't feel I needed help	41.4	16.6	21.2	5.1	**28.2**	358
Never had MH problem	18.4	12.2	9.1	45.0	**17.2**	218
Don't know	0.6	0.8	0	0	**0.7**	8
Alcohol or drug problems**						9,845
Housed						5,734
Needed and didn't get help	4.0	0.2	0.8	2.3	**2.9**	165
Needed and got help	25.9	24.8	15.9	19.2	**22.8**	1,306
Didn't feel I needed help	11.9	37.6	44.6	19.2	**20.2**	1,160
Never had AOD problem	58.2	37.5	38.7	59.3	**54.1**	3,103
Homeless, community def.*						4,110
Needed and didn't get help	8.4	26.4	3.2	9.6	**11.3**	464
Needed and got help	28.6	28.8	18.2	14.2	**25.1**	1,031
Didn't feel I needed help	35.0	24.7	34.8	27.9	**31.9**	1,312
Never had AOD problem	28.1	20.1	43.8	48.4	**31.7**	1,304

Table 10-12, continued

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	Clients
Weighted N	5,502	1,081	1,486	1,959		10,029
Weighted %	54.9	10.8	14.8	19.5		100.0
Unweighted n	761	251	110	156		1,278
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
HUD chronic homeless* (n = 307)						1,273
Needed and didn't get	7.4	29.7	28.5	30.1	**18.7**	238
Needed and got help	34.0	30.6	27.6	32.6	**32.3**	412
Didn't feel I needed help	33.5	27.0	11.0	28.0	**29.8**	379
Never had AOD problem	25.1	12.7	33.0	9.3	**19.2**	244

* Significant differences ($p < 0.05$): housed vs. homeless and HUD chronic homeless vs. all others.
** Significant differences exist among interview locations ($p < 0.1$).

Table 10-13: Reasons for delayed medical care by housing status and interview location (Questions M5)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	1,379	416	563	764		3,122
Weighted %	44.2	13.3	18.0	24.5		100.0
Unweighted n	282	115	48	72		517
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any reason given** (n = 1284)						9,953
Housed						5,779
One or more reasons	18.1	46.4	41.7	37.2	**27.6**	1,593
Homeless, community def						4,174
One or more reasons	34.8	35.6	31.9	40.9	**35.6**	1,484
HUD chronic homeless* (n = 307)						1,274
One or more reasons	48.6	36.4	56.0	62.9	**44.6**	569
Reasons, no medical care						9,939
Cost, couldn't afford						
Housed	50.0	43.9	41.2	55.3	**48.8**	777
Homeless, comm. def.*	39.3	25.5	20.3	42.8	**35.3**	524
No insurance, didn't cover**						
Housed	29.9	68.3	55.5	50.9	**45.7**	728
Homeless, comm. def.	37.9	32.2	28.1	51.5	**38.3**	568
No openings						
Housed	2.1	10.7	5.5	0	**3.1**	49
Homeless, comm. def.*	11.8	12.9	24.6	7.7	**12.6**	187
Waiting list, long wait						
Housed	18.7	28.4	5.5	14.9	**15.1**	240
Homeless, comm. def.*	28.4	21.7	35.5	23.6	**27.0**	401
Not eligible, sick enough	13.6	14.7	24.1	17.2	**16.5**	516
Had to be sober first	0.6	0	0	0.3	**0.4**	11
Transportation problem						
Housed**	31.7	14.3	5.5	12.4	**18.0**	287
Homeless, comm. def.	26.0	17.2	34.0	31.4	**26.2**	389
Hours not convenient	7.4	7.3	8.3	8.8	**7.9**	247
Language problem	0.3	1.7	0	1.5	**0.7**	23
No child care**	1.2	0.4	8.3	4.2	**3.1**	96
Expected disrespect**	2.2	13.5	3.4	13.7	**6.7**	210
Didn't know where to go						
Housed	0.9	0	10.9	1.7	**3.6**	57
Homeless, comm. def.*	6.2	20.0	20.9	19.9	**12.9**	192
HUD Chronic Hmls*	7.8	23.1	42.2	1.9	**13.8**	79
Put it off, lost referral	29.5	27.8	27.6	13.4	**25.0**	781
Physical accessibility prob.	7.3	9.2	1.7	2.0	**5.3**	164
Other**	15.9	28.3	38.2	15.8	**21.5**	672

* Significant differences ($p < 0.05$): housed vs. homeless or HUD chronic homeless vs. all others.
** Significant differences exist among interview locations ($p < 0.1$).

Table 10-14: Reasons didn't get help for mental health problem by housing status and interview location (Question N4)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5512	1083	1491	1959		10,046
Weighted %	54.8	10.8	14.8	19.5		100.0
Unweighted n	762	254	111	156		1283
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any reason given** (n = 1283)						9952
Housed						5779
One or more reasons	7.8	25.8	11.4	12.4	**10.3**	596
Homeless, community def*						4173
One or more reasons	18.9	35.9	15.7	11.9	**20.6**	860
HUD chronic homeless*(n = 308)						1274
One or more reasons	19.5	42.5	22.2	4.7	**28.2**	360
Reasons did not get MH care						
Cost, couldn't afford**	11.5	60.2	45.8	33.2	**31.4**	467
No insurance, didn't cover**	18.7	61.4	31.7	36.1	**33.7**	502
No openings	18.7	9.0	16.2	21.9	**16.6**	248
HUD chronic homeless*					**6.1**	22
Waiting list, long wait**	43.4	7.1	30.3	23.9	**29.5**	440
HUD chronic homeless*					**12.2**	44
Not eligible, sick enough**	9.8	6.0	33.0	1.7	**10.4**	154
Had to be sober first	1.4	0.4	0	0	**0.7**	11
Housed					**0.1**	1
Homeless, comm. def.*					**1.2**	10
Transportation problem	30.7	44.2	29.6	6.2	**29.4**	438
Housed					**25.7**	153
Homeless, comm. def.					**33.1**	285
HUD chronic homeless					**50.8**	183
Hours not convenient** (n = 16)	22.8	2.0	4.0	4.8	**12.2**	182
Language problem** (n=5)	0.1	0.7	1.4	4.4	**1.2**	18
No child care (n = 8)	1.8	0	3.5	11.0	**3.2**	48
Expected disrespect	3.8	6.6	8.6	0.4	**4.4**	66
Housed					**1.1**	6
Homeless, comm. def.*					**6.9**	60
Didn't know where to go	34.4	24.2	39.8	35.4	**32.8**	488
Put it off, lost referral**	13.4	45.6	44.3	4.4	**23.4**	348
Housed					**9.6**	57
Homeless, comm. def.*					**33.8**	291
HUD chronic homeless*					**54.3**	195
Physical access. prob. (n = 12)	18.3	2.0	0	0.5	**8.9**	132
Other (n = 60)	21.1	15.7	13.0	29.4	**20.3**	302

* Significant differences ($p < 0.1$): housed vs. homeless or HUD Chronic Homeless vs. all others.
** Significant differences exist among interview locations ($p < 0.1$).

Table 10-15: Reasons didn't get help for alcohol or drug problem by housing status and interview location (Question N7)

Interview location	Oakland	Berkeley	Mid & N	S&E	Total	clients
Weighted N	5512	1,083	1491	1931		10,018
Weighted %	55.0	10.8	14.9	19.3		100.0
Unweighted n	762	254	111	155		1282
	Wtd %	Wtd %	Wtd %	Wtd %	Wtd %	Wtd. N
Any reason given** (n = 119 of 1284)						9952
Housed						5779
One or more reasons	4.0	1.1	0.8	2.3	**3.0**	170
Homeless, community def*						4173
One or more reasons	8.3	25.9	3.8	9.7	**11.3**	471
HUD chronic homeless* (n = 308)						1274
One or more reasons	7.1	29.9	28.5	30.1	**18.7**	238
Reasons, no AOD care[1] (n = 119)						641
Cost, couldn't afford					**43.8**	281
HUD chronic homeless					**66.8**	159
No insurance, didn't cover					**45.4**	291
HUD chronic homeless					**68.1**	162
No openings (n = 26)					**20.4**	131
Housed					**27.3**	46
Homeless, comm. def.					**17.9**	84
HUD chronic homeless					**5.0**	12
Waiting list, long wait					**11.2**	72
Not eligible/sick enough (n = 17)					**21.0**	134
HUD chronic homeless*					**5.5**	13
Had to be sober first					**11.2**	72
Transportation problem (n = 29)					**27.9**	179
Housed					**3.3**	6
Homeless, comm. def.*					**36.9**	174
HUD chronic homeless*					**62.6**	149
Hours not convenient					**2.8**	18
Language problem					**0.7**	5
No child care					**0.6**	4
Expected disrespect					**5.9**	38
Didn't know where to go					**6.8**	43
Put it off, lost referral (n = 48)					**48.6**	311
Housed					**23.7**	40
Homeless, comm.. def.*					**57.6**	271
HUD chronic homeless*					**76.4**	182
Physical access problem (n = 10)					**4.1**	26
Other					**12.1**	78

* Significant differences ($p < 0.1$): housed vs. homeless or HUD Chronic Homeless vs. all others.
** Significant differences exist among interview locations ($p < 0.1$).
1 Not tested for differences among interview locations due to small number of observations.

SECTION 11. TELEPHONE SERVICE

We asked Questions Q1 and Q2, about *home* telephone service, to permit comparison with telephone-administered health surveys, like the CAUS and CHIS. We anticipated that many of the ACSSS respondents would not have home telephones[1], and thus survey results would provide information about a population segment missed by these other surveys. Persons with no phone service all year would have been completely missed by telephone surveys. Thus anything we learn about persons without phone service adds knowledge about a population segment previously "invisible" in general population health statistics.

We have complete information on phone service for 1,277 respondents, and no information on the 179 respondents who completed short interviews at mobile van locations. The implication of these missing data, as for other topics in this report, reflects the fact that users of mobile van services are likely to represent the most disadvantaged, and perhaps most disabled, segment of the service user population. They are suspected of being very different from the remainder of the population, and, although it seems unlikely that many of them had home telephone service, we have no information about them on this specific topic, so they are excluded from these analyses.

During test interviews, the questions about phone service often caused stunned looks and giggles from respondents. We are not sure whether that reaction is based on the unlikelihood of a "yes" answer, or the abrupt change in the nature of the questions, or both. The large majority of respondents either did (49.5%), or did not (40.1%), have a home phone over the entire past year (Table 11-1). Only 10.4 percent (n = 117) had a phone for just part of the year, thus this group is not subdivided further.

The service user population segment with no phone was a mix of housed (37.3%) and homeless persons (62.7%). Most (54.7%) of the service users with no phone at any time in the year reported that they had been homeless one year or more during the past three years. Those with part-year phone service included both housed (56.7%) and homeless (43.3%) persons, in roughly equal measure; however, homeless persons spent about half the year without phone service (0.62 year) compared to about one-fourth of the year for housed persons (0.28 year; not presented in

[1] The questions we used explicitly ignore whether study participants have a *cell* phone, since historically telephone surveys have not included cell phone exchanges in their coverage. Thus, findings here do not imply that respondents have no access to telephone service; in fact, a few reported "only had a cell phone" (n = 8).

tabular form). A small proportion of chronically homeless persons (HUD definition) reported having phone service either all year or part of the year.

Thus, a substantial portion of housed users without telephone service for the past year would have been missed by a telephone survey during that time.[2] Likewise, some *currently* homeless persons without phones could have been included in general population telephone surveys within the past year if they then had phone service. However, phone service gaps could bias general population surveys geographically. Having no phone would have hidden from view disproportionately more service users in Oakland and Berkeley than their representation in the service user population.

The overlap of housing status across phone service categories, along with the high proportion of housed service users having a history of homelessness, suggests that persons without phones may not differ greatly from the rest of the very-low-income population.[3] In Table 11-1, we compare a number of demographic, work, and income characteristics across phone status categories. Table 11-2 includes information on health and other characteristics.

