ABOUT THE RESEARCHER

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

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Acknowledgements

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Introduction

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

The biennial Point-in-Time Count is the only source of nationwide data on sheltered and unsheltered homelessness, and is required by the U.S. Department of Housing and Urban Development (HUD) of all jurisdictions receiving federal funding to provide housing and services for individuals and families experiencing homelessness. Currently, Marin County Continuum of Care receives more than $3.3 million in federal funding, a key source of funding for homeless services in Marin County.

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

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

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

The 2017 Marin County Homeless Point-in-Time Count was a comprehensive community effort. With the support of 25 individuals with lived experience of homelessness, 70 community volunteers, the expertise of local nonprofits, staff from various City and County departments, and law enforcement, the entire county was canvassed between the hours of 5 a.m. and 10 a.m. on January 27, 2017. This resulted in a peer-informed, visual count of unsheltered homeless individuals and families residing on the streets, in vehicles, makeshift shelters, encampments, and other places not meant for human habitation. Shelters and facilities reported the number of homeless individuals and families who occupied their facilities on the night of January 26.

The Point-in-Time Count also included a specialized count of unaccompanied children and transition-age youth under the age of 25. This dedicated count is part of a nationwide effort, established and recommended by HUD, to improve our understanding of the scope of youth
homelessness. Trained youth enumerators who currently or recently experienced homelessness conducted the count in specific areas where young people experiencing homelessness were known to congregate.¹ This is an important year for national data on young people experiencing homelessness, as HUD will use 2017 youth count results as a baseline for measuring progress toward ending youth homelessness by 2020.

In the weeks following the count, an in-depth survey was administered to 457 unsheltered and sheltered homeless individuals of all ages who were homeless the night of the count. The survey gathered basic demographic details as well as information on service needs and utilization.

This report provides data regarding the number and characteristics of people experiencing homelessness in Marin County on a single night in January. Special attention is given to specific subpopulations, including chronically homeless, veterans, families, unaccompanied children under the age of 18, transition-age youth between the ages of 18 and 24, and older adults 60 and older.

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

FEDERAL DEFINITION OF HOMELESSNESS FOR POINT-IN-TIME COUNTS

This study uses the HUD definition of homelessness for the Point-in-Time Count. This definition includes individuals and families:

- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement; or
- With a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

PRIMARY GOALS OF THE STUDY

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

The 2017 Planning Committee identified several important project goals:

- To improve the ability of policy makers and service providers to plan and implement services that meet the needs of the local homeless population
- To measure changes in the numbers and characteristics of the homeless population since the 2015 Marin County Homeless Point-in-Time Count and Survey and to track progress toward ending homelessness

¹ Significant deduplication efforts were made in 2017 to ensure unaccompanied children and youth were not captured in both the youth and general unsheltered count efforts. For more information on these efforts and the overall count methodology, please see Appendix 1.
Introduction

- To increase public awareness of overall homeless issues and generate support for constructive solution
- To assess the status of specific subpopulations including veterans, families, unaccompanied children, transition-age youth, older adults, and those who are chronically homeless
- To preserve current federal funding for homeless services and to enhance the ability to raise new funds

This report is intended to assist service providers, policy makers, funders, and local, state, and federal government in gaining a better understanding of the population currently experiencing homelessness, measuring the impact of current policies and programming, and planning for the future.
Point-In-Time Count

The 2017 Marin County Homeless Point-in-Time Count and Survey included a complete enumeration of all unsheltered and publicly sheltered homeless persons. The general unsheltered count was conducted on January 27, 2017 from approximately 5 a.m. to 10 a.m. and covered all 828 square miles of Marin County.² The shelter count was conducted on the previous evening and included all individuals staying in emergency shelters, transitional housing facilities, and domestic violence shelters. The general unsheltered and shelter count methodology were similar to those used in 2015.

The methodology used for the 2017 Marin County Homeless Point-in-Time Count and Survey is commonly described as a “blitz count” since it is conducted by a large team over a very short period of time. The count is conducted early in the morning before individuals sleeping have woken up and moved from their sleeping areas and before those in shelters have been released. The result is an observation based count of individuals and families who appear to be homeless in Marin County. The count is then followed by an in-person, representative survey, the results of which are used to profile and estimate the condition and characteristics of the local homeless population. Information collected from the survey is used to fulfill HUD reporting requirements and to inform local service delivery and strategic planning efforts.

In a continuing effort to improve data on the extent of youth homelessness, Marin County also conducted a dedicated youth count. The dedicated youth count methodology was improved in 2017 to better ensure unaccompanied children and transition-age youth were not included in both the general unsheltered and youth count and to ensure that all youth were homeless per HUD’s definition on the night of the count. For more information regarding the dedicated youth count, deduplication, and project methodology, please see Appendix 1.

²Volunteers covered all publicly accessible roads and additional areas identified as “hot spots” in the planning process.
NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS IN MARIN COUNTY

POPULATION TRENDS

A total of 1,117 individuals were counted in transitional housing, shelters, and on the street during the Point-in-Time Count.

![Figure 1. TOTAL NUMBER OF HOMELESS INDIVIDUALS ENUMERATED DURING THE POINT-IN-TIME COUNT WITH TREND](chart)


SHELTERED AND UNSHELTERED STATUS

Of the 1,117 total persons enumerated during the 2017 Marin County Point-in-Time Count, 226 persons (20%) were staying in a shelter, 183 persons (16%) were staying in a transitional housing program, and 708 persons (63%) were living on the street, in abandoned buildings, in encampment areas, in vehicles, or in boats not moored to a dock and without electricity or sewage pump-out service.

![Figure 2. TOTAL NUMBER OF HOMELESS INDIVIDUALS ENUMERATED DURING THE POINT-IN-TIME COUNT](chart)


![Figure 3. PLACE OF RESIDENCE ON THE NIGHT OF THE COUNT](chart)

The number of individuals counted in unsheltered and sheltered locations decreased between 2015 and 2017. The proportion of the population unsheltered remained relatively stable, with 63% of the population unsheltered in 2017 and 64% unsheltered in 2015.

Figure 4. TOTAL HOMELESS COUNT POPULATION BY SHELTER STATUS

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>15-17 NET CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered</td>
<td>474</td>
<td>409</td>
<td>-65</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>835</td>
<td>708</td>
<td>-127</td>
</tr>
<tr>
<td>Total</td>
<td>1,309</td>
<td>1,117</td>
<td>-192</td>
</tr>
</tbody>
</table>


HOUSEHOLD STATUS

Eleven percent (11%) of the persons enumerated were children under age eighteen, 11% were transition-age youth ages 18-24, and 78% were adults age twenty-five and older. The number of transition-age youth ages 18-24 declined by 68% (377 to 121) from 2015 to 2017.

Figure 5. HOMELESS COUNT RESULTS BY AGE GROUP AND SHELTER STATUS

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>Unsheltered</th>
<th>Sheltered</th>
<th>Total</th>
<th>Total Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under 18</td>
<td>32</td>
<td>92</td>
<td>124</td>
<td>11%</td>
</tr>
<tr>
<td>Youth 18-24</td>
<td>100</td>
<td>21</td>
<td>121</td>
<td>11%</td>
</tr>
<tr>
<td>Adults 25-59</td>
<td>525</td>
<td>259</td>
<td>784</td>
<td>70%</td>
</tr>
<tr>
<td>Older adults 60+</td>
<td>51</td>
<td>37</td>
<td>88</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>708</strong></td>
<td><strong>409</strong></td>
<td><strong>1,117</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Jurisdictional Data**

There was a net reduction of 192 persons from the 2015 to 2017 count. The anchor-out population in Richardson Bay declined from 183 to 86 and the population in San Rafael decreased from 349 to 318.

**Figure 6. Total Number of Homeless Persons by Jurisdiction and Shelter Status**

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Unsheltered</th>
<th>Sheltered</th>
<th>Total</th>
<th>15-17 Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporated</td>
<td>521</td>
<td>492</td>
<td>433</td>
<td>355</td>
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<tr>
<td>Belvedere</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Corte Madera</td>
<td>11</td>
<td>26</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fairfax</td>
<td>17</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Larkspur</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mill Valley</td>
<td>30</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Novato</td>
<td>112</td>
<td>169</td>
<td>257*</td>
<td>181</td>
</tr>
<tr>
<td>San Anselmo</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>San Rafael</td>
<td>255</td>
<td>233</td>
<td>94*</td>
<td>85</td>
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<tr>
<td>Sausalito</td>
<td>62</td>
<td>36</td>
<td>0</td>
<td>0</td>
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<td>DV*</td>
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<td>82*</td>
<td>89</td>
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<tr>
<td>Unincorporated</td>
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<td>Kentfield</td>
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<tr>
<td>Lagunitas</td>
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<tr>
<td>Marin City</td>
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<td>9</td>
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<td>0</td>
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<tr>
<td>Point Reyes Station</td>
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<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Strawberry</td>
<td>9</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tamalpais</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Woodacre</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other unincorporated</td>
<td>52</td>
<td>87</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Anchor-outs</td>
<td>183</td>
<td>86</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Richardson Bay</td>
<td>183</td>
<td>86</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rotating shelter*</td>
<td>0</td>
<td>0</td>
<td>41</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>835</strong></td>
<td><strong>708</strong></td>
<td><strong>474</strong></td>
<td><strong>409</strong></td>
</tr>
</tbody>
</table>


Note: The rotating shelter moves across jurisdictions throughout Marin County and thus cannot be assigned to a single jurisdiction. Locations of domestic violence shelters remain undisclosed. Please see Appendix 1 for further detail on methodology.

