



Alameda Countywide Shelter and Services Survey

OAKLAND REPORT

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Public Health Institute

Oakland, California

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.

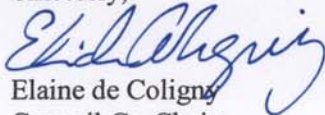
1,461 homeless and near-homeless people participated in this research – in most cases, this meant a half hour survey that included very personal information such as history of homelessness and sensitive health information. We are immensely grateful to the client respondents who offered their time and 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.

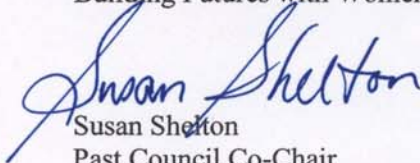
Sincerely,



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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 homeless services in Alameda County, 5,838 of whom use services in the City of Oakland. The counts 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. Of those, 1,921 adults and 529 accompanying children use services in Oakland. Under a broader community definition, County-wide 4,460 homeless adults utilize homeless services, accompanied by 1,755 children. Of those, 2,475 adults and 581 accompanying children use services in Oakland. Housed persons also use emergency food, shelter, and other homeless services, and we estimate that their numbers are larger than the number of homeless persons using the same services. Under the HUD definition, County-wide 1,280 of the service users – 627 of them in Oakland – are chronically homeless. Under a community definition, County-wide 3,767 adult service users are chronically homeless, and they are accompanied by 1,554 children. Comparable numbers for Oakland are 2,206 adults and 699 children.

Almost half of homeless persons (community definition) utilizing services in Oakland are females, and mean age is 44.8 years. The housed group includes more females and somewhat older persons. The majority of homeless service users in Oakland report their race/ethnicity as Black or African American, with significant numbers self-reported as White or Hispanic. County-wide, three-quarters of service users have at least a high school diploma or GED. County-wide, 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%). Among users of Oakland services, 76.5% of the homeless group reports a criminal justice history. County-wide, one in five (19.1%) of the homeless group, but 10.3% of the housed group, served in the U.S. military. Overall, 71% of the members of the service-using, homeless population in Oakland are single adults, 16% are in couples, and 13% 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. County-wide, 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. County-wide 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 51.3% of housed and 64.2% of homeless service users in Oakland classified as disabled. Members of the homeless group suffer higher rates of victimization. Breaks in health insurance coverage in the last year are frequent (40.2% among housed and 46.3% among homeless service users), and about one-third of all Oakland 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. Among Oakland service users, the prevalence

of delaying or not getting medical care is about twice as great among members of the homeless compared to the housed group. Unmet needs (needing, but not getting help) for mental illness and substance abuse services are, for homeless persons, also about double the rate for housed persons. Large numbers 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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Executive Summary

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
- 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 – Oakland Report, provides a reliable estimate of the number of homeless persons in Alameda County and the City of Oakland and examines the characteristics, service use, and unmet needs of the County’s and City’s homeless population and 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 and in Oakland. 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, 5,838 of whom use homeless services in Oakland. (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. When findings are available at level of interview location, they are presented for the population using Oakland service sites. Table numbers in parentheses direct the reader to the relevant section of the full report.

Count of homeless persons¹

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).
 - Over half, 1,921 of the adults, use services located in Oakland (3-6, ES-1).
- 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).
 - In Oakland, 1,921 adults plus 529 accompanying children yield a total count of 2,450 (ES-1).

Community definition of homeless.

- The total estimate of homeless adults by the community definition is 4,460 adults, 42.8 percent of service users.
 - Over half, 2,475 of the adults, use services in Oakland (3-7, ES-1).
- 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).
 - In Oakland, 2,475 adults plus 581 accompanying children yield a total count of 3,056 (3-7, ES-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.

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).
 - About one-half, or 627 persons, utilize services in Oakland (3-6, ES-1).
- 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).
 - Almost 60% of the adults, 2,206 persons, use services located in Oakland (3-7; ES-1).
- 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).
 - In Oakland, 2,206 adults plus 699 accompanying children yield a total count of 2,905 (3-7, ES-1).