Persons with a phone all year tend to be slightly older (mean age 49.2 years), and more of them are female (64.8%), compared to those with a phone part or none of the year. About two-thirds of those without phones are single adults (68.1%). Over half of those with part-time phone service are adults with children (54.6% parents), and the part-time phone group has, on average, the most children with them (1.2). A greater proportion of those with a phone all year are working, and the number of hours worked per week increases, looking from those with phone service none of the year to those with service part of the year to those with a phone all year. Monthly household income increases from those without phone service ($585) to those with service part of the year ($1,244) and then declines again to $1,054 for those with service all year.

The physical health composite score dips those for those with phone service part of the year, while a slight step function is evident in mental health composite score, with scores rising from no phone any time to phone part of the year to phone all year.

[2] The text accompanying Table 8-7 provides an example of different findings in Alameda County face-to-face versus telephone surveys. It would be a useful exercise to determine, concerning the prevalence of asthma among County residents, whether ACSSS findings could usefully supplement results from the CHIS survey.
[3] If this turned out to be true, in general or for specific survey topics, telephone surveys could compensate for non-coverage of persons with no telephone service by weighting-up findings from very low income respondents.

The prevalence of diabetes, “other” medical conditions, and mental illness is greatest among those with phone service part of the year. Respondents with alcohol or drug dependence, self-reported alcohol or drug problems, and having gaps in coverage are more prevalent among the group with phone service at no time in the year.

The clear plurality of persons with no phone service reported that their last medical care was in a hospital emergency room, and that group averaged 2.9 ER visits in the last year, compared with 1.8 for the other two groups. While the other two groups also reported numerous ER visits, those with phone service were twice or three times as likely to report a doctor’s office visit as their last source of medical care. Hospitalizations and jail or prison history are notably higher among those with no phone service. Hunger is highest among those with phones for part of the year.

All of the respondents in this survey found it necessary to use services for homeless persons at the time they were interviewed. As we might expect the overall pattern of responses reported in this section show that, among the services using population, persons without telephone service were even worse off than those with telephone service. From a service-provider perspective, all three telephone service groups have service needs, and those needs would seem to differ. The problems of those with phone service part of the year suggest particularly vulnerable families, with larger numbers of children and high prevalence of health problems. They seem most likely to be juggling the costs of rent, utilities and food, and are likely the most at risk of losing housing

We are left concluding that there are important differences in the three groups as defined by home telephone service, and suggest that planners and policy-makers reliant on data from telephone surveys may want to investigate the matter at greater length.

Table 11-1: Selected housing, demographic, work, and income characteristics of service users by telephone status (Questions Q1,Q2)

		No Phone, Any Time	Phone Part of Yr.	Phone All Year	
	Wtd. population N	3998	1034	4940	9972
	Wtd. %	40.1	10.4	49.5	100.0
	Observed sample n	749	117	411	1277
Q#	**Selected characteristics of service users**	**Wtd. %**	**Wtd. %**	**Wtd. %**	**Wtd. N**
Note	**Housing status*** (n= 1269)				9906
	Housed	37.3	56.7	74.7	5737
	Homeless	62.7	43.3	25.3	4169
	Total	*100.0*	*100.0*	*100.0*	*9906*
	HUD Chronic Homeless (n = 308)	31.5	4.5	2.6	1274
E8	**Ever homeless*** (n = 1273)	79.9	70.0	58.6	6802
E10	**How much of past 3 years homeless*** (n= 1221)				9602
	'Never homeless'	20.2	30.0	43.7	3140
	Under 1 year	16.7	30.4	16.7	1744
	One year or more	54.7	21.9	16.7	3132
	'Was homeless', unknown duration	8.5	17.8	22.9	1586
CS	**Interview location*** (n = 1277)				
	Oakland	59.0	37.3	55.2	5470
	Berkeley	20.9	4.9	4.0	1082
	Mid & North	10.1	17.5	18.3	1489
	East & South	10.0	40.3	22.6	1931
B3	**Age** (years)* (n = 1265)	43.0	41.7	49.2	9853
B1	**Gender** (male)* (n = 1277)	61.2	40.0	35.2	9972
B4	**Race/ethnicity** (n = 1277)				9972
	Black	59.1	42.7	51.6	5351
	Hispanic	11.9	19.5	18.0	1565
	White	22.2	32.8	16.5	2038
	All others	6.9	4.9	14.0	1018
E1-3	**Family type*** (n = 1277)				9972
	Single adult	68.1	38.1	45.1	5343
	Person in couple	10.1	7.2	20.4	1486
	Adult with children (parent)	21.9	54.6	34.5	3143
E1-3	**Children with respondent,** average* (n = 1270)	0.6	1.2	0.7	9972
E1-3	**Children not with respondent,** average*	0.8	0.2	0.4	9955
G6	**Working** (anything for pay) (n = 1274)	26.5	32.1	37.6	3246
E8	**Hours worked per week*** (n = 374)				3181
	Up to 15 hours	44.8	17.7	14.8	790
	16 – 30 hours	22.4	45.2	23.2	804
	31 – 39 hours	1.8	18.2	14.1	336
	40 or more hours	21.3	16.4	40.6	1011
H3	**Household income*** average (n = 876)	$585	$1,244	$1,054	6996

***** Significant differences exist across phone status categories ($p < 0.05$).

Table 11-2: Selected health, hunger, health services utilization, and other characteristics of service users by telephone status (Questions Q1,Q2)

		No Phone, Any Time	Phone Part of Yr.	Phone All Year	
	Wtd. population N	3998	1034	4940	9972
	Wtd. %	40.1	10.4	49.5	100.0
	Observed sample n	749	117	411	1277
Q#	**Selected characteristics of service users**	**Wtd. %**	**Wtd. %**	**Wtd. %**	**Wtd. N**
Note	**Disabled** (homeless definitions)* (n = 1277)	65.4	52.0	51.6	5702
L1-8	**Physical Health Composite** (PCS) score*	47.6	43.4	47.6	9621
L1-8	**Mental Health Composite** (MCS) score*	43.7	44.0	46.9	9621
K4b	**Diabetes**, diagnosed* (n = 1268)	4.0	16.9	12.5	948
K4e	**Other medical condition*** (n = 1272)	23.7	44.8	41.7	3462
K1-4	**Mental illness*** (n = 1275)	22.2	23.0	10.9	1660
O1,3	**Alcohol or drug dependence*** (n = 1231)	35.9	24.4	18.1	2475
O2,4	**Self-assessed AOD problem*** (n = 1265)	22.7	4.8	6.8	1275
J1-2	**Any health insurance/coverage*** (n = 1266)	64.7	73.4	80.4	7317
J3	**Gap in coverage,** past year* (n = 1266)	57.8	50.4	38.4	4697
M1	**Last medical care,** selected sources* (n= 1272)				9842
	None; don't use	4.2	11.6	1.1	338
	Emergency room (ER) at a hospital	41.9	29.5	29.7	3406
	Urgent care clinic	3.6	2.1	5.3	418
	Free clinic	11.7	7.8	7.2	891
	Community clinic	13.4	12.9	15.8	1433
	Dr. office, NP, PA, allied health	11.0	23.5	32.5	2248
	VA facility	6.4	2.2	2.5	399
	Other place	6.2	9.7	5.5	611
M2	**ER visits*** (n = 1255)	2.9	1.8	1.8	9855
M3	**Hospitalizations*** (n = 1263)	0.5	0.3	0.2	9898
P1	**Hunger**, adult respondents* (n = 1275)	47.3	60.2	23.3	3655
D2	**Ever in jail or prison*** (n = 1265)	70.5	58.7	39.3	5341
K7-8	**Violence**, non-family or family (n = 1272)	19.4	8.9	11.7	1442

***** Significant differences exist across phone status categories ($p < 0.05$).

SECTION 12. ADDITIONAL SERVICES DESIRED

At the conclusion of the interview, study participants were asked, with reference to a list of 23 items, whether or not they currently want more help with those matters. The last of the items asked about "other services," following which respondents were encouraged to specify the kinds of services in which they were interested.

Table 12-1 summarizes responses to the inquiry about desired services or other help. Most striking is the large numbers of service users – both housed and homeless – who express a desire for more help. Large proportions desire help with housing, employment and job training, benefits receipt, mental health counseling, treatment, and case management, money management skills, and transportation.

Worthy of emphasis is the finding that the majority even of housed persons desire more help with affordable housing and transportation (65.1% and 58.6% respectively). Also salient are findings that almost half of the housed persons express interest in an educational workshop on how to apply for housing, and about one-quarter desire help with family violence shelters (23.7%), places to camp (22.3%), and warm places to "hang out" (26.6%).

Compared to housed persons, interest in help was even more prevalent among homeless service users wanting lists of affordable apartments (82.7%), educational workshop on housing application (65.9%), more affordable places to live (90.3%), family shelters (43.1%), family violence shelters (37.4%), places to camp (44.1%), warm places to "hang out" (57.6%), help getting on or back on benefits (51.9%), help with a disability (36.2%), mental health counseling or treatment (36.5%), mental health case management (33.4%), outpatient alcohol or drug treatment (27.1%), dual diagnosis treatment (23.9%), and more affordable transportation (74.6%).

The follow-up, open-ended write-in responses naming "other" services desired are also illuminating (see Table 12-2). These comments are provided by 294 study participants, representing over 2000 members of the population of service users. None of the categories that we constructed from the responses incorporates information for a great many respondents. However, among homeless service users, relatively frequent expressions of need concern dental and medical care, legal services, and access to food. Housed service users mention food in a

similar proportion but, more frequently than homeless individuals, they mention need for youth services and help with housing deposits.

Table 12-1: Currently desire more help by housing status (Question R1)

Q[1]	Questionnaire items	Homeless			Housed		
		Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. n
	Any response	99.9	4169	888	98.8	5,710	383
A	Lists of apartments or houses that you might be able to afford	82.7	3,417	747	58.0	3,252	241
B	Educational workshop: applying for housing	65.9	2,728	611	48.6	2,726	195
C	More affordable places to live	90.3	3,736	801	65.1	3,651	267
D	Shelters for couples and/or whole families	43.1	1,769	421	23.3	1,296	102
E	Shelters to escape family violence or abuse	37.4	1,537	351	23.7	1,319	93
F	Places to camp without being hassled	44.1	1,823	443	22.3	1,245	104
G	Warm places to hang out when it's cold	57.6	2,380	591	26.6	1,484	124
H	Help finding a job or other employment services	65.4	2,713	624	53.8	3,017	225
I	Job training or education	64.4	2,679	621	52.8	2,959	224
J	Child care	22.5	930	257	24.1	1,344	93
K	Services for my children, other than child care	25.2	1,041	305	32.1	1,822	109
L	Help getting on, or back on, benefits like SSI, GA, or Food Stamps	51.9	2,145	478	37.1	2,103	149
M	Help with Veteran's Benefits or services	16.4	675	219	13.0	725	68
N	Help with a disability, such as independent living resources	36.2	1,477	398	26.5	1,472	126
O	Mental health counseling or treatment	36.5	1,509	390	22.4	1,252	114
P	Mental health case management	33.4	1,380	344	19.8	1,105	91
Q	Alcohol or drug detoxification services	20.7	857	246	14.0	781	66
R	Residential treatment for alcohol or drugs	22.8	941	245	15.5	864	68
S	Outpatient alcohol or drug treatment (not residential)	27.1	1,120	271	15.8	882	81
T	Treatment for alcohol or drugs and mental health, dual diagnosis treatment	23.9	985	268	14.9	830	75
U	Money management skills	46.6	1,934	489	40.9	2,283	173
V	More affordable/easier-to-use, transportation	74.6	3,089	685	58.6	3,332	253
W	Other services What kind?	30.3	1,013	223	26.1	1,194	85

1 Letters identify item numbering in survey questionnaire

Table 12-2: Other services with which client wants more help by housing status (Question R1W)