*Note: The 2015 sheltered numbers listed here do not match the 2015 report, which incorrectly placed several Novato facilities in San Rafael and did not break out DV as was done this year. The listed numbers reflect the following locations: San Rafael: Homeward Bound Family Center, Family Park, Mill Street Center, and Voyager. Novato: Homeward Bound New Beginnings Center, Transition to Wellness, Family Park, and Next Key Center; Gilead House; Hamilton Continuum Partners Transitional Housing projects. DV: Center for Domestic Peace Emergency Shelter and Transitional Housing projects.
West Marin is the largest rural area of Marin County and includes seven unincorporated communities. Identifying individuals experiencing homelessness in rural areas in a single point in time is challenging, particularly in areas where services are limited and there are large areas of open space. On the morning of the count, special teams were dispatched to enumerate people experiencing homelessness in West Marin. These special teams concentrated their efforts on known locations where people experiencing homelessness often congregate, in addition to covering all roads in their assigned census tracts.

### Figure 7. UNSHELTERED HOMELESS PERSONS: WEST MARIN

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolinas</td>
<td>37</td>
</tr>
<tr>
<td>Muir Beach</td>
<td>0</td>
</tr>
<tr>
<td>Point Reyes Station</td>
<td>12</td>
</tr>
<tr>
<td>Stinson Beach</td>
<td>5</td>
</tr>
<tr>
<td>Dillon Beach</td>
<td>2</td>
</tr>
<tr>
<td>Nicasio</td>
<td>3</td>
</tr>
<tr>
<td>Tomales</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>


### COUNT DEMOGRAPHICS

In 2017, 31% of individuals counted were female, 68% were male, and 1% identified as transgender. This is similar to 2015, when 28% were female, 71% were male, and 1% identified as transgender.

### Figure 8. TOTAL HOMELESS COUNT POPULATION BY GENDER

2015: 71% Female, 28% Male, 1% Transgender
2017: 68% Male, 31% Female, 1% Don’t Identify as Male, Female or Transgender

*2015 n = 1,309; 2017 n = 1,117*


Note: Percentages may not add to 100 due to rounding.
In 2017, 64% of people experiencing homelessness were white, 15% were two or more races, and 15% were Black or African American. Those who reported being two or more races were overrepresented in the homeless population when compared to the general Marin County population.

**Figure 9. TOTAL HOMELESS COUNT POPULATION BY RACE**

![Chart showing homeless count population by race](chart.png)

2015 n= 1,309; 2017 n= 1,117
Note: Multiple response question. Percentages may not add up to 100 due to rounding and/or respondents noting multiple race background.

Similar to the 2015 homeless count, 18% of those counted in the 2017 homeless count were Hispanic and 82% were non-Hispanic.

**Figure 10. TOTAL HOMELESS COUNT POPULATION BY HISPANIC/NON-HISPANIC**

![Chart showing homeless count population by Hispanic status](chart.png)

2015 n= 1,309; 2017 n= 1,117
Homeless Survey Findings

This section provides an overview of the findings generated from the survey component of the 2017 Marin County Homeless Point-in-Time Count and Survey. Surveys were administered to a randomized sample of homeless individuals between February 3, 2017 and February 22, 2017. This effort resulted in 457 complete and unique surveys. Based on a Point-in-Time Count of 1,117 homeless persons and a randomized survey sampling process, these 457 valid surveys represent a confidence interval of +/- 3.53% with a 95% confidence level when generalizing the results of the survey to the estimated population of homeless individuals in Marin County. In other words, if the survey were conducted again, we can be confident that the results would be within 3.53 percentage points of the current results.

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

DURATION AND RECURRENCE OF HOMELESSNESS

Duration of Homelessness

Unstable living conditions, poverty, housing scarcity, and many other issues often lead to individuals falling in and out of homelessness. For many, the experience of homelessness is part of a long and recurring history of housing instability. In 2017, 35% of survey respondents reported experiencing homelessness for the first time, the same as in 2015.

Figure 11. FIRST TIME HOMELESS (RESPONDENTS ANSWERING “YES”)

2015 n = 357; 2017 n = 444
Homeless Survey Findings

Thirty-nine percent (39%) of survey respondents reported becoming homeless for the first time between 25 and 39 years old. Nineteen percent (19%) reported becoming homeless for the first time between 18 and 24 years old.

Figure 12. AGE AT FIRST EXPERIENCE OF HOMELESSNESS

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2017 n= 426</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17 Years Old</td>
<td>12%</td>
</tr>
<tr>
<td>18-24 Years Old</td>
<td>19%</td>
</tr>
<tr>
<td>25-39 Years Old</td>
<td>39%</td>
</tr>
<tr>
<td>40-49 Years Old</td>
<td>16%</td>
</tr>
<tr>
<td>50-64 Years Old</td>
<td>13%</td>
</tr>
<tr>
<td>65 Years or Older</td>
<td>1%</td>
</tr>
</tbody>
</table>


Recurrence of Homelessness

Many individuals who experience homelessness will do so numerous times. As people cycle in and out of stable housing, it becomes important to keep track of the number of times they experience literal homelessness. Nearly two-thirds of survey respondents reported they had been homeless for a year or more in 2017, which was an increase from 51% in 2015.

Figure 13. LENGTH OF CURRENT EPISODE OF HOMELESSNESS

<table>
<thead>
<tr>
<th>Duration</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Days or Less</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>8-30 Days</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>1-3 Months</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>4-6 Months</td>
<td>21%</td>
<td>14%</td>
</tr>
<tr>
<td>7-11 Months</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>1 Year or More</td>
<td>51%</td>
<td>64%</td>
</tr>
</tbody>
</table>

2015 n= 352; 2017 n= 438
LIVING ACCOMMODATIONS

Where individuals lived prior to experiencing homelessness and where they have lived since impacts the way they seek services and their ability to access support from friends or family. Previous circumstances can also point to gaps in the system of care and opportunities for systemic improvement and homeless prevention.

PLACE OF RESIDENCE

Knowing where individuals were living before they most recently lost their housing informs discussions regarding how local the homeless population is to the region. This information can also influence changes to available support systems if the Continuum of Care finds increasing numbers of individuals living locally before experiencing homelessness. Fifty-nine percent (59%) of respondents reported living in Marin County for at least five years, and 72% lived in Marin at the time they lost housing.

Figure 14. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS

2015 n=334; 2017 n= 436
Prior Living Arrangements

Similar to previous place of residence, the type of living arrangements maintained by individuals before experiencing homelessness can influence what types of homeless prevention services might be offered to help individuals maintain their housing. About one-third of respondents (34%) reported they were living in a home owned or rented by them or their partner, and 31% reported staying with friends or family members. 2017 responses were similar 2015.

Figure 15. Living Arrangements Immediately Prior to Becoming Homeless This Time

![Graph showing living arrangements]

2015 n= 318; 2017 n= 427

Current Living Arrangements

Basic information was collected on where individuals were observed during the general unsheltered count effort; in addition, survey respondents were also asked about their usual nighttime accommodations. Understanding the types of places individuals experiencing homelessness are sleeping can help inform local outreach efforts. Forty two percent (42%) of respondents reported staying outdoors in 2017, up from 35% in 2015. An additional 40% reported staying in emergency shelters, down slightly from 2015. The percentage of individuals who reported sleeping in their vehicles also decreased slightly from 7% in 2015 to 5% in 2017.

Figure 16. Usual Places to Sleep at Night

![Graph showing usual places to sleep]

2015 n= 326; 2017 n= 426
PRIMARY CAUSE OF HOMELESSNESS

The primary cause of an individual’s inability to obtain or retain housing is often difficult to pinpoint as it is often the result of multiple and compounding causes. However, an inability to find adequate housing can lead to an inability to address other basic needs such as healthcare and adequate nutrition. Respondents most frequently reported economic issues as the primary cause of their homelessness (42%), followed by substance abuse (26%), mental health issues (20%), and personal relationship issues (19%). While changes to the survey instrument prevent direct comparison, 2015 respondents reported the primary cause of their homelessness as alcohol or drug use (17%), job loss (16%), divorce/separation/break-up (14%), and eviction (14%).

Figure 17. PRIMARY CAUSE OF HOMELESSNESS

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Issues</td>
<td>42%</td>
</tr>
<tr>
<td>Substance Use Issues</td>
<td>26%</td>
</tr>
<tr>
<td>Mental Health Issues</td>
<td>20%</td>
</tr>
<tr>
<td>Personal Relationship Issues</td>
<td>19%</td>
</tr>
<tr>
<td>Physical Health Issues</td>
<td>13%</td>
</tr>
</tbody>
</table>

2017 n= 431

OBSTACLES TO OBTAINING PERMANENT HOUSING

Many individuals experiencing homelessness face significant barriers in obtaining permanent housing. These barriers can range from housing affordability and availability to accessing the economic and social supports (e.g. increased income, rental assistance, and case management) needed to access and maintain permanent housing.