Housed users of homeless services.

- It follows from the community definition of homelessness that 57.7% of Oakland service users are housed rather than homeless (3-7).

Geographic distribution of homeless persons

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

- While 64.0% of interviews took place in Oakland, the weighting procedures find that Oakland homeless services users represent 56.0% of service users County-wide. In other words, members of the Oakland sub-sample tend to use services more frequently than do sample members overall. As a result, for purposes of estimating counts of *persons*, rather than number of service visits, data from Oakland respondents (and, similarly, 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	n	Oakland	Berkeley	Mid & N	S & E	Totals
	N	935	255	114	157	1,461
		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 (56.8%) 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 in Oakland are more likely:

- To be male (4-1)
- To be younger (4-2)
- 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)

County-wide, homeless persons using services are more likely:

- Prior to age 18, to have been placed in foster care, a group home, or other institution; among those under age thirty at interview, rates of institutionalization for members of both the housed and homeless groups are increased (4-7)
- To have served in the United States military (4-11)

Both in Oakland and County-wide, members of the homeless group are less likely to speak Spanish (4-4).

For Oakland, there are few noteworthy differences evident across groups in terms of race/ethnicity or 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).

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

Characteristic	Housed	Group or sub-group (Percent unless stated otherwise)		
		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

- In Oakland, homeless services users, as contrasted with housed, are almost twice as likely to be solo adults and substantially less likely to be part of a two-parent or compound family (4-9).
- In Oakland about half the users of services report having no children under age 22. 37.5 percent of homeless users of services in Oakland with children under age 22 have children who are not with them; 18.9% 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 in Oakland 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).
- County-wide 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 County-wide 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.

- County-wide, 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).
- In Oakland, single parents and single persons are more likely to report hunger than are coupled persons (6-2).
- No 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.

- In Oakland just half of housed users of services but almost two-thirds of homeless users of services report at least one disabling condition (8-1).
- Homeless persons are significantly more likely than housed persons to report learning disabilities (13.4% versus 3.5%), mental illness (15.5% versus 11.2%), alcohol abuse (7.8% versus 1.7%), and drug abuse (6.9% versus 2.4%) (8-1).

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

- In Oakland 56.7% of homeless and 39.9% of housed service users are assessed as disabled (8-3).
- Disability rates are 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.

- 23.2% of Oakland service users have been told they have asthma (8-7).
- 9.4% have been told they are diabetic (8-7).
- 3.6% have been told they have tuberculosis (8-7).

- Homeless service users compared to housed service users are three-quarters more likely to report hepatitis (8-7; 14.2% versus 8.0%).

HIV/AIDS. Reports of being HIV positive are statistically indistinguishable, among housed, homeless, and HUD chronically homeless subgroups in Oakland (8-9; 6.8%, 4.6% and 6.1% respectively).

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 Oakland’s housed, homeless, and HUD chronically homeless service users (8-10; ES-3).

Table ES-3: Comparison of behavioral health assessments by housing status, Oakland interview sites

Assessment	Group or sub-group		
	Housed	Community Homeless	HUD Chronic
Alcohol dependence	16.6	29.4	52.1
Drug abuse	12.4	36.7	43.7
Drug dependence	6.6	24.6	33.9
Drug physiological dependence	4.7	18.3	28.7
AOD abuse	22.9	49.7	66.9
AOD dependence	19.1	43.4	65.8
Mental illness	11.1	16.4	22.2
Dual diagnosis: mental illness and AOD dependence	2.0	11.4	14.4

- In each case the prevalence rate is lowest for the housed group and greatest for the chronic homeless group (8-10).

SF-8 measures of physical and mental health status. County-wide, 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.

- Oakland homeless service users are two and one-half times as likely as housed service users (17.1% versus 6.9%) 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 (9-2; 14.0% versus 2.6%).