	Currently want more help with … Other services. What kind?	Homeless Wtd. %	Homeless Wtd. N	Homeless Obs. n	Housed Wtd. %	Housed Wtd. N	Housed Obs. N
	ANY ADDITIONAL RESPONSE						
	Refused further explanation	4.2	42	14	2.2	24	2
	Already mentioned (in R1 a – w)	33.0	329	67	28.7	313	22
	Any request for additional service/ comment	84.6	844	168	69.4	756	55
	Totals (n = 294)	100.0	997	216	100.0	1,090	78
#[1]	**RESPONSES, GROUPED**						
40	More resources	15.1	151	9	0	0	0
39	Central information and referral services	1.5	15	6	0.7	7	3
31	Medical care, specialty care	9.1	90	19	4.4	48	4
32	Dental care, basic and advanced	13.6	135	23	3.6	39	1
38	AOD services: 12-step, Alanon	0.1	1	1	0	0	0
50	Glasses	1.8	18	5	2.6	28	1
37	Hearing services	0.9	9	2	0	0	0
27	In-home care: personal assistance to cleaning help	0.7	7	2	8.4	92	6
26	Legal services	7.9	79	12	2.0	22	1
43	Family services, including reunification	3.9	39	8	5.3	58	3
47	Youth services	0.8	8	2	8.1	89	5
33	Housing deposit, places that don't require one	3.0	29	7	8.2	89	4
48	Section 8 & other housing subsidies	2.5	25	4	0	0	0
45	Housing + services for special populations: elderly, veterans, group home	1.2	12	3	4.2	46	3
44	Motel vouchers, other private immediate housing	3.4	34	5	0	0	0
36	Shelter Plus Care, housing with other services	0.6	6	4	0	0	0
35	Shelters that take pets	0.5	5	3	0	0	0
30	Shower, laundry; parking, storage; place to rest	2.2	22	10	0.4	4	3
42	Furniture, clothing, other personal items	2.2	22	11	5.3	58	4
29	Drop-in center, socializing	0.9	9	4	2.6	28	1
41	Food ...more ... at night	6.8	67	8	6.9	75	6
34	Money: loans, cost of living allowance – as little as $5 a day, on demand	1.4	14	7	2.0	21	6
49	Car: help with purchase, gasoline	4.0	40	2	2.6	28	1
54	Transportation: other assistance	0.6	6	4	2.0	22	1
28	Small business – assistance	0.8	8	3	0.7	8	2

Table 12-2, continued

		Homeless			Housed		
	Currently want more help with … Other services. What kind?	Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. N
51	Anger management	0.8	8	1	0	0	0
52	Medical insurance	0.2	2	1	0	0	0
53	Tobacco cessation services	2.9	28	2	0	0	0
55	Education, higher education	0.8	8	3	0.3	3	2
56	Computer training	0.1	1	1	1.4	15	1
70	Jobs: more jobs, low-skill jobs	0.2	2	2	1.1	12	3
24	Vocational rehabilitation	0.5	5	2	0	0	0
60	Other housing concern	0.3	3	3	0	0	0
98	Social comment	0.3	3	1	9.0	98	1
99	Meaning unclear	0.1	1	1	0	0	0

1 Coding numbers in the first column refer arbitrary tabulation categories.-

SECTION 13. OTHER COMMENTS

The final question for study participants posed the open-ended question, "What else do you want us to know about you now?" Although numbers of responses sharing any particular point were relatively few, a total of 455 participants replied with additional information (Table 13-1). However, the responses are nevertheless of interest. It is noteworthy that 49 respondents, representing 303 service users, mention a criticism of one or more services, and 33 respondents, representing 141 service users, compliment Alameda County's programs. As was evident also in findings summarized in Section 10, service users have financial problems and want more services, jobs, training and education. They also want help with domestic violence matters.

Table 13-1. What else would you like us to know about you? (Question R2)

#	Comments, grouped[1]	Homeless			Housed		
		Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. n
0	"Nothing more"	57.3	2,312	507	74.6	4,021	254
	Any other response	42.7	1,724	351	25.4	1,370	104
	Totals	100	4,036	858	99.9	5,391	358
	HOUSING-RELATED						
200	Need / want / hope to get housing	3.9	156	22	0.5	28	1
201	Need affordable housing	0.9	40	16	0.8	44	5
207	Homeless / want to get off street	1.6	68	17	0.2	12	1
202	Want permanent housing	1.6	60	10	0	0	0
204	Help finding housing	0.8	33	9	0	0	0
205	Present housing about to expire	0.4	16	3	0	0	0
57	Help with Section 8 / CalWORKs	0.7	28	2	0.7	35	3
25	Housing for single moms	0.1	6	2	0	0	0
206	Subsidized housing	0.2	8	2	< 0.1	2	1
209	Want own place	0.2	5	2	0.4	23	3
203	Can't find / get housing	0.2	6	2	0	0	0
208	Safe housing	0.1	3	1	0	0	0
26	Housing for seniors	0.3	11	1	0.9	51	2
220	Transitional housing	< 0.1	1	1	0	0	0
78	Shelter Plus Care	< 0.1	1	1	0	0	0
210	Expect housing soon	< 0.1	1	1	0	0	0
211	Housing: other	1.9	75	7	0.1	3	1
	Subtotals	12.9	518	99	3.6	198	17
	HOMELESS SERVICES						
77	Homeless services	0.1	5	5	0	0	0
22	Facilities: shower, phone, place to rest	0.1	4	2	< 0.1	2	1
74	Office equipment	0.1	5	1	< 0.1	2	1
	Subtotals	0.3	14	8	<0.1	4	2

Table 13-1, continued

#	Comments, grouped[1]	Homeless			Housed		
		Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. n
	HUNGER, HARDSHIP						
41	Hungry, need food	0.5	21	5	0.6	33	2
42	Need food stamps	0	0	0	0.5	28	1
43	Help with clothing	0.1	4	2	0.1	5	1
	Subtotals	0.6	25	7	1.2	66	4
	HUMAN SERVICES-RELATED						
81	Critical of some services	4.7	190	44	2.2	113	5
8	Alameda County has good programs	1.6	65	25	1.5	76	8
71	More services	1.5	57	16	< 0.1	2	1
7	Better services	0.8	33	12	0.1	3	1
79	Information about services	0.2	7	4	0	0	0
73	Transportation	0.2	10	6	< 0.1	1	1
595	Help with other services	0.1	4	3	0	0	0
72	Youth services	0.3	11	2	0.9	50	2
725	Senior services	0.2	7	2	0.4	24	2
	Subtotals	9.6	384	114	5.1	269	20
	LEGAL SERVICES						
76	Offender programs	0.4	14	3	0.1	4	1
58	Help with legal services	0.2	6	3	0.1	5	1
52	Landlord help	0.1	6	1	0	0	0
75	Free legal aide	< 0.1	1	1	0.5	28	1
585	Legal help w/ child support	0.1	1	1	0	0	0
	Subtotals	0.8	28	9	0.7	37	3

Table 13-1, continued

#	Comments, grouped[1]	Homeless			Housed		
		Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. n
	PERSONAL SUMMARY						
54	Personal tale / comment	2.4	97	31	7.1	378	13
92	Hard worker, good person	2.9	115	19	0.6	34	4
9	"I'm ok"	0.9	34	12	0.5	26	6
93	Optimistic	0.7	27	10	0.2	8	1
63	Just making it, it's hard	3.9	159	7	0.9	50	2
55	Worried	0.4	13	5	1.3	69	3
6	Harmed by homelessness	0.1	5	3	0	0	0
45	Needs sleep	< 0.1	2	2	0	0	0
62	Not quite making it	0.2	6	2	0.4	24	2
701	Too much, don't ask	0.1	5	1	0	0	0
	Subtotals	11.6	463	92	11.0	589	31
	WORK-RELATED						
1	Wants job	3.2	130	28	3.1	169	11
11	Better job	< 0.1	1	1	1.4	22	1
12	Need training, education	2.7	107	10	< 0.1	4	5
13	Job information	0.3	12	3	0.2	9	2
17	Specialized work / training / opportunity.	0.1	2	1	< 0.1	2	1
14	Work sharing experience	0.3	13	2	0	0	0
16	Work social value	0.1	6	2	0	0	0
18	"Not yet", waiting for …	< 0.1	1	1	0.5	28	1
15	PT job, less	0	0	0	0.9	47	2
59	Help with unemployment	0	0	0	< 0.1	2	1
	Subtotals	6.7	272	48	6.1	283	24
	FINANCIAL ISSUES						
4	Financial problems	1.0	38	16	3.2	174	11
36	Help with SSI	0.6	23	5	0.1	7	3
53	Help with finances	1.8	72	2	0.2	12	4
	Subtotals	3.4	133	23	3.5	193	18

Table 13-1, continued

#	Comments, grouped[1]	Homeless			Housed		
		Wtd. %	Wtd. N	Obs. n	Wtd. %	Wtd. N	Obs. n
	MEDICAL- OR DISABILITY-RELATED						
3	Medical/health	1.5	60	23	2.0	106	7
32	Mental services	0.5	18	7	0.5	29	4
31	Disabled	1.5	60	5	0.1	9	4
56	Help w/ med services	0.3	10	3	0	0	0
37	Medical appliance	0.1	4	3	0	0	0
315	Home care services	1.7	69	1	0	0	0
82	AIDS program	0	0	0	1.1	58	2
	Subtotals	5.6	221	42	3.7	202	17
	ALCOHOL- OR DRUG-RELATED						
33	AOD services	1.6	65	13	< 0.1	3	2
34	*Not* AOD problem	0.1	8	4	0	0	0
	Subtotals	1.7	73	17	< 0.1	3	2
	PERSONAL, RELATIONSHIP ISSUES						
5	Personal help	1.4	57	12	< 0.1	3	2
44	Domestic violence connection	0.3	11	3	0.4	22	1
51	Needs companionship	0.8	31	2	0	0	0
27	Get children back	< 0.1	1	1	0	0	0
35	Gay / lesbian issue	0.3	12	1	0	0	0
	Subtotals	2.8	112	19	0.4	25	3
	ACSSS SURVEY						
85	Want you to be aware of us as *people*	0.7	24	5	0.2	10	2
84	Distrusts confidentiality of this survey	0.4	14	4	0	0	0
835	This survey is good	0.1	3	3	0.1	6	1
83	This survey is useless	0.1	2	1	0	0	0
	Subtotals	1.3	43	13	0.3	16	3

1 Number-coded responses from 1224 respondents. Numbers in the first column are arbitrary tabulation categories.

SECTION 14. CONCLUSIONS

Count. Using HUD's definition of homelessness, we estimate that 3,606 homeless adults, accompanied by 1,477 children, utilize homeless services in Alameda County. Under the community definition, 4,460 homeless adults utilizing homeless services are accompanied by 1,755 children. Housed persons also use homeless services in the County, and we estimate that their numbers are larger than the number of homeless persons using the same services. Depending on which definition is used for homelessness, housed persons constitute 57% or 65% of users of services designed to respond to homelessness.

According to the HUD definition, 1,280 of the service users – all single and without accompanying children – are chronically homeless. Under the community definition, 3,767 adult service users are chronically homeless, and they are accompanied by 1,554 children.

Overall, a large proportion of the service-using, homeless population is comprised of single adults. However, depending on location within the County, relatively larger (Mid and North County and South and East County) or smaller (Oakland and Berkeley) proportions of the homeless include children.

Hunger. Prevalence of hunger is higher than U.S. rates among both the housed and homeless populations. It may be that homeless persons can not afford regular meals and that housed persons must constantly choose between paying rent or purchasing food for themselves and their family. Emergency food services may help housed users save enough money on food to pay rent.

Housed and homeless service users. The Alameda Countywide Shelter and Services Survey reveals that homeless persons differ in many respects from housed users of services established for homeless clients. The homeless group in Alameda County includes more males, and somewhat younger persons, compared to the housed group. The homeless group has more substantial histories of child welfare and criminal justice institutionalization. They are more likely to be on their own rather than in a family unit.

They have fewer of their children with them, experience hunger more frequently, work fewer hours at regular jobs, and have smaller incomes. The homeless group includes more people with physical, emotional, and other disabilities. Abuse and dependence on both alcohol and other drugs is more prevalent among homeless persons, and rates of victimization are higher. Homeless persons report no less access to insurance or health services than do housed persons, but nevertheless members of the homeless group are more likely to rely on emergency room or urgent care facilities, record more hospitalizations, and report delayed care for AOD or mental health problems.