About two-thirds reported that rental assistance (67%) and more affordable housing (65%) would help them obtain permanent housing.

Figure 18. ASSISTANCE NEEDED TO OBTAIN PERMANENT HOUSING

<table>
<thead>
<tr>
<th>Assistance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental assistance</td>
<td>67%</td>
</tr>
<tr>
<td>More affordable housing</td>
<td>65%</td>
</tr>
<tr>
<td>Money for moving costs</td>
<td>46%</td>
</tr>
<tr>
<td>Transportation</td>
<td>34%</td>
</tr>
<tr>
<td>Help finding an apartment</td>
<td>33%</td>
</tr>
</tbody>
</table>

2017 n= 427
Note: Multiple response question. Percentages may not add up to 100.
SURVEY DEMOGRAPHICS

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

DEMOGRAPHIC INFORMATION

Seventy-seven percent (77%) of survey respondents were 25 to 59 years old, 10% were under the age of 25, and 13% were 60 years or older.

Figure 19. SURVEY RESPONDENTS BY AGE

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18 Years</td>
<td>1%</td>
</tr>
<tr>
<td>18-24 Years</td>
<td>9%</td>
</tr>
<tr>
<td>25-59 Years</td>
<td>77%</td>
</tr>
<tr>
<td>60 Years or Older</td>
<td>13%</td>
</tr>
</tbody>
</table>

2017 n= 457

While there is little data on LGBT (Lesbian, Gay, Bisexual, Transgender) individuals experiencing homelessness, what is known suggests LGBT, particularly youth, experience homelessness at higher rates than those who identify as heterosexual. LGBT persons face social stigma, discrimination, and rejection, which impact their housing and social support network. They may have great difficulty finding shelters where they are safe and accepted. Additionally, LGBT individuals experiencing homelessness are at a heightened risk of violence, abuse, and exploitation compared with their heterosexual peers. In 2017, 10% of survey respondents identified as LGBTQ; this decreased from 14% in 2015.

Figure 20. SEXUAL ORIENTATION AND LGBTQ IDENTITY

<table>
<thead>
<tr>
<th>LGBTQ Status</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Yes</td>
<td>14%</td>
<td>52</td>
</tr>
<tr>
<td>No</td>
<td>86%</td>
<td>310</td>
</tr>
</tbody>
</table>

Breakout of Respondents Answering Yes

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Gay</td>
<td>19%</td>
<td>10</td>
</tr>
<tr>
<td>Lesbian</td>
<td>27%</td>
<td>14</td>
</tr>
<tr>
<td>Queer</td>
<td>8%</td>
<td>4</td>
</tr>
<tr>
<td>Bisexual</td>
<td>23%</td>
<td>12</td>
</tr>
<tr>
<td>Transgender</td>
<td>15%</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>21%</td>
<td>11</td>
</tr>
</tbody>
</table>

LGBTQ 2015 n=362; Breakout n=52 respondents offering 59 responses; LGBTQ 2017 n=457; Breakout n= 45 respondents offering 45 responses
Note: Multiple response question. Percentages may not add up to 100.

HEALTH

The average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Without regular access to healthcare and without safe and stable housing, individuals experience preventable illness and often endure longer hospitalizations. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients. In Marin County, individuals reported having the following health conditions: psychiatric or emotional conditions (44%), drug or alcohol abuse (35%), Post-Traumatic Stress Disorder (28%), chronic health problems (27%), and physical disabilities (26%).

Survey respondents were asked if they were currently pregnant or had recently impregnated someone else. Out of 434 respondents, 11 reported pregnancy (3%), 6 did not know (1%), and 417 replied no (96%). Three of the respondents who were pregnant or recently impregnated someone else were under the age of 25 (27%).
Homeless Survey Findings

Over two-thirds (69%) of survey respondents had medical insurance.

Figure 23. MEDICAL INSURANCE

CRIMINAL JUSTICE SYSTEM

Homelessness and incarceration are often correlative. Individuals without stable housing are at greater risk of criminal justice system involvement, particularly those with mental health issues, veterans, and youth. Individuals with past incarceration face significant barriers to exiting homelessness due to stigmatization and policies affecting their ability to gain employment and access housing opportunities.5

When asked if they had spent a night in jail or prison in the last 12 months, 26% of respondents experiencing homelessness spent at least 1 night in jail or prison, a similar rate to 2015.

Figure 24. SPENT A NIGHT IN JAIL OR PRISON IN THE LAST 12 MONTHS

There was no change from 2015 to 2017 in the proportion of survey respondents who reported being on probation or parole at the time of the survey.

**Figure 25. CURRENTLY ON PROBATION OR PAROLE**

![Chart showing the proportion of respondents currently on probation or parole in 2015 and 2017.](chart)

*2015 n = 335; 2017 n = 444

Of respondents who reported spending a night in jail in the past 12 months, 17% had accessed re-entry services and 81% had not. Of the respondents who reported currently being on parole or probation, 22% had accessed re-entry services and 75% had not.

**Figure 26. ACCESSED RE-ENTRY SERVICES**

![Chart showing the proportion of respondents who had been in jail in the past 12 months and those who are currently on parole or probation.](chart)

*2017 Had been in jail and access of re-entry services n = 113; 2017 Currently on probation or parole and access of re-entry services n = 88
FOSTER CARE

Nationally, it is generally estimated that at least 20% of foster youth experience homelessness after exiting care. In the state of California, many foster youth are eligible to receive extended care benefits as they transition into adulthood, up until their 21st birthday. Implemented since 2012, the aim of extended foster care is to assist foster youth with the transition to independence and prevent them from experiencing homelessness.

In Marin County, 13% of respondents reported being in foster care at some point in their lives. Of the 55 individuals who had been in foster care, 1 individual (2%) reported aging out of foster care as their primary cause of homelessness.

Figure 27. HISTORY OF FOSTER CARE

<table>
<thead>
<tr>
<th>13% Yes</th>
<th>87% No</th>
</tr>
</thead>
</table>

2017 n= 438

DOMESTIC/PARTNER VIOLENCE OR ABUSE

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

The percentage of individuals experiencing homelessness in Marin County who indicated they were currently experiencing domestic violence or partner abuse was 6%.

Figure 28. CURRENTLY EXPERIENCING DOMESTIC VIOLENCE OR PARTNER ABUSE

<table>
<thead>
<tr>
<th>6% Yes</th>
<th>92% No</th>
<th>2% Don’t know</th>
</tr>
</thead>
</table>

2017 n= 407

SERVICES AND ASSISTANCE

Marin County provides services and assistance to those currently experiencing homelessness through federal and local programs. Government assistance and homeless services work to enable individuals and families to obtain income and support. However, many individuals and families do not apply for services. Many believe that they do not qualify or are ineligible for assistance. Connecting homeless individuals and families to these support services creates a bridge to mainstream support services and prevents future housing instability.

GOVERNMENTAL ASSISTANCE

There are a variety of forms of governmental assistance available to individuals experiencing homelessness. However, knowledge of services available, understanding of eligibility requirements, and perceived stigma of receiving governmental assistance can all impact the

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rate at which eligible individuals access these supports. Over two-thirds of survey respondents (69%) reported receiving some form of government assistance, an increase from 46% in 2015.

**Figure 29. PERCENT RECEIVING ANY FORM OF GOVERNMENT ASSISTANCE**

![Chart showing percent receiving any form of government assistance](chart)

*2015 n= 321; 2017 n= 415

**SERVICES AND PROGRAMS**

In addition to governmental assistance, there are a numerous community-based services and programs made available to individuals experiencing homelessness. These services range from day shelters and meal programs to job training and healthcare. Types of services used in Marin County were free meals, emergency shelter, bus passes, day shelter services (mail, showers, laundry, etc.), and health services. More than three quarters (77%) of respondents reported using free meal services, an increase from 43% in 2015. Respondents reported higher service utilization across all types of services compared to 2015.

**Figure 30. SERVICES OR ASSISTANCE RECEIVED**

![Bar chart showing services or assistance received](chart)

*2015 n= 350 respondents offering 768 responses; 2017 n= 439 respondents offering 1,326 responses

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

Respondents were also asked what types of assistance they would be interested in accessing. The most frequently requested assistance was bus passes (46%) followed by free meals (45%). Forty two percent (42%) of respondents were interested in housing placement assistance.
EMPLOYMENT AND EDUCATION

While the majority of survey respondents reported being unemployed, a number reported part-time or full-time work. Data suggest that employment was not enough to meet basic needs. In 2017, 15% of respondents reported some form of employment, a decrease from 28% in 2015.

Figure 32. EMPLOYMENT STATUS

2015 employment status n = 303; 2017 n = 428
Of those who reported being unemployed, 23% said they were unable to work, 40% said they were looking for work, and 37% said they were not looking for work.