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 50% more likely than housed service users to have worked in the past 30 days (40.2% versus 25.9%); however, work reported by homeless persons was less stable (7-1). County-wide:

- 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. County-wide, 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 Oakland service users are equally likely – 69 to 76 percent – to report having health insurance or access to publicly-supported treatment services (10-1).
- Homeless (46.3%) and HUD chronically homeless (54.1%) service users are more likely to report a break in coverage compared to housed persons (10-3; 40.2%).

Medical care

- About one-third of both housed and homeless service users in Oakland 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 1.6; homeless persons, 3.4; and HUD chronically homeless persons, 4.4 (10-7).
- Housed persons average 0.2, homeless persons 0.5, and HUD chronically homeless persons 0.7 hospitalizations in the past year (10-8).

Mental health services

- In Oakland 19.1% of housed, 29.9% of homeless, and 31.9% 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, Oakland interview sites

Mental Health Service	Group or sub-group		
	Housed	Community Homeless	HUD Chronic
Therapist	11.8	17.0	23.2
Psychiatrist for medications	11.6	12.1	20.4
Psychiatric hospital	1.2	6.2	10.8

Delays in care

- In Oakland, rates of delaying or not getting medical care step up from housed, to homeless, to HUD chronically homeless service users. A similar pattern is evident for both mental health care and help with alcohol or drug problems, although the step flattens out or declines with the chronically homeless group (10-12; ES-5).

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

Lack of access to care	Group or sub-group		
	Housed	Community Homeless	HUD Chronic
Medical care delayed or didn't get	18.2	35.0	49.1
Mental health care needed but not received	9.2	19.4	21.5
AOD care needed but not received	4.0	8.4	7.4

- 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 (10-13, 10-14, 10-15; * signifies significant differences by housing status):

Medical care (Oakland)	Mental health care (Oakland)	AOD services (County-wide)
<ul style="list-style-type: none"> ▪ Cost, couldn't afford* ▪ No insurance, didn't cover ▪ Put it off, lost referral ▪ Transportation problem 	<ul style="list-style-type: none"> ▪ Waiting list, long wait* ▪ Didn't know where to go ▪ Transportation problem ▪ Hours not convenient 	<ul style="list-style-type: none"> ▪ Put it off, lost referral* ▪ No insurance, didn't cover ▪ Cost, couldn't afford ▪ Transportation problem*
<ul style="list-style-type: none"> ▪ Waiting list, long wait* ▪ Not eligible / sick enough 	<ul style="list-style-type: none"> ▪ No openings* (tie) ▪ No insurance, didn't cover ▪ Physical access problem 	<ul style="list-style-type: none"> ▪ Not eligible / sick enough* ▪ No openings
<ul style="list-style-type: none"> ▪ Hours not convenient ▪ Physical access problem ▪ No openings* 	<ul style="list-style-type: none"> ▪ Put if off, lost referral* ▪ Cost, couldn't afford ▪ Not eligible / sick enough 	<ul style="list-style-type: none"> ▪ Waiting list, long wait (tie) ▪ Had to be sober first ▪ Didn't know where to go ▪ Expected disrespect

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, case management, money management skills, and transportation. The following list conveys some of the County-wide 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 1,921 homeless adults, accompanied by 529 children, utilize homeless services in Oakland. Under the community definition, 2,475 homeless adults utilizing homeless services are accompanied by 581 children. Housed persons also use homeless services, 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 67% of users of services designed to respond to homelessness.

According to the HUD definition, 627 of the Oakland service users are chronically homeless. Under the community definition, 2,206 adult service users are chronically homeless, and they are accompanied by 699 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 Oakland includes more males, and somewhat younger persons, compared to the housed group. The homeless group County-wide has more substantial histories of child welfare and, in Oakland as well as County-wide, 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, County-wide, 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

² See, for example, the positive findings of shallow rent subsidies in Dasinger, L.K. and Speiglmann, 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.

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 City and County 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.

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/HOMENOF10-15-03.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 <i>in a vehicle</i> 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 <i>with children</i> , 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 <i>rows</i> 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.