From a point-in-time survey, we cannot offer much insight into the question of whether homelessness precedes or follows most of these conditions and behaviors. Nevertheless, the series of comparisons we have made between two groups utilizing the same services suggests that there is considerable overlap in these two subgroups. The majority of housed persons utilizing homeless services have themselves been homeless. The higher average monthly income of housed persons may provide just enough of a financial resource to allow them to make a regular rent.[1] However, the average income is low enough that if one or another income source dries up, even for a short period of time, many housed persons would be expected to become homeless.

Policy and program use of information about homeless and near-homeless populations. It is apparent that from the perspective of respondents there is no single reason for homelessness. Rather, beyond the critical housing shortage and the expense of housing, the cost of health care, and the relatively great rates of unemployment and poverty, a multitude of problems besets the homeless population. The large prevalence and severity of the disability conditions affecting study participants suggests that public and private agencies' capacity to resolve any particular – let alone the series of – problems preventing exits from homelessness will be a challenge.

We have tried to present and interpret these findings in ways that will help to identify program and policy areas where innovation or added resources are needed. In that sense,

[1] See, for example, the positive findings of shallow rent subsidies in Dasinger, L.K. and Speiglman, R. Alameda County Project Independence Evaluation. A Longitudinal Study of a Shallow Rent Subsidy Program for People with HIV/AIDS. Berkeley: Public Health Institute, 2002.

our findings may promote long-term planning for housing, services, and other interventions. Especially in the current period of limited governmental fiscal support for health and human services, such information may prove especially helpful in targeting and prioritizing the content of County-wide programs.

Readers need to hold in mind that point-in-time surveys, like this one, probably over-emphasize the characteristics and needs of longer-term or chronically homeless persons. Thus, a social commitment to pursue programs and policies concerning the broader problem of homelessness will require addressing the needs not just of the male, solo, homeless adults who dominate the HUD chronically homeless group. The needs of families and couples, even if less apparent in this point-in-time survey, also require renewed commitments to effective assistance.

APPENDIX 1. Sampling Methods and Construction of Weights

Sampling Methods and Construction of Weights for the 2003 Alameda County-wide Shelter and Services Survey[1]

1. OVERVIEW

1.1 Background of the Study

The 2003 Alameda County-wide Shelter and Services Survey was designed to provide an estimate of the number of homeless persons in Alameda County and to study the characteristics of such persons. This information was desired for purposes of planning and for reporting to funding agencies.

The survey was organized and directed by the Alameda County-wide Homeless Continuum of Care Council. The fieldwork was carried out by community volunteers, homeless and formerly homeless individuals, and employees of the county and of various cities within the county. The Public Health Institute, located in Berkeley, was retained to develop the survey questionnaire, clean and analyze the data, and report on the number and characteristics of the homeless population of Alameda County.

The Survey Research Center (SRC) of the University of California, Berkeley, was asked to provide assistance in sampling and weighting for the project. SRC drew a sample of facilities that provided services to the homeless and gave to the field staff a target sampling fraction for each selected site. SRC also created site-level weights, to compensate for differences in selection probabilities and for differential non-response within sites. The final individual level weights were created by the Public Health Institute.

1.2 Definition of the Target Population

The target population for the survey was all adults and unaccompanied youth who were served by facilities in Alameda County providing services to the homeless, during the last week of February and the first three weeks of March 2003.

1.3 General Design of the Sample

The sample was a stratified two-stage cluster sample. The first stage of the sample was a selection of facilities serving the homeless (and others). Prior to selection, facilities were ordered by type of site: shelter, food service, and outreach. Within type of site, facilities were further ordered by language of clients and by region of the county. Facilities were then selected from the ordered list by systematic selection with probability proportional to the number of client contacts in a week.

[1] Adapted from Piazza, T. and Cheng, Y. Sampling Methods and Field Results of the 2003 Alameda County Homeless Survey. Technical Report #46. Berkeley: Survey Research Center, University of California, 2003.

Facilities selected at the first stage were assigned a selection interval for the second stage of selection. One or more days of the week were selected for each facility, and field workers were sent to the facility to interview a set proportion of the clients served that day.

2. SAMPLING PROCEDURES

2.1 Constructing the Sampling Frame

The Alameda County-wide Homeless Continuum of Care Council assembled lists of all facilities in the county that provided services to the homeless. The facilities were categorized by service type (shelter, housing, food service, drop-in, or outreach program), location in the county, and predominant language of the clients served. This information was used to order the list of facilities prior to selection, so that an implicitly stratified selection could be made.

For each facility, information was also gathered about the days and hours of operation and about the number of client contacts per week. This latter number was then used as a measure of size for the first stage of selection, which was carried out with probability proportional to size. The total number of estimated client contacts per week at all sites in the frame was 50,463.

2.2 Selection of Facilities

A few facilities were included with certainty in the sample. These were either very large sites or were located in certain parts of the county that were important to cover.

The remainder of the facilities were selected in the following manner: The list of facilities was first ordered as described, in order to provide implicit stratification by type of service and by language and location. We then proceeded to select 80 facilities from the sorted list with probability proportionate to size (PPS), where the measure of size was the estimated number of client contacts per week. For shelters, the number of client contacts per week was the number of beds times the number of days per week the shelter was in operation. For food service facilities, the number of client contacts was the number of meals served in an average week. For outreach programs, the number of client contacts per week was determined from lists of clients served in the past.

After the 80 facilities had been selected, 10 were subselected at random and put into a reserve sample. Another 10 facilities were subselected at random and put into a second reserve sample, to be used as needed. Field work began with the remaining 60 facilities. Eventually the first reserve sample was used, and therefore a total of 70 sites was included in the final sample, plus four sites included with certainty. A few facilities were included with certainty in the sample. These were either very large sites or were located in certain parts of the county that were important to cover.

In the PPS selection of sites, a minimum measure of size of 33 contacts per week was required. Smaller sites were linked after selection with larger ones, following the procedure described in Kish, *Survey Sampling,* pp. 244-245.[2] The linked sites were treated as a single site, for purposes of calculating probabilities of selection and weights. On the other hand, some large sites were selected twice, or even three times. Accordingly their second-stage sampling fractions were doubled, or even tripled.

2.3 Selection of Individual Clients

Certainty sites

Field workers were sent to each selected facility, with instructions to interview a set proportion of the clients. The proportion for the certainty sites was set at 1/25 or 4%.

Sites selected with PPS

For the sites selected with PPS, the proportion was set differently for each site, such that the overall probability of selection would be the same for each site selected with PPS.

The overall probability of selection for individuals at each selected site is:

$$P = a\, M_i / T \ * \ b / M_i \qquad (1)$$

where *a* is the number of sites selected (initially 80), *b* is the target number of individuals to select at each site (set to 32.0875), M_i is the measure of size (estimated client contacts per week) for each site, and *T* is the total number of client contacts per week (39,630) (see above) for all of the sites in the PPS selection.

The first term after the equal sign (the first-stage sampling fraction) is the probability of selecting facility *i*. The second term after the equal sign (the second-stage sampling fraction) is the probability of selecting an individual in each selected facility. Note that the only term that varies by site is M_i which cancels out. The overall probability of selection is therefore the same for all individuals at every site, provided that they are selected with the fraction b/M_i within each selected site.

For each selected facility a selection interval was calculated as the inverse of b/M_i or $M_i / 32.0875$. This interval was rounded to a whole number, to give to the field staff. (This rounding was compensated for in the weights, as will be seen below.)

Partition of the second-stage interval

The second-stage sampling fraction for selecting individuals at each site applied to all individuals served in the target week. In most cases, however, the selected facility operated on multiple days and times in a week, and it was not possible to go to every

[2] Leslie Kish, *Survey Sampling.* New York: John Wiley, 1965.

facility all week long. Therefore, the second-stage interval was usually partitioned into two parts: one part for the selection of a specific day (or meal) within the week, and the other part for the selection of individuals served at the selected day (or meal).

For example, a selected site that served 7 meals a week could have been assigned a second-stage interval of 14, meaning that 1/14 of the clients should be selected. The interval of 14, in that case, would usually be partitioned into 7 and 2. First, one of the 7 weekly meals would be selected at random. And then ½ of the clients at that selected meal would be approached for an interview. Note that the product of 7 and 2 is 14, the size of the assigned interval.

Since SRC did not do the fieldwork for this project, the task of partitioning the second-stage interval in an appropriate manner was the responsibility of the County Fieldwork Director (the Continuum of Care Council Coordinator). The Fieldwork Director could partition the second-stage interval in any convenient fashion and carry out the selection of the day or meal, using a table of random numbers (supplied by SRC). If it was convenient to modify the second-stage interval, the Fieldwork Director could do so, provided that the interval actually used was reported back to SRC, for eventual incorporation into the weights. For example, an interval of 15 could be changed to 14, in order to facilitate a partition into 7 and 2.

After selecting a particular day or meal at random, the Fieldwork Director instructed the field staff to go to the facility at the designated time and to select the appropriate fraction of clients being served at that time. Selection of individuals was carried out by systematic random selection, applying a fixed interval to the queue of persons being served, after a random start.

3. CALCULATION OF WEIGHTS

A weight was calculated for each case in the data file. This weight compensated for differences in probability of selection and for various levels of non-response. Each of the weighting factors will now be described.

3.1 Selection Probability

There are two factors accounting for differences in selection probability – the probability of selecting the particular facility, and the probability of selecting individuals served by that facility. The basic sampling weight is the inverse of the probability of selection, as summarized above in Equation 1.

Since the second-stage interval, represented by the inverse of the second term in Equation 1, was frequently rounded or modified by the Fieldwork Director, an adjustment factor was included in the weight. This factor was the ratio of the interval actually used, divided by the interval calculated from Equation 1. For example, if an interval of 14 was used at a particular site, but the computed target interval was 12, the appropriate

adjustment factor is 14/12. In other words, the second-stage selection fraction (1/14) was smaller than was called for by the design (1/12). To compensate, those cases would be weighted up by the factor 14/12.

3.2 Response Rate Adjustments

There were two levels of non-response that required weighting adjustments – non-response of entire sites, and non-response of individuals within selected sites.

Site-level non-response was due to the refusal of some facilities to allow the project interviewers to have access to their clients. This was not a problem for overnight shelters or for the drop-in facilities. However, only 70 percent of the selected temporary housing facilities and 68.8 percent of the selected food service facilities allowed the project to interview their clients. As a result, the respondents within those categories of service were weighted up, to compensate for the non-responding facilities. The weighting factor for each category was the inverse of the proportion of sites in that category that cooperated with the project. For example a response rate of 70 percent produced a weighting factor of 1 / .70 = 1.4286. This site-level weighting factor was applied to the weight of every respondent who was interviewed in that type of facility.

The second level of non-response was that of individuals within selected sites. The field staff at each site selected a pre-defined proportion of the clients being served on that day, at that facility. In spite of the fact that a modest incentive was offered to the selected clients, some refused to be interviewed. Others left the facility before the interviewers could carry out the interview. To compensate for non-responders, the respondents at each site were weighted up. Once again, the weighting factor was the inverse of the proportion responding. This individual-level weighting factor was applied to the weight of every respondent who was interviewed at that site on that day.

3.3 Service Usage Factor

An additional weighing factor was the compensation for multiple opportunities of selection. Some clients of these services use them more frequently than other clients and consequently had more opportunities to be selected for an interview. For example, a person who eats two meals every day at one or another of the food service facilities included in the sampling frame has a much greater chance to be selected into the sample than a person who eats only one meal a week at such a facility.

As part of the interview, each respondent provided information on the number of times per week he or she could have been selected for an interview during the project's interviewing week. This information included the number of meals eaten in the past week at a facility in the County that serves the homeless population. It also included the number of nights in the past week spent in a shelter. And it included additional information on the use of drop-in centers, outreach programs, and transitional housing. The extension of time to four weeks was made with the assumption that there is no real difference between one week and another; hence the extra visits were treated as though

they were made in the same week. That is, an extra visit in another week is treated as if it were made in the original week. The weights reflect the additional visits to a site.