**Figure 33. JOB SEARCH STATUS IF UNEMPLOYED**

![Diagram showing job search status]

2017 n= 339

Respondents were asked the highest level of education they had achieved. Almost a fifth (19%) had not completed high school, 42% had their high school diploma or GED, and 38% had some college or a bachelor's degree. College completion was lower than the general population (9%), as was the percentage who reported they had not completed high school (19%).

**Figure 34. EDUCATIONAL ATTAINMENT**

![Bar chart showing educational attainment]

2017 n= 402
Note: Multiple response question. Percentages may not add up to 100.

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Subpopulations

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

The following sections examine each of these four subpopulations with the addition of homeless older adults, identifying the number and characteristics of individuals included in the 2017 Marin County Homeless Point-in-Time Count and Survey.

CHRONIC HOMELESSNESS

The Department of Housing and Urban Development defines a chronically homeless individual as someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years with the total time without housing equally a year or more, and also has a condition that prevents them from maintaining work or housing. This definition applies to individuals as well as heads of household who meet the definition.

The chronically homeless population represents one of the most vulnerable populations on the street; the mortality rate for those experiencing chronic homelessness is four to nine times higher than that of the general population. Data from communities across the country show that public costs incurred by those experiencing extended periods of homelessness are associated with emergency room visits, interactions with law enforcement, incarceration, and regular access to social supports and homeless services. These combined costs are often significantly higher than the cost of providing individuals with permanent housing and supportive services.

The U.S. Department of Housing and Urban Development reported that roughly 22% of the national homeless population, or 77,486 individuals, was chronically homeless in 2016. Chronic homelessness has been on the decline in recent years as communities across the country increase the capacity of their permanent supportive housing programs and prioritize

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those with the greatest barriers to housing stability. While the national decrease in chronic homelessness seems promising, federal budget constraints limit the amount of money available to support housing programs and services. As a result, *Opening Doors*, which began with a plan to end chronic homelessness by 2016, has extended the goal to 2017.\(^\text{10}\)

**Prevalence of Chronic Homelessness**

It is estimated that 329 single individuals in Marin County were experiencing chronic homelessness in 2017, which was 29% of the total study population. Additionally, there were 11 families with 30 members experiencing chronic homelessness, of whom 9 families were sheltered (82%) and 2 families were unsheltered (18%).

**Figure 35. Chronic Homeless Population Estimates**


**Figure 36. Chronic Homeless Families Population Estimates**


**Figure 37. Total Number of Chronically Homeless Individuals Enumerated During the Point-In-Time Count with Trend**


Of the 329 single individuals experiencing chronic homelessness, 87% were unsheltered. It is important to note that individuals who would otherwise meet the definition of chronic homelessness are excluded from the federal definition if they are currently residing in a transitional housing program.

**Figure 38. CHRONIC HOMELESS POPULATION TREND BY SHELTER STATUS (SINGLE INDIVIDUALS)**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>15-17 NET CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered</td>
<td>30</td>
<td>42</td>
<td>+ 12</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>233</td>
<td>287</td>
<td>+ 54</td>
</tr>
<tr>
<td>Total</td>
<td>263</td>
<td>329</td>
<td>+ 66</td>
</tr>
</tbody>
</table>


**DEMOGRAPHICS OF CHRONICALLY HOMELESS INDIVIDUALS**

The majority (71%) of the chronically homeless population was male, with 29% female and no survey respondents reporting being transgender. Seventy percent (70%) of chronically homeless individuals reported being white, which was 11% higher than the non-chronically homeless population. Ten percent (10%) of the chronically homeless population identified as being two or more races.

**Figure 39. RACE AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS**


*Note: Multiple response question. Percentages may not add up to 100 due to rounding and/respondents noting multiple race background.*
PRIMARY CAUSE OF HOMELESSNESS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Forty-three percent (43%) of chronically homeless individuals reported economic issues as the primary cause of their homelessness, much like their non-chronically homeless counterparts.

Figure 40. PRIMARY CAUSE OF HOMELESSNESS, CHRONIC AND NON-CHRONIC COMPARISON

Health Conditions Among Those Experiencing Chronic Homelessness

All chronically homeless individuals had at least one disabling condition. 70% reported having a psychiatric or emotional condition, 52% reported having issues with drug or alcohol abuse, 42% had chronic health problems, 42% had Post-Traumatic Stress Disorder, and 40% reported having a physical disability. While disabling conditions are part of what defines chronic homelessness, it is important to recognize that the chronically homeless population had much higher rates of disabling conditions than their non-chronically homeless counterparts. Mental health conditions remained the most frequently reported health conditions among both populations.

Figure 41. HEALTH CONDITIONS, CHRONIC AND NON-CHRONIC COMPARISON
EMERGENCY ROOM USE AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Those experiencing chronic homelessness used the emergency room more than their non-chronically homeless counterparts. Forty percent (40%) reported having used the emergency room at least once in the three months prior to the survey, including 13% who reported using the emergency room 3 or more times. This not only speaks to the unmet health needs of the population, but also to the strain on the system of care providing services to chronically homeless individuals in Marin County.

Figure 42. EMERGENCY ROOM USE IN LAST 3 MONTHS, CHRONIC AND NON-CHRONIC COMPARISON

ACCESS TO SERVICES AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Eighty percent (80%) of chronically homeless individuals accessed free meals, 43% accessed emergency shelters, and 43% used day shelter services.

Figure 43. SERVICES USED, CHRONIC AND NON-CHRONIC COMPARISON

Note: Multiple response question. Percentages will not add up to 100.
Survey respondents were asked which services they would be interested in accessing. Compared with their non-chronically homeless counterparts, more chronically homeless individuals indicated they would be interested in housing placement services (45% vs. 39%).

**Figure 44. INTEREST IN SERVICES, CHRONIC AND NON-CHRONIC COMPARISON**

- **2017 Chronic n=171; 2017 Non-Chronic n=156**
- **Note:** Multiple response question. Percentages will not add up to 100.

**INCARCERATION AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS**

Almost twice as many of those experiencing chronic homelessness spent a night in jail over the past year than their non-chronically homeless counterparts (34% compared to 19%).

**Figure 45. SPENT A NIGHT IN JAIL IN THE LAST YEAR, CHRONIC AND NON-CHRONIC COMPARISON**

- **2017 Chronic n=207; 2017 Non-Chronic n=237**
HOMELESS VETERAN STATUS

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

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

PREVALENCE OF HOMELESS VETERANS

In 2017, Marin County was home to an estimated 94 veterans experiencing homelessness, representing 8% of the homeless population. Seventy-one percent (71%) were unsheltered and 29% were sheltered. This was an increase over the 66 enumerated in 2015.

Figure 46. HOMELESS VETERAN POPULATION ESTIMATES

![Chart showing veterans | 94 Individuals](Source: Applied Survey Research. (2017). Marin County Homeless Count and Survey.)

Figure 47. TOTAL NUMBER OF HOMELESS VETERANS ENUMERATED DURING THE POINT-IN-TIME COUNT WITH TRENDS

![Bar chart showing increase from 66 to 94 veterans](Source: Applied Survey Research. (2015-2017). Marin County Homeless Count and Survey.)

Figure 48. HOMELESS VETERAN COUNT POPULATION BY SHELTER STATUS

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>16-17 NET CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered</td>
<td>25</td>
<td>27</td>
<td>+ 2</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>41</td>
<td>67</td>
<td>+ 26</td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td>94</td>
<td>+ 28</td>
</tr>
</tbody>
</table>

DEMOGRAPHICS OF HOMELESS VETERANS

Eighty-seven percent (87%) of veterans experiencing homelessness were male and 13% were female.

Figure 49. HOMELESS VETERAN COUNT POPULATION BY GENDER


Sixty-nine percent (69%) of veterans experiencing homelessness were white, 15% were Black or African American, and 13% were of two or more races. The Black or African American population was overrepresented, as it is only 3% of the general population of Marin County.

Figure 50. HOMELESS VETERAN COUNT POPULATION BY RACE

Note: Multiple response question. Percentages may not add up to 100 due to rounding and/or respondents noting multiple race background.
**Primary Cause of Homelessness Among Homeless Veterans**

Veterans reported that substance use issues led to their homelessness at higher rates than non-veterans (36% and 25%, respectively). Twenty-three percent (23%) also reported their homelessness was caused primarily by personal relationship issues. Although there were changes to the survey instrument in 2017 and direct comparison is not possible, in 2015 veterans reported their primary cause of homelessness as alcohol or drug use (19%), lost job (19%), “don’t know/decline to state” (19%), foreclosure (13%), and “other” (13%).

**Figure 51. Primary Cause of Homelessness, Veteran and Non-Veteran Comparison**

![Graph showing primary causes of homelessness among veterans and non-veterans]

2017 Veterans n=44; 2017 Non-Veterans n=387
Note: Multiple response question. Percentages may not add up to 100.

**Length of Homelessness Among Homeless Veterans**

Veterans were far more likely to be homeless for longer than non-veterans. Eighty-two percent (82%) of veterans reported being homeless for a year or more, while only 62% of non-veterans reported being homeless for a year or more.

**Figure 52. Length of Homelessness Among Homeless Veterans, Veteran and Non-Veteran Comparison**

![Graph showing length of homelessness among veterans and non-veterans]

2017 Veterans n= 45; 2017 Non-Veterans n= 393
**Disabling Conditions Among Homeless Veterans**

Eighty-nine percent (89%) of veteran survey respondents reported having at least one disabling condition, much higher than the 57% of the non-veteran population.

**Figure 53. Disabling Conditions Among Homeless Veterans, Veteran and Non-Veteran Comparison**

Veterans also reported higher rates of all health conditions than non-veterans. Sixty-one percent (61%) experience psychiatric or emotional conditions, and 52% report having Post-Traumatic Stress Disorder, more than twice the rate of non-veterans.

**Figure 54. Health Conditions, Veteran and Non-Veteran Comparison**

ACCESS TO SERVICES AMONG VETERANS

Veterans were less likely to partake in free meals than non-veterans (73% vs. 78%) and more likely to use emergency shelters (52% vs. 42%). Veterans were also less likely to use health services than non-veterans (23% vs. 35%).

Figure 55. ACCESS TO SERVICES, VETERAN AND NON-VETERAN COMPARISON

Incarceration Among Homeless Veterans

Among those who are incarcerated, veterans are more likely than non-veterans to be first time offenders, to have committed a violent offense, and to have longer prison sentences. Veterans who are incarcerated may also face the loss of various VA benefits during this time.¹¹

A smaller percentage veterans reported having spent a night in jail or prison in the last 12 months when compared to non-veterans, but larger proportions of both groups spent a night in jail when compared to 2015.

Figure 56. SPENT A NIGHT IN JAIL OR PRISON IN THE LAST 12 MONTHS, VETERAN AND NON-VETERAN COMPARISON

**HOMELESS FAMILIES WITH CHILDREN**

National data from 2016 suggest that 35% of all people experiencing homelessness are persons in families with children. Very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the population compared to other subpopulations, including unaccompanied children and transition-age youth. Demographic data on families experiencing homelessness suggest that they are not much different from families in poverty.

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

**Prevalence of Homeless Families with Children**

Seventy-five families comprised of 200 people were counted. Sixty-seven (89%) of these families were sheltered and 8 (11%) were unsheltered.

**Figure 57. HOMELESS FAMILIES WITH CHILDREN POPULATION ESTIMATES**

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families</td>
<td>67 Families with 170 members</td>
<td>8 Families with 30 members</td>
</tr>
<tr>
<td>Sheltered</td>
<td>85%</td>
<td>Unsheltered 85%</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>


Note: There is a significant population of homeless families in "double-up" situations. These families may or may not fall within the HUD PIT count definition of homelessness and could not be identified due to their typical location on private property.

**Figure 58. HOMELESS FAMILIES WITH CHILDREN BY SHELTER STATUS**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>16-17 NET CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered</td>
<td>55</td>
<td>67</td>
<td>+12</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>2</td>
<td>8</td>
<td>+6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>57</td>
<td>75</td>
<td>+18</td>
</tr>
</tbody>
</table>


---


**Demographics of Homeless Families with Children**

Including both adults and children, 59% of the homeless families with children population was female and 42% was male.

**Figure 59. Total Number of Homeless Families with Children Enumerated During the Point-In-Time Count with Trend**


**Figure 60. Homeless Families with Children Count Population by Gender**

2015 n= 194; 2017 n= 200

Seventeen percent (17%) of individuals that were part of homeless families were Black or African American, an overrepresentation from the 3% of the general population identifying as Black or African American. Conversely, Whites are underrepresented in the homeless family category: 62% individuals in homeless families and 79% of the general population identified as White.

Figure 61. HOMELESS FAMILIES WITH CHILDREN COUNT POPULATION BY RACE

Forty-two percent (42%) of individuals in homeless families were Hispanic.

Figure 62. HOMELESS FAMILIES WITH CHILDREN POPULATION BY HISPANIC/NON-HISPANIC
SUBPOPULATIONS

PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS FAMILIES WITH CHILDREN

Families with children reported becoming homeless due to personal relationship issues (50%) and substance use issues (17%) at larger rates than individuals without children.

Figure 63. PRIMARY CAUSE OF HOMELESSNESS, FAMILIES AND NON-FAMILIES COMPARISON

PLACE OF RESIDENCE AMONG HOMELESS FAMILIES WITH CHILDREN

Of 23 respondents, 70% were living in Marin and 30% were living in another county in California at the time they became homeless.

ASSISTANCE AND EMPLOYMENT AMONG FAMILIES WITH CHILDREN

Families with children used health, mental health, job training/employment, and housing placement services more than individuals without children, but used free meals less frequently.

Figure 64. ASSISTANCE USED BY FAMILIES WITH CHILDREN, FAMILIES AND NON-FAMILIES COMPARISON

Sixty-one percent (61%) of respondents in families with children were employed compared to only 12% of individuals without children.
Subpopulations

Figure 65. EMPLOYMENT STATUS OF FAMILIES WITH CHILDREN, FAMILIES AND NON-FAMILIES COMPARISON

![Employment Status Graph]

Families with Children n=23; Non-Families with Children n=405

HEALTH CONDITIONS AMONG HOMELESS FAMILIES WITH CHILDREN

Families with children had higher rates of Post-Traumatic Stress Disorder (44%) and chronic health problems (38%) than individuals without children, but reported lower rates of drug or alcohol abuse (17%), psychiatric or emotional conditions (33%), and traumatic brain injuries (0%).

Figure 66. HEALTH CONDITIONS AMONG HOMELESS FAMILIES WITH CHILDREN, FAMILIES AND NON-FAMILIES COMPARISON

![Health Conditions Graph]

Families with Children n=23-26; Non-Families with Children n=418-429
Note: Multiple response question. Percentages may not add up to 100.
UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

Due to the often hidden nature of youth homelessness, there are limited data available on unaccompanied children and transition-age youth experiencing homelessness. Although largely considered an undercount, current federal estimates suggest there are 35,686 unaccompanied children and transition-age youth on the streets and in public shelters.14 Young people experiencing homelessness have a harder time accessing services such as shelter, medical care, and employment. This is due to the stigma of their housing situation, lack of knowledge of available resources, and a dearth of specific services for young people.15

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

PREVALENCE OF UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

There were 18 unaccompanied children and 109 unaccompanied transition-age youth counted; they accounted for 11% of the total population experiencing homelessness.

Figure 67. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH POPULATION ESTIMATES

Unaccompanied Children | 18 Individuals
0% Sheltered | 100% Unsheltered

Transition-Age Youth | 109 Individuals
11% Sheltered | 89% Unsheltered

Note: There is a significant population of children and transition-age youth in “double-up” situations. These people may or may not fall within the HUD PIT count definition of homelessness and could not be identified due to their typical location on private property.


Nine percent (9%) of homeless unaccompanied children and transition-age youth were sheltered, while the majority (91%) remained unsheltered.

Figure 68. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH POPULATION BY SHELTER STATUS

While the number of unaccompanied youth under age 18 increased slightly in 2017, the number of transition-age youth decreased by more than 250 individuals. In 2017 special efforts were undertaken to enumerate unaccompanied children and youth in Marin County. Teams of trained youth enumerators and service providers canvassed areas where youth were known to congregate on the afternoon of the count; this method was different from 2015 when an event was held for youth to come and be counted. This method was eliminated in 2017 due to concerns about the definition used for counting youth and deduplication. For more information on the 2015 and 2017 youth count, see Appendix 1.

Figure 69. TOTAL NUMBER OF UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH ENUMERATED DURING THE POINT-IN-TIME COUNT WITH TREND

DEMOGRAPHICS OF UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

Thirty-eight percent (38%) of transition-age youth were female, and 62% were male. Of the unaccompanied children enumerated, 61% were female and 39% were male. No unaccompanied homeless children or transition-age youth identified as transgender.

Figure 70. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH COUNT POPULATION BY GENDER

Fifty-one percent (51%) of unaccompanied homeless children and transition-age youth were White, 32% identified as Black or African American, which was a large overrepresentation compared to the general population.

Figure 71. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH COUNT POPULATION BY RACE

2017 n=127
Note: Multiple response question. Percentages may not add up to 100 due to rounding and/or respondents noting multiple race background.
Ten percent (10%) of unaccompanied homeless children and transition-age youth were Hispanic, and 90% were non-Hispanic.

**Figure 72. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH COUNT POPULATION BY HISPANIC/NON-HISPANIC**

2017 n= 127


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

Twenty-four percent (24%) of unaccompanied children and transition-age youth reported personal relationship issues and 32% reported substance use issues as their primary cause of homelessness; both of these causes exceeded the adult 25+ population. Similarly to the adult 25+ population, 41% of unaccompanied children and transition-age youth reported economic issues as their primary cause of homelessness.

**Figure 73. PRIMARY CAUSE OF HOMELESSNESS, UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH AND ADULTS 25+ COMPARISON**

Unaccompanied Children and Transition-Age Youth n=37; Adults 25+ n=394


Note: Multiple response question. Percentages may not add up to 100.
FOSTER CARE EXPERIENCE AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

Unaccompanied homeless children and transition-age youth had a higher rate of experiences in the foster care system (31%) than their adults 25+ counterparts (11%).