The responses to all of those questions were combined, by the Public Health Institute, in order to calculate an overall estimate of the number of times each respondent could have been selected into the sample. All respondents had a value of at least one (since they obviously were selected at least once). Some respondents who use those facilities frequently had many opportunities to be selected into the sample and consequently received a higher value for this estimate.

The inverse of the final estimate of the number of times each respondent could have been selected into the sample was used as the final weighting adjustment. This adjustment was applied to the weight of every respondent.

3.4 Treatment of Duplicate Selections

Some respondents with multiple opportunities to be selected into the sample were in fact selected more than once. The original plan had called for a method to identify respondents, keep track of the number of times each person was selected, and use that number of times selected as an additional weighting factor. In practice it was not possible to keep track of respondents so closely, and duplicate selections were handled in two different ways.

In some instances, a person selected for an interview volunteered that he or she had already been interviewed. Such persons were not interviewed again. The field staff at that site kept track of the number of such duplicate selections and reported them to the Fieldwork Director. An adjustment was made to increase the weight of respondents interviewed at each site, to compensate for those extra selections. This adjustment was incorporated into the site-level non-response adjustment. For example, if 20 persons were selected at a site, 2 were duplicates, 3 refused, and 15 were interviewed, the individual-level response rate factor would be 20/15. In other words, the 2 duplicates (and the 3 refusals) would be treated as if they had given the same responses to questions in the interview as the average respondent interviewed at that site. There were 99 duplicates of this type, a majority of whom were encountered at meal service facilities.

In a few other instances, a person selected for an interview had actually completed an interview previously but did not inform the field staff of that fact and went on to complete a second interview. Respondents were given a small incentive, and this apparently provided some respondents with sufficient motivation to complete another interview. The duplication was only discovered during data processing, by matching the codes used to identify respondents. The original plan had been to use only one interview from a respondent, but to weight those responses by the number of times each respondent had been selected. (This would be equivalent to including two identical data records in the data file.) An examination of the responses provided by such duplicate respondents, however, revealed some differences in the responses that made it difficult to select one of the interviews for inclusion and one to discard. In the end, both interviews for such respondents were included in the data file, but the respondent did not receive additional

weight for being selected multiple times. It should be noted that this was not a common occurrence, and fewer than 10 respondents had multiple interviews.

3.5 Creation of the Final Weight

The final weight for each case was the product of the weighting factors described above. The process can be summarized as follows.

- Start with a weight of 1.0
- Multiply by the inverse of the probability of selection
- Multiply by the second-stage adjustment factor
- Divide by the site-level response rate (expressed as a proportion)
- Divide by the response rate within the site (expressed as a proportion)
- Divide by the service usage estimate

The result for each case is a number that corresponds to the estimated number of cases in the population represented by that case. For example, a final weight of 10 would mean that there are 10 persons in the population with the characteristics of that particular case. The sum of the weights is an estimate of the size of the population from which the sample was drawn.

APPENDIX 2. Maximum Usage of Services

MAXIMUM USAGE of SERVICES

Guides to meal, drop-in, outreach cleaning
last revised: 6/24/03, Continuum of Care Council staff

Max days per week services available by location

SHELTERED	Oakland	Berkeley	Other North	Mid-County	S&E	
Food pantries (FP)	3	4	5	5	5	
Drop-In svcs open (Dr)	5	7	0	0	0	
Breakfast (B)	---	---	---	---	---	
Lunch (L)	7	5	0	5	5	
Dinner (D)	---	---	---	---	---	
Mobile outreach-nites (M)	3	5	0	0	1	
Shelter nights (S)	7	7	0	7	7	
Max utilization-sheltrd (DrLMS & P?)	25	28	5	17	18	

STREETS	Oakland	Berkeley	Other North	Mid-County	S&E	
Food pantries (FP)	3	4	5	5	5	
Drop-In svcs open (Dr)	5	7	0	0	0	
Breakfast (B)	0	5	0	2	3	Fremont = 4
Lunch (L)	7	5	0	5	5	
Dinner (D)	6	5	0	1	7	
Mobile outreach-nites (M)	3	5	0	0	1	
Shelter nights (S) - very little	---	---	---	---	---	
Max utilization-streets (BLDDrM & P?)	24	31	5	13	21	

HOUSED	Oakland	Berkeley	Other North	Mid-County	S&E	
Food pantries (FP)	5	4	5	5	5	
Drop-In svcs open (Dr)	5	7	0	0	0	
Breakfast (B)	0	5	0	2	3	Fremont = 4
Lunch (L)	7	5	0	5	5	
Dinner (D)	6	5	0	1	7	
Mobile outreach-nites (M)	3	5	0	0	1	
Shelter nights (S) - hardly any	---	---	---	---	---	
Max utilization-housed (BLDDrM & P?)	26	31	5	13	21	

APPENDIX 3. Question Sources

ACSSS Q #	Source, question #	Modified?	Abbreviated question text
B1	V-AIDS	Yes	Which [gender] best describes you?
B2			When born?
B3	ACCHS	Yes	So that would make you how old?
B4	ACCHS, Can code to HUD categories	Yes	[Racial classification]
B5	CHIS AH36	Yes	Language most comfortable
C1			Place sleep regularly?
C2			In what City is that?
X1			How many days food from which source?
X2			How many days overnight where?
X3			How many days outreach worker....?
X4			How many days drop-in center?
D1	NSHAPC 2.17/8	Yes	Ever in foster care, etc.?
D2	V-AIDS 8	Yes	Ever in jail in US?
D3			When last released?
E1	NSHAPC, V-AIDS 11	Yes NSHAPC	Who live with?
E2	CAUS H7	Yes	Children < 22
E3			How many with you?
E4	CAUS	Yes	Ages children <22
E5			Nights separated by shelter rules?
E6	V-AIDS, GAIN-I, code to NSHAPC	Yes V-AIDS	Kind of place live in now?
E7	NSHAPC	Yes	How long stay there?
E8	ACCHS HL2, V-AIDS, GAIN-I	Yes both	Ever homeless?

ACSSS Q #	***Source, question #***	***Modified?***	***Abbreviated question text***
E9	NSHAPC 2.?	Yes	When last had place of own...?
E10	ACCHS HL2, NSHAPC 2.25, V-AIDS 20a	Yes ACHHS & NSHAPC	How much last 3 yrs. homeless?
E11	V-AIDS 20b	Yes	Reasons for homelessness
E12			Sleep in bedroom?
G1	CAUS	Yes	Highest grade completed?
G2			HS Grad, GED?
G3	NSHAPC 4.5a		School or training now?
G4	NSHAPC		Military?
G5	NSHAPC		Kind of discharge
G6	NSHAPC 7.1		Paid work last 30 days?
G7	NSHAPC 7.2	Yes	Kind of work
G8	NSHAPC 7.3, CAUS G3a	Yes both	Hours per week
H1			How many people supported?
H2	NSHAPC 8.1, V-AIDS	Yes both	Receive income from...?
H3			How much per month?
J1	CAUS C1, V-AIDS 18	Yes CAUS	Health coverage types
J2			Any other kind health coverage?
J3	CAUS C1b		No health ins at all?
K1	V-AIDS 6	Yes	Disabilities
K2	Census 2000	Yes	Difficulties w/ activities?
K3			Poverty/homelessness are disabilities

ACSSS Q #	***Source, question #***	***Modified?***	***Abbreviated question text***
K4	CAUS B1	Yes	Dr. indicated disease...
K5			About HIV...
K6	ACCHS J28aa		If HIV+, R U getting...?
K7	ACHHS	Yes	Phys violence outside fam
K8	ACHHS	Yes	DV
L1	SF-8, CHIS	Yes CHIS	Rate your health
L2	SF-8, CHIS	Yes CHIS	lmtd phys. activities?
L3	SF-8, CHIS	Yes CHIS	difficulties daily activities
L4	SF-8, CHIS	Yes CHIS	bodily pain
L5	SF-8, CHIS	Yes CHIS	how much energy?
L6	SF-8, CHIS	Yes CHIS	lmtd social activities
L7	SF-8, CHIS	Yes CHIS	bothered by emotional problems
L8	SF-8, CHIS	Yes both	emot. probs. impact daily activities
M1	CAUS E4	Yes	last medical care: where?
M2	CAUS E6		ER visits?
M3	CAUS E8		times hospitalized one night or more
M4	CAUS E10+	Yes	delayed/didn't get medical care needed
M5	CAUS E11	Yes	reasons delayed/didn't get
N1	V-AIDS		move to get better support services?
N2	V-AIDS	Yes	help from MH programs? which?
N3			need help didn't get, for MH
N4			reasons didn't get MH help needed

ACSSS Q #	***Source, question #***	***Modified?***	***Abbreviated question text***
N5	V-AIDS	Yes	help from AOD programs? which?
N6			need help didn't get, for AOD
N7			reasons didn't get AOD help needed
O1	NAS G1a-G5a	Yes	guilty about drinking?...etc.
O2			Alcohol a problem for you now?
O3	CIDI-SF1, DSM-IV	Yes both	behaviors because of drug use
O4			Drug use a problem for you now?
P1	not CHIS R6 (1yr)		hungry, didn't eat; couldn't afford
P2			how many days did that happen?
P3			children hadn't enough to eat...?
Q1			did you have a telephone?
Q2	CHIS AM12	Yes	how much was phone disconnected?
R1	V-AIDS, GAIN-I P13a	Yes both	want help with the following things?
R2			what else should we know about you?
V1			interview status
V2			reason interrupted or incomplete
V3			client-interviewer interaction

APPENDIX 4. Survey Instrument

Alameda County-wide Shelter and Services Survey

February 22-28, 2003

Alameda County-wide Homeless Continuum of Care Council

SITE COORDINATOR COMPLETE:

Selection ticket #:	Minor: Adult .....1 Accompanied .....2 Living at home .....3 On own, interview ...4
Date:	
Service site name:	
Service site type: Food site.....1 Shelter site.....2 Outreach site.....3 Drop-in site.....4	Language (recruit/consent): English .....1 Spanish .....2 Vietnamese .....3 Cantonese .....4 Other/unknown 5
Client sex: Male.....1 Female.....0 Unknown.....2	Questionnaire language: English .....1 Spanish .....2 Vietnamese .....3 Cantonese 4
Client race: White .....1 Black .....2 Asian .....3 Other/mixed ...4	
Interview status: Completed.....1 Begun, not completed.....2 Not conducted.....3	Reason interview not completed: Respondent refused ..... 1 R agreed, but no show .... 2 Language barrier ..... 3 Minor, accompanied ..... 4 Minor, living at home .... 5 Not eligible **(GO TO V2)** ... 6 Other **(GO TO V2)** 7

Alameda County-wide
Shelter and Services Survey

Interviewer's guide to formatting:

Standard upper and lower case Times New Roman type – Read aloud to respondent.

Underlined words – Add voice emphasis for clarity.

COURIER TYPE – Do not read to respondent.

BOLD FACE CAPS – Instructions for interviewers (do not read aloud).

INTERVIEWER ID: ___ ___ ___ ___ SELECTION TICKET #: _____
COPY FROM COVER SHEET

START TIME ____ ____ : ____ ____ AM / PM

Hello, my name is_____. I am a volunteer interviewer for an Alameda County-wide housing and services survey. We would like your help. We are trying to find out what services people are using and whether they are getting what they need. Service programs throughout the county will use the results to improve services. Your answers will be confidential and anonymous, and will not affect the services you receive, here or anywhere else. When we finish the interview, I can give you a gift to thank you for your time. Are you willing to spend about 30 minutes and take part in the survey? Thank you.

IF RESPONDENT GIVES REASON NOT TO DO INTERVIEW: We want to talk to you anyway.

I don't need to know your name, but we need to mark each person's survey differently. So, please tell me the first two letters of your last name. Now, tell me the last four numbers of your social security number. Thank you.