Figure 74. HISTORY OF FOSTER CARE AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

EDUCATION AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

Three-quarters (67%) had a high school degree, 22% had not completed high school, and 8% had attended some college.

PLACE OF RESIDENCE AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

Almost three-quarters (74%) of unaccompanied children and transition-age youth were living in Marin County at the time they became homeless. Fourteen percent (14%) were living in another county in California, and 12% were living out of state at the time they lost their housing.
ACCESS TO SERVICES AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

When asked about which services they currently receive, 78% of unaccompanied homeless children and transition-age youth reported accessing free meals, 43% used emergency shelter, 40% received bus passes, 35% used day shelter services, and 25% used health services. Only 8% of unaccompanied children and transition-age youth accessed mental health services, a significantly smaller percentage than adults 25+ (21%).

When asked which services they would like to access, 60% reported emergency shelter, 54% wanted free meals, 51% wanted bus passes, 51% wanted job training/employment placement, 49% wanted day shelter services, and 43% wanted housing placement assistance.

Figure 75. ACCESS TO SERVICES, UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH AND ADULTS 25+ COMPARISON

<table>
<thead>
<tr>
<th>Service</th>
<th>Unaccompanied Children and Transition-Age Youth</th>
<th>Adults 25+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Meals</td>
<td>78%</td>
<td>77%</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>Bus Passes</td>
<td>40%</td>
<td>36%</td>
</tr>
<tr>
<td>Shelter Day Services</td>
<td>35%</td>
<td>36%</td>
</tr>
<tr>
<td>Health Services</td>
<td>25%</td>
<td>35%</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>8%</td>
<td>21%</td>
</tr>
</tbody>
</table>

HEALTH CONDITIONS AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

Forty percent (40%) of unaccompanied homeless children and transition-age youth reported issues with drug or alcohol abuse and 41% had psychiatric or emotional conditions. Additionally, 27% reported having Post-Traumatic Stress Disorder.

Figure 76. HEALTH CONDITIONS, UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH AND ADULTS 25+ COMPARISON

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Unaccompanied Homeless Children and Transition-Age Youth</th>
<th>Adults 25+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric or Emotional Conditions</td>
<td>41%</td>
<td>45%</td>
</tr>
<tr>
<td>Drug or Alcohol Abuse</td>
<td>40%</td>
<td>34%</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>27%</td>
<td>28%</td>
</tr>
<tr>
<td>Chronic Health Problems</td>
<td>20%</td>
<td>28%</td>
</tr>
<tr>
<td>Physical Disability AIDS/HIV Related Traumatic Brain Injury</td>
<td>11%</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8%</td>
</tr>
</tbody>
</table>
Incarceration among Unaccompanied Homeless Children and Transition-Age Youth

A third (33%) of unaccompanied homeless children and transition-age youth had spent a night in jail in the last year, which was higher than the rate of 26% for adults 25+.

Sexual Orientation and LGBTQ Identity

Unaccompanied homeless children and transition-age youth reported higher rates of identifying as LGBTQ at 17% versus the 9% of adults 25+ who identified as LGBTQ.

Figure 77. Sexual Orientation and LGBTQ Identity Among Unaccompanied Children and Transition-Age Youth

<table>
<thead>
<tr>
<th>LGBTQ Status</th>
<th>Breakout of Respondents Answering Yes</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td></td>
<td>25%</td>
<td>2</td>
</tr>
<tr>
<td>Lesbian</td>
<td></td>
<td>25%</td>
<td>2</td>
</tr>
<tr>
<td>Queer</td>
<td></td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Bisexual</td>
<td></td>
<td>38%</td>
<td>3</td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>13%</td>
<td>1</td>
</tr>
</tbody>
</table>

LGBTQ n=46; Breakout n= 8 respondents offering 8 responses
Note: Multiple response question. Percentages may not add up to 100.
HOMELESS OLDER ADULTS

Growth of older adults experiencing homelessness has risen in accordance with overall growth of the population over 45 in the U.S. Because older adults experiencing homelessness have unmet mental health, substance use, and physical health needs, their mortality rates are higher than that of the general population.\(^6\) While this population has not been identified as a population of interest by the federal government, Marin County recognized the growing trend and initiated an effort to gather additional information on the population. The following section details the status of adults ages 60 and older experiencing homelessness in Marin County.

PREVALENCE OF HOMELESS OLDER ADULTS

In 2017 it was estimated that Marin County was home to 88 older adults experiencing homelessness, representing 12% of the homeless population. Fifty-eight percent (58%) were unsheltered and 42% were sheltered.

Figure 78. HOMELESS OLDER ADULT POPULATION ESTIMATE

Demographics of Homeless Older Adults

The homeless older adult survey population was predominantly male (78%). There were fewer female older adults than in the population of those under 60, where 33% of the population was female.

Figure 79. HOMELESS OLDER ADULT POPULATION ESTIMATED BY GENDER

Nearly three-quarters (74%) of older adults were White, 17% were Black, and 13% were American Indian or Alaska Native. Few older adults identified as Hispanic or Latino (6%).

**Primary Cause of Homelessness Among Older Adults**

Older adults (39%) reported that economic issues led to their homelessness at slightly lower rates than those under 60 (43%). Twenty-eight percent (28%) reported their homelessness was caused primarily by substance use issues.

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**Figure 80. HOMELESS OLDER ADULT POPULATION ESTIMATE BY RACE**

**Figure 81. PRIMARY CAUSE OF HOMELESSNESS, OLDER ADULT AND UNDER 60 COMPARISON**
LENGTH OF HOMELESSNESS AMONG OLDER ADULTS

Older adults were likely to be homeless for longer than those under age 60. Eighty-one percent (81%) of older adults reported being homeless for a year or more, compared to 62% of those under age 60.

Figure 82. LENGTH OF HOMELESSNESS AMONG OLDER ADULTS, OLDER ADULT AND UNDER 60 COMPARISON

Older adults were more likely to first become homeless later in life than those under age 60.

Figure 83. AGE AT FIRST EXPERIENCE OF HOMELESSNESS AMONG OLDER ADULTS

LIVING SITUATION OF OLDER ADULTS

When asked where they usually stayed, 42% of older adults reported staying outside, on the streets, or in parks. An additional 20% stayed in emergency shelters, and 13% stayed in transitional housing facilities.
WHAT OLDER ADULTS NEED TO OBTAIN HOUSING

Seventy-two percent (72%) of older adults reported needing more affordable housing and 67% reported needing rental assistance. Thirty-five percent (35%) of older adults reported needing help both finding an apartment and case management. It is important to note that only four older adults said they chose to be homeless and that nothing would help them obtain permanent housing.

Figure 84. WHAT WOULD HELP HOMELESS OLDER ADULTS OBTAIN HOUSING

<table>
<thead>
<tr>
<th></th>
<th>Older Adults</th>
<th>Under 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>More affordable housing</td>
<td>72%</td>
<td>64%</td>
</tr>
<tr>
<td>Rental assistance</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>Help finding an apartment</td>
<td>35%</td>
<td>32%</td>
</tr>
<tr>
<td>Case management</td>
<td>35%</td>
<td>25%</td>
</tr>
</tbody>
</table>

2017 Older Adults n = 57; 2017 Under 60 n = 370

DISABLING CONDITIONS AND MEDICAL CARE AMONG HOMELESS OLDER ADULTS

Seventy percent (70%) of older adult survey respondents reported having at least one disabling condition, higher than 58% of the under 60 population.

Figure 85. DISABLING CONDITIONS AMONG HOMELESS OLDER ADULTS, OLDER ADULT AND UNDER 60 COMPARISON

<table>
<thead>
<tr>
<th></th>
<th>Older Adults</th>
<th>Under 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>70%</td>
<td>58%</td>
</tr>
</tbody>
</table>

2017 Older Adults n = 60, 2017 Under 60 n = 397
Older adults reported experiencing physical disabilities at twice the rate of those under 60 (46%), and they also reported higher rates of chronic health problems (40%) and traumatic brain injuries (12%). Older adults reported lower rates of drug or alcohol abuse (27%), psychiatric or emotional conditions (37%), and Post-Traumatic Stress Disorder (26%) than their counterparts under age 60.

**Figure 86. HEALTH CONDITIONS, OLDER ADULT AND UNDER 60 COMPARISON**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Older Adults</th>
<th>Under 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disability</td>
<td>46%</td>
<td>23%</td>
</tr>
<tr>
<td>Chronic Health Problems</td>
<td>40%</td>
<td>26%</td>
</tr>
<tr>
<td>Psychiatric or Emotional Conditions</td>
<td>37%</td>
<td>26%</td>
</tr>
<tr>
<td>Drug or Alcohol Abuse</td>
<td>27%</td>
<td>29%</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>26%</td>
<td>29%</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>AIDS/HIV Related</td>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

2017 Older Adults n= 58-60; 2017 Under 60 n= 383-395
Note: Multiple response question. Percentages may not add up to 100.

**MEDICAL CARE AMONG OLDER ADULTS**

Older adults reported using community clinics (40%), the emergency room (22%), free clinics (19%), and private doctors (14%) at similar rates to those under 60.