RESPONDENT ID: ___ ___ -- ___ ___ ___ ___ **IF NO SSN, USE BIRTH MONTH & YEAR.**

I'm going to start by asking you some really obvious things.

B1. Which of these best describes you?

PROMPT: Remember, all your answers are confidential and anonymous.

I am male 1
I am female 0
I am transgender.....2
Other 3
How do you describe yourself? _____
_____
REFUSED.....-7

B2. When were you born?

IF NEEDED, PROMPT: It's OK to tell me just the month and year.

___ ___/___ ___ / 1 9 ___ ___
MONTH DAY YEAR

DON'T KNOW.....-8
REFUSED.....-7

B3. So, that would make you how many years old?

PROMPT: All your answers are confidential and anonymous.

IF NEEDED, PROMPT WITH CATEGORIES:

___ YEARS **OR**

DON'T KNOW . . . -8
REFUSED . . . . . -7

0 – 17 years 200
18 – 21 years 201
22 – 24 years 202
25 – 34 years 203
35 – 44 years 204
45 – 54 years 205
55 – 64 years 206
65 years or over 207

B4. For classification purposes, we'd like to know your racial background. Please tell me if you describe yourself as . . . .

MARK ALL THAT APPLY

Native Hawaiian.....1
Other Pacific Islander 2
American Indian or Alaskan Native 3
Asian 4
Hispanic/ Latino/ Mexican.....5
White.....6
Black or African American.....7
Other 8
What else? _____
DON'T KNOW.....-8
REFUSED.....-7

B5. What language are you most comfortable speaking?

MULTIPLE MARKS OK

A. ENGLISH.....1
B. SPANISH.....2
C. CANTONESE 3
D. VIETNAMESE.....4
E. TAGALOG (PHILLIPINES).....5
F. MANDARIN.....6
G. KOREAN 7
H. ASIAN-INDIAN (HINDI, SANSKRIT, BENGALI, KASHMIRI, GUJARATI, MARATHI, PUNJABI, URDU, TAMIL, TELUGA, KANNADA, MALAYALAM) 8
I. RUSSIAN.....9
J. OTHER.....10
What language is that? _____
REFUSED.....-7

C1. Do you have a place in Alameda County, inside or outside, where you sleep regularly?

YES.....1
NO.....0
DON'T KNOW.....-8
REFUSED.....-7

C2. In what city in Alameda County is that?

MARK ALL MENTIONED BY RESPONDENT

ALAMEDA.....1
ALBANY.....2
BERKELEY.....3
DUBLIN.....4
FREMONT.....5
HAYWARD.....6
LIVERMORE.....7
OAKLAND.....8
PIEDMONT.....9
PLEASANTON.....10
SAN LEANDRO.....11
UNION CITY.....12
OTHER.....13
Where else? _____
RICHMOND.....14
DON'T KNOW.....-8
REFUSED.....-7

X1. Over the last seven days, since last [**SAY NAME OF DAY TODAY**], how many days did you get food from the following sources?

IF NEEDED, PROMPT: If it's easier to remember, tell me the places you go in a usual week.

READ ALL, MARK ALL		**OPTIONAL WORKSHEET**						
FOOD SITES	NUMBER OF DAYS 0 - 7	MON	TUE	WED	THU	FRI	SAT	SUN
A. Breakfast at a soup kitchen, or public dining room								
B. Lunch at a soup kitchen, or public dining room								
C. Dinner at a soup kitchen, or public dining room								
D. A food pantry, where you get a box or bag of food to cook yourself								
E. Mobile program, like a van that goes to parks								
DON'T KNOW								
REFUSED								

☐ **CHECK IF WORKSHEET USED**

X2. I am going to read several places you might have stayed overnight in the past week. In the last seven nights, since last [**SAY NAME OF DAY TODAY**], how many nights did you sleep or rest in the following places?

IF NEEDED, PROMPT: If it's easier to remember, tell me where you go in a usual week.

ACCOUNT FOR SEVEN (7) NIGHTS, A WHOLE WEEK.

READ & MARK ALL A – D, USE E - G IF NEEDED.

		OPTIONAL WORKSHEET						
SHELTER SITES	NUMBER OF NIGHTS 0 - 7	MON	TUE	WED	THU	FRI	SAT	SUN
A. A shelter								
B. A transitional shelter or transitional housing **PROMPT:** A place you can stay 6 months to 2 years, and get other services								
C. A room paid for by a voucher								
D. A place that provides permanent supportive housing for homeless persons, and services								
E. Outside / on the street / abandoned building / place of business, etc.								
F. House, apartment, hotel, or rented room								
G. Other, Where? _____								
ADD UP THE NIGHTS **TOTAL NUMBER OF NIGHTS**								
DON'T KNOW								
REFUSED								

☐ **CHECK IF WORKSHEET USED**

X3. Over the last seven days, since last [**SAY NAME OF DAY TODAY**], how many days did an outreach worker offer to help you? Outreach workers are people who come to you at outdoor locations to hand out blankets or food, see if you are okay, or offer help.

IF NEEDED, PROMPT: If it's easier to remember, tell me which days of the week that happens in a usual week.

OPTIONAL WORKSHEET

	NUMBER OF DAYS 0 - 7	MON	TUE	WED	THU	FRI	SAT	SUN
A. Outreach worker visited								
DON'T KNOW								
REFUSED								

☐ **CHECK IF WORKSHEET USED**

X4. Over the last seven days, since last [**SAY NAME OF DAY TODAY**], how many days did you visit a drop-in center or a multi-service center? That is a place where you can talk to someone, get a cup of coffee, pick up messages, use a phone, but not stay overnight.

IF NEEDED, PROMPT: If it's easier to remember, tell me which days of the week you go there in a usual week.

OPTIONAL WORKSHEET

	NUMBER OF DAYS 0 - 7	MON	TUE	WED	THU	FRI	SAT	SUN
A. Went to a drop-in center								
DON'T KNOW								
REFUSED								

☐ **CHECK IF WORKSHEET USED**

DROP-IN CENTERS:

A Friendly Place University Lutheran Chapel Drop In Center Multi Service Center (MSC) Multi-Agency Service Center (MASC) Berkeley Drop-In Center Homeless Youth Collab/Chaplaincy for the Homeless	Jubilee Youth Drop In Center Oakland Independent Support Center (OISC) Henry Robinson Multi-Service Center SMAAC/Youth Center St. Vincent de Paul Visitation Center Women's Daytime Drop In Center

D1. When you were a child, before the age of 18, were you ever placed in a foster home, a group home or any other kind of institution?

MARK ALL THAT APPLY

No, never 0
A foster home.....1
A group home 2
Another kind of institution.....3
DON'T KNOW.....-8
REFUSED.....-7

D2. Have you ever been in jail or prison, in the United States (USA)?

PROMPT: This includes jail, prison, California Rehab Center, juvenile hall, California Youth Authority, and military lock-ups, but not a group home or mental hospital.

PROMPT: Remember, all your answers are confidential and anonymous.

YES.....1
NO.....0 **GO TO E1**
DON'T KNOW.....-8 **GO TO E1**
REFUSED.....-7 **GO TO E1**

D3. When was the last time you were released?

In the last 30 days 1
More than 30 days ago, but in the past year 2
More than a year ago.....3
DON'T KNOW.....-8
REFUSED.....-7

E1. Who do you live with now, or who lives with you now?

MARK ALL THAT APPLY NOW.

No one, I live alone.....1

I live with my husband, wife or partner.....2

I live with my child or children.....3

I live with my mother, father or other family members.....4

I live in a group home, shelter, or hospital 5

I live with one or more friends.....6

I have some other arrangement.....7

What is that? _____

_____

DON'T KNOW .....-8

REFUSED.....-7

E2. How many children do you have that are under 22 years old, 21 or younger (include step-children and foster children)?

___ NUMBER OF CHILDREN (UNDER 22)

HAS NO CHILDREN UNDER 22.....0 **GO TO E5**

REFUSED.....-7 **GO TO E5**

DON'T KNOW.....-8 **GO TO E5**

E3. How many of your children under 22 live with you now, part of the time or all the time?

____NUMBER OF CHILDREN WITH RESPONDENT

REFUSED.....-7

IF NO CHILDREN LIVE WITH RESPONDENT (E3 = 0), GO TO E5

E4. What are the ages of the children under 22 who live with you now?

1. _____YEARS **OR** _____MONTHS
2. _____YEARS **OR** _____MONTHS
3. _____YEARS **OR** _____MONTHS
4. _____YEARS **OR** _____MONTHS
5. _____YEARS **OR** _____MONTHS
6. _____YEARS **OR** _____MONTHS

E5. How many of the past 30 nights were you separated from other family members because of the rules of a shelter or housing program?

IF NEEDED, PROMPT WITH CATEGORIES:

_____ # OF NIGHTS

NOT APPLICABLE..-6

REFUSED.....-7

DON'T KNOW.....-8

OR

Not at all.....40

1 to 7 nights.....41

Between a week and 2 weeks.....42

More than two weeks.....43

E6. What kind of place do you live in now?

MARK ONE RESPONSE. IF IN A SHELTER, BEGIN READING AT RESPONSE 7.

Transitional housing for homeless people,
where I can live for six months to two years 1
Permanent housing for homeless people where I get
services for my health or other needs 2
A hotel/motel that I rent by the night, week or month.....3
A house, apartment, condo or mobile home
that I, or my spouse or partner, own or rent 4
A room that I rent, long-term.....5
With friends or family.....6
A shelter or emergency shelter.....7
The streets, in parks, or in a car 8
Abandoned building, shed, campsite 9
In jail or prison or correctional half-way house 10
Other kind of place.....11
What kind of place? _____
DON'T KNOW.....-8
REFUSED.....-7

E7. How long can you stay there, before you get asked to leave or move?

MARK ONE RESPONSE

As long as I want or need 1
Program rules allow from 6 months to 2 years 2
Between a month and 6 months.....3
Less than 30 days, or just 28 days.....4
I stay several places, move around to keep things friendly 5
Until I get caught 6
Other arrangement 7
What is that? _____
DON'T KNOW.....-8
REFUSED.....-7

E8. Were you ever homeless, or ever had to stay with someone else to avoid being homeless?

YES.....1
NO.....0 **GO TO E12**
DON'T KNOW.....-8 **GO TO E12**
REFUSED.....-7 **GO TO E12**

E9. For this question, a place of your own includes a house, apartment or rented room, but not shelters, a room paid with a voucher, or transitional housing programs that provide permanent housing for homeless persons. If you are currently homeless, when was the last time that you had a place of your own for 30 days or more in the same place?

_____ DAYS AGO
_____ WEEKS AGO
_____ MONTHS AGO
_____ YEARS AGO
NOT CURRENTLY HOMELESS..... -1
NEVER HAD A PLACE OF MY OWN... -6
DON'T KNOW..... -8
REFUSED..... -7

E10. How much of the past 3 years were you homeless, or without a regular place to stay, in total, counting time in shelters, but not counting any time in jail or prison?

_____ DAYS
_____ WEEKS
_____ MONTHS
_____ YEARS
DON'T KNOW.....-8
REFUSED.....-7

E11. Now I will read some reasons that people might become homeless. Please tell me, the last time you became homeless, if these statements were true for you. "I became homeless because . . . . "

PROMPT: Was that true for you?

MARK ALL THAT APPLY

My benefit check(s) were stopped or reduced 1
My income from work dropped or stopped 2
My total income is not enough to afford housing 3
I had no income 4
My family, partner or roommate made me move 5
I broke up with a spouse or partner, or another family change 6
The building was closed by the government as unsafe 7
I was evicted from my place 8
I moved to a new area and had no money, friends or family 9
I was released from jail, prison or a hospital 10
Because I was using alcohol 11
Because I was using drugs 12
Some other reason 13
What was that? _____
DON'T KNOW .....-8
REFUSED .....-7

E12. I have one more housing question. In the place you are living now, do you sleep in a bedroom? The answer choices are . . .

Yes, a bedroom of my own, or shared with my spouse/partner or baby 1
A bedroom shared with someone else, other people 2
A dormitory-type room 3
Some other kind of room, not designed to be a bedroom 4
Not a room 5
DON'T KNOW .....-8
REFUSED .....-7

G1. What is the highest grade in school that you completed?