**Figure 87. MEDICAL CARE, OLDER ADULT AND UNDER 60 COMPARISON**

<table>
<thead>
<tr>
<th>Medical Care</th>
<th>Older Adults</th>
<th>Under 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Clinic</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Free Clinic</td>
<td>19%</td>
<td>25%</td>
</tr>
<tr>
<td>Private Doctor</td>
<td>14%</td>
<td>9%</td>
</tr>
<tr>
<td>VA Hospital or Clinic</td>
<td>10%</td>
<td>6%</td>
</tr>
</tbody>
</table>

2017 Older Adults n= 58; 2017 Under 60 n= 363
Conclusion

On the morning of January 27, 2017, community volunteers, county and city workers, and homeless guides covered all of Marin County to provide a point-in-time count of all homeless persons within its boundaries. The count can be considered conservative, considering that even with the most thorough methodology, many homeless individuals stay in hidden in difficult-to-enumerate locations. Additionally, the narrow definition of homeless prescribed in this report excludes double-up sleeping situations, “couch-surfing,” and those staying in hotels and motels.

The 2017 Marin County Homeless Count and Survey revealed a diverse population with many different trends and needs. There are many valuable takeaways from the data contained in this report including:

- 1,117 individuals were experiencing homelessness in Marin County in 2017.
- 63% of the population was living unsheltered.
- 22% of the population was under the age of 25.
- 10% of the population identified as LGBTQ.
- 11% of the population was unaccompanied children or transition-age youth.
- 8% of the population (94 persons) was veterans.
- 72% of respondents reported living in Marin County before becoming homeless.
- There were 359 chronically homeless persons in Marin County or 32% of the total homeless population.
- There were 75 families with 200 family members experiencing homelessness, representing 18% of the total homeless population.
- 69% of homeless individuals received some form of government assistance.
- 15% of homeless individuals were employed.
- 59% of homeless individuals were suffering from at least one disabling condition.

As these findings show, there are still many challenges to face in order to eliminate homelessness in Marin County. Affordable housing, job training, mental health services, and knowledge and availability of government services remain the primary needs of the population experiencing homelessness locally and across the Bay Area. Additionally, the number of individual who are chronically homeless has increased since 2015; the population experiencing chronic homelessness has been on the streets for extended periods of time and experienced conditions that often require additional services and extended assistance. These
individuals are currently being served by other systems including emergency medical care and the justice system.

However, there are plenty of strengths to build upon in ending homelessness. Over two-thirds (69%) of homeless individuals were receiving some form of government assistance. While there were increases in the unsheltered population, a high percentage of respondents reported that they were accessing emergency shelter services. Those individuals 60 and older, those under 25, and those identifying as veterans are populations that can be served well by prevention programs and rapid rehousing efforts rather than having to address their needs after they have experienced a long term housing loss. These strengths, among others, present a foundation on which to build and address other areas for improvement.

It is hoped that the data presented in this report will be used by planning bodies of Marin County and other agencies and organizations within the county to inform additional outreach, service planning, and policy decision-making over the next two years as they work to address homelessness. By sharing and evaluating this enumeration effort and results, the support network in Marin County will be better able to produce constructive and innovative solutions to a problem that has serious ramifications for the long-term public health of its community members.
Appendix 1: Methodology

OVERVIEW

The purpose of the 2017 Marin Homeless Point-in-Time Count and Survey was to produce a Point-in-Time estimate of people experiencing homelessness in Marin County. The results of the unsheltered count were combined with the results from the shelter count to produce a total estimated number of persons experiencing homelessness in Marin on a given night. The subsequent, in-depth qualitative survey was used to gain a more comprehensive understanding of the experiences and demographics of those counted. A more detailed description of the methodology follows.

COMPONENTS OF THE HOMELESS COUNT METHOD

The Point-in-Time Count methodology had three primary components:

- The general unsheltered count on January 27th between 5 AM and 10 AM: an enumeration of unsheltered homeless individuals
- The youth unsheltered count on January 27th between 3 PM and 7 PM: a specific enumeration of unsheltered youth under the age of 25
- The shelter count in the evening of January 26th: an enumeration of sheltered homeless individuals.

The unsheltered and sheltered homeless counts were coordinated to reference the same time period to minimize potential duplicate counting of persons experiencing homelessness.

THE PLANNING PROCESS

To ensure the success of the count, many county and local agencies collaborated in community outreach, volunteer recruitment, logistics planning, methodological decision-making, and interagency coordination efforts. Applied Survey Research (ASR), a social research firm, provided technical assistance and direct management of the planning process. ASR has over 18 years of experience conducting homeless counts and surveys throughout California and across the nation. ASR frequently provides technical assistance on national projects and speaks at national events, and their work is featured as a best practice in HUD’s publication, “A Guide to Counting Unsheltered Homeless People.”

COMMUNITY INVOLVEMENT

Local homeless service providers and advocates have been active and valued partners in the planning and implementation of this and previous homeless counts. The planning team worked closely with a number of organizations representing different facets of Marin County, including
the following: Adopt-a-Family Marin, Buckelew Programs, Center for Domestic Peace, City of San Rafael, City of Sausalito Police Department Harbor Patrol Division, Community Action Marin, the Downtown Streets Team, Eden Housing, Gilead House, Homeless Policy Steering Committee, Homeward Bound of Marin, Marin Advocates Network, Marin County Health and Human Services, Marin County Health and Wellness Center, Marin County Office of Education, Marin Housing Authority, the Novato Youth Center, Ritter Center, San Rafael Police Department, the Spahr Center, St. Vincent de Paul Society of Marin, and Sunny Hills Transitional-Age Youth.

The Mayor and the Police Chief of San Rafael participated in the unsheltered count in addition to a number of City and County representatives who volunteered on the day of the count. Applied Survey Research invited feedback and discussion on the methodology in order to have a county-wide endorsement of the count. Guides currently experiencing homelessness provided innovative assistance in navigating the county in the thorough search for unsheltered persons.

**UNSHeltered COUNT METHODOLOGY**

**DEFINITION**

For the purposes of this study, the HUD definition of unsheltered persons experiencing homelessness was used:

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

**Methodological Improvements**

Applied Survey Research led the planning team and coordinated with all of the organizations mentioned above. The methods used in the 2017 Point-in-Time Count were built on the progress begun during the 2015 Point-in-Time Count. Much was learned that can help in future enumeration efforts.

Additional enumerations for the 2017 count included an effort to contact and enumerate families on program waitlists for housing and those families considered homeless on the McKinney-Vento questionnaire. Another addition to the 2017 Point-in-Time Count was a vehicular count conducted the night preceding the unsheltered count by law enforcement agencies. These efforts are further explained below.

**Volunteer and Guide Recruitment and Training**

Many individuals who live and/or work in Marin turned out to support the County's effort to enumerate the local homeless population. To have a successful enumeration effort of this magnitude, it is crucial to have the participation of volunteers and homeless persons who have an intimate knowledge of the local areas. Twenty-five homeless individuals and 70 community volunteers participated in the 2017 general unsheltered count. Outreach efforts were conducted through local nonprofits that serve the homeless and local volunteer programs. Local shelters and service providers recruited the most knowledgeable and reliable homeless individuals to participate in the count. Homeless persons were paid $15 to attend a training on count procedures and quality control. They were given this money on the morning they reported to work for the unsheltered count. They were also paid $15 for each hour they spent out on the day of the count.

All individuals experiencing homelessness and volunteers who participated in the count were asked to attend a one-hour training prior to the day of the count. Trainings took place in Novato, San Rafael, and Marin City at the same locations as the deployment centers. The training process...
Appendix 1: Methodology

covered all aspects of the count, including the definition of homelessness and how to recognize homeless individuals, potential locations homeless individuals may be, how to safely and respectfully count individuals, and how to use the tally sheets and maps to ensure the entirety of the assigned area was covered.

SAFETY PRECAUTIONS
Every effort was made to minimize potentially hazardous situations. Volunteers were encouraged to attend a training session that educated individuals on how to enumerate those experiencing homelessness without making any contact. High-volume areas and encampments were covered by specialty teams that had previous knowledge and comfort with the areas. Enumeration teams were advised to take all safety precautions possible, including bringing along flashlights and maintaining distance from those they were counting. Local law enforcement was made aware of the count and participated in the special teams and vehicular count. No official reports were received noting unsafe situations occurring during the unsheltered count in any area of the county.

UNSHelterED COUNT DEPLOYMENT CENTERS
To achieve complete coverage of Marin County within the allotted time frame, the planning team identified three locations for the placement of deployment centers on the day of the count: San Rafael, Novato, and Marin City. Volunteers requested their deployment center at the time of registration based on familiarity with the area or convenience, but were ultimately assigned to a deployment center based on need as determined by the volunteer coordinator. The planning team divided up the enumeration routes according to United States census tracts and assigned them to the deployment center closest or most central to the coverage area to facilitate the timely deployment of enumeration teams into the field.