MARK ONE RESPONSE, WITHOUT READING

NEVER ATTENDED	0	
KINDERGARTEN OR FIRST GRADE	1	
SECOND OR THIRD GRADE	3	
FOURTH OR FIFTH GRADE	5	
SIXTH GRADE	6	
SEVENTH, EIGHTH, OR NINTH GRADE	9	
TENTH OR ELEVENTH GRADE	11	
TWELFTH GRADE	12	
SOME COLLEGE	13	
AA DEGREE	14	**GO TO G3**
GRADUATED COLLEGE	15	**GO TO G3**
SOME GRADUATE WORK	16	**GO TO G3**
ANY ADVANCED DEGREE	17	**GO TO G3**
DON'T KNOW	-8	
REFUSED	-7	

G2. Did you graduate from High School, or complete a GED certificate program in place of a High School diploma?

No, neither	0
Graduated from high school	1
GED (General Equivalency Diploma)	2
DON'T KNOW	-8
REFUSED	-7

G3. Are you in any kind of school or training now, for a diploma, degree, vocational course, or training program?

YES	1
NO	0
DON'T KNOW	-8
REFUSED	-7

G4. Did you ever serve in the military?

YES	1	
NO	0	**GO TO G6**
DON'T KNOW	-8	**GO TO G6**
REFUSED	-7	**GO TO G6**

G5. What kind of discharge did you receive?

Honorable	1
General	2
Bad Conduct	3
Medical	4
Dishonorable	5
DON'T KNOW	-8
REFUSED	-7

G6. Did you do any paid work at all during the last 30 days?

PROMPT: Anything that brings in money.

YES	1	
NO	0	**GO TO H1**
DON'T KNOW	-8	**GO TO H1**
REFUSED	-7	**GO TO H1**

G7. Was this work . . . ?

MARK ALL THAT APPLY

A job for 3 months or more with the same employer 1
A job for less than 3 months that you expect to last at least 3 months 2
A temporary job you expect to last less than 3 months 3
A temporary farmwork job 4
A day job or pick-up labor, that lasts a few hours or days.....5
Selling things on the streets or recycling for money.....6
Other 7
What is that? _____
REFUSED..... -7

G8. During the last 30 days, how many hours did you usually work per week at all jobs or businesses?

IF NEEDED, PROMPT WITH CATEGORIES:

____ HOURS PER WEEK

GO TO H1

DON'T KNOW.....-8
REFUSED .....-7

OR

Not working now 200
Less than 15 hours per week.....201
Between 16 and 30 hours per week ...202
Between 31 and 39 hours per week ...203
40 or more hours per week.....204

These next questions are about public assistance programs and other sources of income, because we need to know how people are surviving. Remember, your answers are confidential and anonymous.

H1. For the next set of questions, we will call the people who live with you now, and share their income, your family unit. **LOOK AT E1, PAGE 11**

If you live alone, your family unit is just yourself, one person.

How many people are supported by the total income of your family unit, including yourself?

___ NUMBER OF PEOPLE (1 OR MORE)

NO ONE ELSE, ALONE.....1

REFUSED.....-7

DON'T KNOW.....-8

H2. Did anyone in your family unit, including you, receive income or benefits from any of these sources in the last month? Did you get . . . ? **IF "YES," ASK H3, "HOW MUCH . . ."**	**ENTER 1 CODE IN EACH ROW:** YES . . . . . 1 NO . . . . . 0 DON'T KNOW. -8 REFUSED. . . -7	H3. How much is that per month, (for everyone in your family unit)? **ROUND TO WHOLE $** DON'T KNOW. -8 REFUSED . . . . -7
A. Food Stamps		
B. General assistance (GA)		
C. "Welfare" / CalWORKs Temporary Assistance to Needy Families (TANF) / AFDC		
D. Supplemental Security Income (SSI)		
E. Social Security Disability Income (SSDI)		
F. Social Security retirement check (SSA)		
G. Some other retirement payment		
H. Veteran's benefits		

H2. Did anyone in your family unit, including you, receive income or benefits from any of these sources <u>in the last month</u>? Did you get . . . ? **IF "YES," ASK H3, "HOW MUCH . . ."**	**ENTER 1 CODE IN EACH ROW:** YES . . . . . 1 NO . . . . . 0 DON'T KNOW. -8 REFUSED. . . . -7	H3. How much is that per month, (for everyone in your family unit)? **ROUND TO WHOLE $** DON'T KNOW. -8 REFUSED . . . . -7
I. Unemployment benefits		
J. Some other benefit What kind? _____		
K. Regular payments for child support or alimony		
L. Help from family or friends		
M. Pay for working, any kind of work		
N. Any other ways of getting money, like recycling, panhandling, giving blood for money, or hustling		

.

J1. What types of health coverage do you have that pays for doctor visits or other types of care?

MARK ALL THAT APPLY

Medi-Cal 1	
Healthy Families 2	
Medicare 3	
Veteran's medical care, at the VA 4	
Indian Health Service, Tribal Health Program or Urban Indian Clinic 5	
Alameda County health card 6	
INDIGENT CARE, COUNTY PLAN 7	
FREE CLINICS, COMMUNITY CLINICS 8	
COUNTY HOSPITAL 9	
NO INSURANCE 0	**GO TO K1**
DON'T KNOW ..... -8	
REFUSED ..... -7	

J2. Do you have any other kind of health coverage?

MARK ALL THAT APPLY

No other coverage or insurance ..... -1	**GO TO J3**
Some other government or military health coverage 10	
Insurance from my employer, union or school 11	
Private health insurance, purchased by or for me 12	
Private disability insurance 13	
Other insurance 14	
What is that? _____	
DON'T KNOW ..... -8	
REFUSED ..... -7	

J3. During the last 12 months, was there any time when you had no health insurance at all?

YES.....1
NO.....0
I HAD COVERAGE, BUT ONLY AT SOME PLACES.....2
DON'T KNOW / NOT SURE.....-8
REFUSED.....-7

K1. The next questions are about your health and any disabilities you may have. Which of these statements are true for you?

PROMPT: Is that true for you?

MARK ALL THAT APPLY

I am physically disabled.....1
I am disabled by HIV/AIDS.....2
I am developmentally disabled.....3
I have learning disabilities.....4
I am blind.....5
I am deaf.....6
I am disabled by mental illness.....7
I am disabled by alcohol abuse.....8
I am disabled by drug abuse.....9
I am disabled by something else.....10
What is that? _____
DON'T KNOW.....-8
REFUSED.....-7

K2. Because of a physical, mental, or emotional condition, lasting 6 months or more, do you have difficulty doing any of the following activities?	YES 1	NO 0	DON'T KNOW -8	REFUSED -7
A. Working at a job or business				
B. Learning, remembering, or concentrating				
C. Going around town alone for daily activities like getting food or medical care				
D. Basic physical activities like walking, climbing stairs, reaching, lifting or carrying				
E. Dressing, bathing, or other personal care				

K3. Some people say that poverty and homelessness are disabilities themselves, making it hard to think or concentrate. Is that true for you?

YES 1
NO.....0
DON'T KNOW.....-8
REFUSED.....-7

K4. Has a doctor or other health professional ever told you that you have . . . ?	YES 1	NO 0	DON'T KNOW -8	REFUSED -7
A. Asthma				
B. Diabetes				
C. Tuberculosis (TB)				
D. Hepatitis, a liver disease				
E. Other condition What is that? _____				

K5. About HIV, the virus that causes AIDS, which of these is true for you?

PROMPT: Remember, your answers are confidential and anonymous.

I am infected with the HIV virus (HIV-positive) with symptoms 1

I am HIV-positive with no symptoms.....2

My doctor has told me I have AIDS 3

I don't have HIV infection, I'm HIV-negative .....0 **GO TO K7**

REFUSED.....-7

DON'T KNOW.....-8

K6	If you are HIV-positive, are you currently receiving the help you need with . . . ?	YES 1	NO 0	DON'T KNOW -8	REFUSED -7
A.	Medical treatment				
B.	Medicines				
C.	HIV/AIDS housing				
D.	Rent assistance (HOPWA)				
E.	Mental health support or counseling				
F.	Other program What is that? _____				

K7. Now about injuries, during the past 12 months, did you have any injuries from physical violence or sexual assault, by someone outside your family?

YES.....1

NO 0

DON'T KNOW ..... -8

REFUSED ..... -7

K8. In the last twelve months, were you ever physically hurt or threatened by a spouse or partner or someone in your family? That includes hurt or threatened by being kicked, hit, shoved, beat up, hurt or threatened with a knife or gun, or forced to have sex.

PROMPT: By someone in your family, inside the family.

YES 1

NO 0

DON'T KNOW ..... -8

REFUSED ..... -7

L1. Overall, how would you rate your health in the past 4 weeks?

Excellent 1

Very good 2

Good 3

Fair 4

Poor 5

Very poor 6

DON'T KNOW ..... -8

REFUSED ..... -7

L2. During the past 4 weeks, how much were you limited in your usual physical activities, such as walking or climbing stairs, by physical health problems?

Not at all 1

Very little 2

Somewhat limited by physical health 3

Quite a lot.....4

Could not do physical activities.....5

DON'T KNOW.....-8

REFUSED.....-7

L3. During the past 4 weeks, how much difficulty did you have doing all your daily activities, like work or chores, because of your physical health?

No difficulty at all.....1

A little bit.....2

Some difficulty.....3

Quite a lot.....4

Could not do daily work 5

DON'T KNOW.....-8

REFUSED.....-7

L4. How much bodily pain did you have in the past 4 weeks?]

None.....1

Very mild 2

Mild.....3

Moderate 4

Severe.....5

Very severe 6

DON'T KNOW.....-8

REFUSED.....-7

L5. During the past 4 weeks, how much energy did you have?

Very much.....1

Quite a lot.....2

Some 3

A little 4

None.....5
DON'T KNOW.....-8
REFUSED.....-7

L6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities, with family or friends?

Not limited at all by physical/emotional health.....1
Very little.....2
Somewhat limited by physical/emotional health.....3
Quite a lot.....4
Could not do social activities because of physical/emotional health.....5
DON'T KNOW.....-8
REFUSED.....-7

L7. During the past 4 weeks, how much were you bothered by emotional problems (such as feeling anxious, depressed or irritable)?

Not bothered at all by emotional problems.....1
Slightly bothered.....2
Moderately bothered by emotional problems.....3
Bothered quite a lot.....4
Extremely bothered.....5
DON'T KNOW.....-8
REFUSED.....-7

L8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual daily activities, work, or school?

Not at all.....1
Very little.....2
Somewhat.....3

Quite a lot.....4

Could not do daily activities 5

DON'T KNOW.....-8

REFUSED.....-7

M1. The last time you received medical care of any kind, where was that?

Emergency room (in a hospital).....1

An urgent care clinic.....2

Free clinic.....3

Community clinic or health center **.....4

Mobile Homeless Services van 5

Doctor's office 6

Nurse practitioner or physician's assistant 7

Some other kind of health professional 8

Some other place 9

Where was that? _____

DON'T KNOW .....-8

REFUSED .....-7

**** COMMUNITY CLINICS:**

CITY OF ALAMEDA
Alameda Health Center

OAKLAND
Adult Medical Services at Hotel Oakland
A.J. Thomas Medical Clinic
Asian Health Services
Central Health Center
Clinica Alta Vista
Eastmont Wellness Center
East Oakland Health Center
Highland Outpatient Clinics
La Clinica De La Raza
La Clinica Pedicatrics

BERKELEY
Berkeley Primary Care Access Clinic
Life Long Dental Care
Over 60 Health Center
West Berkeley Family Practice
William Byron Rumford Medical Clinic

EAST COUNTY
Valley Community Health Center – Pleasanton
Valley Community Health Center – Livermore

SOUTH COUNTY

Life Long Medical Care	Fairmont Outpatient Clinics
Native American Health Center	Eden Health Center
San Antonio Neighborhood Health Center	Logan Health Center
West Oakland Health Council	Miranda Health Center
	Newark Health Center
	Tiburcio Vasquez Health Center
	Tri-City Health Center

M2. During the past 12 months, how many times did you visit an urgent care clinic or a hospital emergency room?

PROMPT: If it's easier to remember, tell me about how many times each month or week.

_____ TIMES IN PAST YEAR
_____ TIMES PER MONTH
_____ TIMES PER WEEK
DON'T KNOW.....-8
REFUSED.....-7

M3. During the past 12 months, how many separate times were you hospitalized for at least one night?]

FOR WOMEN ADD: Don't count a few days for normal childbirth, but do count a longer stay because of complications.

____ NUMBER OF TIMES
DON'T KNOW.....-8
REFUSED.....-7

M4. During the past 12 months, was there a time when you delayed or did not get any medical care you felt you needed? That includes seeing a doctor, dentist, specialist, or other health professional, or getting tests, treatments, or medicines

YES.....1

NO.....0 **GO TO N1**

DON'T KNOW.....-8 **GO TO N1**

REFUSED.....-7 **GO TO N1**

M5. What were the reasons you delayed or did not get the care you needed?]

PROMPT: Is that true for you?

MARK ALL THAT APPLY

Cost too much, couldn't afford it.....1

No insurance or they wouldn't take my insurance.....2

There were no openings.....3

There was a waiting list, too long a wait.....4

They told me I was not eligible, or not sick enough.....5

They told me I had to be sober first.....6

Too far away, transportation problems.....7

Hours not convenient.....8

Language problems.....9

No child care for children.....10

I thought they would not treat me with respect.....11

I didn't know where to go.....12

Just didn't go, didn't show up, put it off,
forgot or lost referral.....13

Problems with physical accessibility.....14

Other.....15

What else? _____

DON'T KNOW.....-8

REFUSED.....-7

N1. DELETED

N2. In the past 12 months, did you have help from any of these kinds of mental health staff or programs?	YES 1	NO 0	DON'T KNOW -8	REFUSED -7
A. Mental health counselor or therapist				
B. Psychiatrist for medication for mental illness				
C. Group home for people with mental illness				
D. Psychiatric hospital				
E. HIV/AIDS support group				
F. Another kind of support group				
G. Other program What is that? _____				

N3. Did you need help that you didn't get for mental health problems in the past 12 months?

Yes, I needed help and didn't get it 1	
No, I got the help I needed 0	**GO TO N5**
No, I didn't feel I needed help 2	**GO TO N5**
No, I never had mental health problems ..... -6	**GO TO N5**
DON'T KNOW ..... -8	**GO TO N5**
REFUSED ..... -7	**GO TO N5**

N4. Why didn't you get the help you needed? Please tell me which of these is true for you.

PROMPT: Is that true for you?

MARK ALL THAT APPLY

Cost too much, couldn't afford it 1
No insurance or they wouldn't take my insurance 2
There were no openings 3
There was a waiting list, too long a wait 4
They told me I was not eligible, or not sick enough 5
They told me I had to be sober first 6
Too far away, transportation problems 7
Hours not convenient 8
Language problems 9
No child care for children 10
I thought they would not treat me with respect 11
I didn't know where to go 12
Just didn't go, didn't show up, put it off,
forgot or lost referral 13
Problems with physical accessibility 14
Other 15
What else? _____
DON'T KNOW ..... -8
REFUSED ..... -7

N5. In the past 12 months, did you have help from any of these kinds of alcohol or drug programs?	YES 1	NO 0	DON'T KNOW -8	REFUSED -7
A. A self-help program, like ____ Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Cocaine Anonymous (CA)				
B. Methadone maintenance program				
C. Drug and alcohol counseling program, no methadone				
D. Detoxification (Detox), outpatient or inpatient				
E. Residential treatment or recovery program				
F. Other program What is that? _____				

N6. Did you <u>need help that you didn't get</u> for alcohol or drug problems in the past 12 months?

Yes, I needed help and didn't get it 1

No, I got the help I needed.....0 **GO TO O1**

No, I didn't feel I needed help.....2 **GO TO O1**

No, I never had alcohol or drug problems .....-6 **GO TO O1**

DON'T KNOW.....-8 **GO TO O1**

REFUSED.....-7 **GO TO O1**

N7. Why didn't you get the help you needed? Please tell which of these is true for you.

PROMPT: Is that true for you?

MARK ALL THAT APPLY

Cost too much, couldn't afford it 1
No insurance or they wouldn't take my insurance.....2
There were no openings 3
There was a waiting list, too long a wait 4
They told me I was not eligible, or not sick enough.....5
They told me I had to be sober first 6
Too far away, transportation problems 7
Hours not convenient 8
Language problems 9
No child care for children 10
I thought they would not treat me with respect.....11
I didn't know where to go 12
Just didn't go, didn't show up, put it off,
forgot or lost referral 13
Problems with physical accessibility 14
Other 15
What else? _____
DON'T KNOW ..... -8
REFUSED ..... -7

Next, I'm going to ask you a few questions about alcohol and drug use, and after that I'll ask you about services that you may want, but may have trouble getting. Remember, your answers are confidential and anonymous.

PROMPT: I have to ask, let's just get through these quickly.

IF RESPONDENT SAYS "I DON'T DRINK", SAY: I will mark in the next question that you don't drink.

O1. During the last 12 months,	YES 1	NO 0	D.K. -8	REF. -7
A. During the last 12 months, did you ever feel bad or guilty about your drinking				
B. During the last 12 months, did you ever have a drink first thing in the morning to steady your nerves or get rid of a hangover				
C. During the last 12 months, did a friend or family member ever tell you about things you said or did while you were drinking that you could not remember				
D. During the last 12 months, did you fail to do what was normally expected of you because of drinking				

O2. Is alcohol use a problem for you now?

YES.....1
NO.....0
DON'T USE ALCOHOL.....2
DON'T KNOW.....-8
REFUSED.....-7

IF VOLUNTEERED: CLEAN AND SOBER, HOW LONG _____

These next questions are about drug use and substance abuse services. Remember, your answers are confidential and anonymous.

PROMPT: I have to ask, let's just get through these quickly.

IF RESPONDENT SAYS "I DON'T USE DRUGS", SAY: I will mark in the next question that you don't use drugs.

O3. In the last 12 months,	YES 1	NO 0	D.K. -8	REF. -7
A. In the last 12 months, did you ever fail to do what was normally expected of you because of your use of drugs				
B. In the last 12 months, were you ever under the influence of drugs in a situation where you could get hurt, like driving, using knives or machinery, or anything else				
C. In the past 12 months, <u>because of drug use</u>, did you have any emotional or psychological problems, like feeling depressed, suspicious of people, paranoid, or having strange ideas				
D. In the past 12 months, was there a month or more when you spent a lot of time using drugs or getting over the effects				
E. In the past 12 months, were there <u>several times</u> when you used a lot more drugs than you intended or used drugs for a longer time than you meant to				
F. In the past 12 months, did you ever have to use more drugs than you used to, to get the same effect				
G. In the past 12 months, did you ever use drugs to keep from feeling sick when you stopped				

O4. Is drug use a problem for you now?

YES.....1

NO.....0

DON'T USE DRUGS.....2

DON'T KNOW.....-8

REFUSED.....-7

IF VOLUNTEERED: CLEAN AND SOBER, HOW LONG _____

These next questions are about food, and whether you can afford enough to eat.

P1. In the past 30 days, were you ever <u>hungry but didn't eat</u>, because you couldn't <u>afford</u> to get food?

PROMPT: We mean because you couldn't <u>afford food</u>, or couldn't afford to get there.

YES	1	
NO	0	**GO TO INSTRUCTION ABOVE P3**
DON'T KNOW	-8	**GO TO INSTRUCTION ABOVE P3**
REFUSED	-7	**GO TO INSTRUCTION ABOVE P3**

P2. How many days did that happen, in the past 30 days?

IF NEEDED, PROMPT WITH CATEGORIES:

___ NUMBER OF DAYS	**OR**	Only a day or two.....41
UP TO 31		About a week 42
		More than a week.....43
DON'T KNOW.....-8		
REFUSED.....-7		

IF NO CHILDREN <u>LIVE WITH</u> RESPONDENT (E3 = 0), GO TO Q1

P3. In the past 30 days, was there a time that your children did not have enough to eat because you just couldn't afford enough food?

YES	1
NO	0
NOT APPLICABLE, NO CHILDREN	-1
CHILDREN NOT WITH RESPONDENT	-6
DON'T KNOW	-8
REFUSED	-7

Q1. Sometimes surveys like this are done over the telephone, by calling people at home. Not counting cell phones, did you have a home telephone at any time last year?

PROMPT: Where you pick up the phone when it rings

NO	0	**GO TO R1**
YES	1	
ONLY HAD A CELL PHONE	2	**GO TO R1**
DON'T KNOW	-8	**GO TO R1**
REFUSED	-7	**GO TO R1**

Q2. How much of the past 12 months was your home phone disconnected?

_____ NUMBER OF DAYS
_____ NUMBER OF WEEKS
_____ NUMBER OF MONTHS

NEVER DISCONNECTED	0
NEVER HAD A PHONE	-6
DON'T KNOW	-8
REFUSED	-7

R1	Do you currently want more help with the following things?	YES 1	NO 0	DON'T KNOW -8	REFUSED -7
A.	Lists of apartments or houses that you might be able to afford				
B.	An educational workshop on how to apply for housing				
C.	More affordable places to live				
D.	Shelters that accept couples and/or whole families				
E.	Shelters for people getting away from family violence or abuse				
F.	Places to camp without being hassled				
G.	Warm places to hang out when it's cold				
H.	Help finding a job or other employment services				
I.	Job training or education				
J.	Child care				
K.	Services for my children. other than child care				
L.	Help getting on, or back on, benefits like SSI, GA, or Food Stamps				
M.	Help with Veteran's Benefits or services				
N.	Help with a disability, such as independent living resources				
O.	Mental health counseling or treatment				
P.	Mental health case management				
Q.	Alcohol or drug detoxification services				
R.	Residential treatment for alcohol or drugs				
S.	Outpatient alcohol or drug treatment (not residential)				
T.	Treatment for alcohol or drugs and mental health, dual diagnosis treatment				
U.	Money management skills				
V.	More affordable, or easier-to-use, transportation				
W.	Other services What kind? _____				

R2. What else do you want us to know about you now?

_____

_____

_____

NOTHING MORE, NO MORE, ETC. ……NONE
REFUSED……REF

Thank you for your time, and for telling me about your situation. The survey answers will be used to make services better. I have a gift for you to show our appreciation for your help. Thank you, again.

END TIME ___ ___ : ___ ___ AM / PM

GO TO BACK OF THIS SHEET & COMPLETE V1 – V3.

AFTER INTERVIEW:

V1. INTERVIEW STATUS:

MARK ONE

COMPLETED .....1 **GO TO V3**

INTERRUPTED, THEN RESUMED 2

STOPPED BY RESPONDENT 3

STOPPED BY INTERVIEWER/SITE COORDINATOR ..4

V2. REASONS INTERVIEW WAS NOT COMPLETED OR WAS INTERRUPTED:

MULTIPLE MARKS OK

MENTALLY/PHYSICALLY UNABLE 8

ANGRY, UNWILLING TO CONTINUE 9

RESPONDENT HAD TO LEAVE TO GO ELSEWHERE .10

LANGUAGE BARRIER 11

ALCOHOL- OR DRUG- INTOXICATED 12

BREAK FOR BATHROOM, CIGARETTE, ETC. 13

DIFFICULT DUE TO NOISE 14

OTHER CONDITIONS AT INTERVIEW SITE 15

SPECIFY: _____

OTHER 16

SPECIFY: _____

V3. CLIENT-INTERVIEWER INTERACTION & ASSISTANCE:

CLIENT READ ALONG WITH INTERVIEWER 1

CLIENT JUST LISTENED TO QUESTIONS 2

SOMEONE ASSISTED CLIENT WITH SURVEY.....3

OTHER 4

SPECIFY: _____