LOGISTICS OF ENUMERATION
On the morning of the unsheltered count, two to three person teams were created to enumerate designated areas of the county. Each team was ideally composed of at least one trained volunteer and one trained homeless guide. They were provided with their assigned census tract map areas, corresponding tally sheets, training guidelines, and other supplies. All accessible streets, roads, and highways in the census tracts were traveled by foot or car. No direct contact was typically made with enumerated homeless people during the enumeration. Tally sheets delineated by census tract and jurisdiction were provided by deployment center captains to each team to record the number of homeless persons observed and basic demographic information. Deployment center staff also verified that at least one person on each team had a cell phone available for their use during the count and recorded the number on a deployment log sheet. Teams were asked to cover the entirety of their assigned areas, staying out for as long as it took to cover the entire route, and to call the deployment center if any issues arose.

In addition to the regular teams sent out for enumeration, a special team covered individuals living on vessels in Richardson Bay. During the planning phase, Applied Survey Research worked with the City of Sausalito Police Department Harbor Division and individuals living on Richardson Bay. A special team of mental health outreach workers affiliated with Community Action of Marin covered western Marin. These individuals regularly work with older adults, chronically homeless individuals, and families experiencing homelessness in locations such as Bolinas, Stinson Beach, and Point Reyes Station.

COUNTY OFFICE OF EDUCATION AND PROGRAM WAITLISTS
The County Office of Education gathers information on homeless children at the beginning of the school year to provide assistance to children through McKinney-Vento programs and funding.
Appendix 1: Methodology

The McKinney-Vento district liaisons at the Marin County Office of Education were unable to validate the current accommodation status of homeless children in most K-12 schools in the County due to time constraints; however, Novato Union School District was able to validate the current accommodation of homeless children in their database. These families and children were incorporated into count data.

In addition to Novato Union School District, representatives from three social services organizations called known families in the days following the count who were recently experiencing homelessness to ascertain their whereabouts on the night of January 26th. The agencies were Homeward Bound of Marin, Marin County Health and Human Services Temporary Assistance Program, and Adopt-a-Family of Marin.

A total of 119 families were contacted in the days following the count. Fifty-nine families participated in the brief survey, sixty families could not be reached, and zero refused to take the survey. All of the participants had children under 18 except for one in which the woman was pregnant.

Out of fifty-nine surveys, five families confirmed they were residing in a vehicle on the night of January 26th and were included in the enumeration. An additional eight families were staying in a hotel or motel, twenty-four families were doubled up, and eight were living in their own apartment or house. Eleven families were staying in an emergency shelter and six were living in transitional housing; these sheltered families were enumerated through shelter data collection.

**VEHICLE COUNT**

Many people experiencing homelessness in Marin County reside in cars, vans, and RVs. To more accurately count the number of people living in vehicles on the night of January 26th, five police departments participated in a vehicular count from 7 PM to 5 AM. The departments that participated were Fairfax, San Rafael, Central Marin (covering Corte Madera, Larkspur, San Anselmo and portions of Greenbrae), Sausalito, and Novato. To avoid duplication with the general unsheltered count beginning at daybreak, the vehicular count ended at 5 AM. Both the vehicular and unsheltered count recorded the last four digits of all vehicle license plates so vehicles could be de-duplicated during subsequent data processing.

**CHALLENGES**

There are many challenges in any homeless enumeration. Point-in-Time counts are “snapshots” that quantify the size of the homeless population at a given point during the year. Hence, the count may not be representative of fluctuations and compositional changes in the homeless population seasonally or over time.

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

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

- It is difficult to identify homeless persons who may be sleeping in vans, cars, recreational vehicles, abandoned buildings, or structures unfit for human habitation.
- Homeless families with children often seek opportunities to stay on private property, rather than sleep on the streets, in vehicles, or makeshift shelters.
Even though the Point-in-Time Count is most likely to be an undercount of the homeless population, the methodology employed, coupled with the homeless survey, is the most comprehensive approach available.

SUPPLEMENTAL YOUTH UNSHELTERED COUNT METHODOLOGY

GOAL

The youth count was developed to be more inclusive of children and youth under the age of 25 experiencing homelessness. Many of these children and youth do not use homeless services, are unrecognizable to adult unsheltered count volunteers, and may be in difficult to find unsheltered locations. Therefore, traditional unsheltered count efforts are not as effective in enumerating youth. 2017 was determined to be a baseline year for counting youth, with the goal to improve upon youth count techniques used across the United States in 2015. This method is strongly recommended by HUD and is a special expertise of ASR.

RESEARCH DESIGN

The Department of Housing and Urban Development and the United States Interagency Council on Homelessness recognize that youth do not commonly comingle with adults experiencing homelessness and are not easily identified by non-youth. For this reason, they have recommended that communities count youth at times when they can be seen, rather than during general unsheltered count times. This process required a different planning technique from that used for the adult unsheltered count.

Planning for the 2017 supplemental youth count included youth homeless service providers. In a methodological shift from 2015, planners employed a visual unsheltered count without an accompanying event-based enumeration. Sunny Hills TAY identified and recruited youth currently or recently experiencing homelessness with knowledge of where to locate and enumerate other youth experiencing homelessness. These youth served as guides during the unsheltered youth count. The planning team worked with providers and outreach workers to identify locations where homeless youth were known to congregate and determined the best time to enumerate youth was between 3 and 7 PM.

The youth unsheltered count began at 3 PM and was deployed out of the youth-specific Sunny Hills Transitional Age Youth, with one team comprised of two youth and two supervisors. They canvassed Novato, San Rafael, and Fairfax. Youth workers were paid $15 per hour for their time, including the hour-long training conducted prior to the count. Youth were trained on how to record data and where and how to identify youth experiencing homelessness.

SHELTER COUNT METHODOLOGY

GOAL

The goal of the shelter count was to gain an accurate count of persons temporarily housed in shelters and other institutions across Marin County. These data were vital to gaining an accurate overall count of the homeless population and understanding where homeless persons received shelter.

DEFINITION

For the purposes of this study, the HUD definition of sheltered persons experiencing homelessness was used:
Appendix 1: Methodology

RESEARCH DESIGN

All shelter data were collected by the County of Marin, with some assistance from Applied Survey Research to ensure that every shelter in the County was included. Shelters reported the number of individuals they had sleeping at their shelter the night before the count (January 26). They reported basic demographic information as well.

SURVEY METHODOLOGY

PLANNING AND IMPLEMENTATION

The survey of 457 homeless persons was conducted to yield qualitative data about the homeless community in Marin County. These data are used for the McKinney-Vento Continuum of Care Homeless Assistance funding application and are important for future program development and planning. The survey elicited information such as gender, family status, military service, length and recurrence of homelessness, usual nighttime accommodations, causes of homelessness, and access to services through open-ended, closed ended, and multiple response questions. The survey data bring greater perspective to current issues of homelessness and to the provision and delivery of services.

Surveys were conducted by workers experiencing homelessness and shelter team members, all of whom were trained by Applied Survey Research. Training sessions led potential interviewers through a comprehensive orientation that included project background information and detailed instruction on respondent eligibility, interviewing protocol, and confidentiality. Workers experiencing homelessness were compensated at a rate of $7 per completed survey.

It was determined that survey data would be more easily collected if an incentive gift was offered to respondents in appreciation for their time and participation. A variety of socks, hats, and gloves were given as an incentive for participating in the survey. These items were easy to obtain and distribute, had wide appeal, and could be provided within the project budget. The peer survey approach enabled surveys to be conducted at any time during the day, and the gift proved to be a widely accepted incentive among survey respondents.

SURVEY ADMINISTRATION DETAILS

- The 2017 Marin Homeless Survey was administered by the trained survey team between February 3, 2017 and February 22, 2017.
- In all, the survey team collected 457 unique surveys.

SURVEY SAMPLING

Based on the Point-in-Time Count of 1,117 homeless persons with a randomized survey sampling process, the 457 individuals surveyed created a representative sample of Marin County to generalize the results of the survey to the estimated population of individuals experiencing homelessness in Marin County with a confidence interval of +/- 3.53% with a 95% confidence level.
The 2017 survey was administered in both transitional housing facilities and on the street. In order to ensure the representation of transitional housing residents who can be underrepresented in a street-based survey, survey quotas were created to reach individuals and heads of family households living in these programs. Individuals residing in emergency shelters were reached through street surveys during the day when emergency shelters were closed.

Strategic attempts were made to reach individuals in various geographic locations and of various subset groups such as youth, minority ethnic groups, veterans, domestic violence victims, and families. One way to increase the participation of these groups was to recruit peer survey workers. The 2017 survey prioritized a peer-to-peer approach to data collection.

In order to increase randomization of sample respondents, survey workers were trained to employ an “every third encounter” survey approach. Survey workers were instructed to approach every third person they encountered whom they considered to be an eligible survey respondent. If the person declined to take the survey, the survey worker could approach the next eligible person they encountered. After completing a survey, the randomized approach was resumed. It is important to recognize that while efforts are made to randomize the respondents, it is not a random sample methodology. This is a challenging approach in a widespread and sprawled survey population, but surveyors did their best to follow the sampling plan and reduce selection bias.

**Data Collection**

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

**Data Analysis**

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

**Survey Challenges and Limitations**

The 2017 Marin County Survey did not include an equal representation of all homeless experiences. There may be some variance in the data that the homeless individuals self-reported. However, using a peer interviewing methodology is believed to allow the respondents to be more candid with their answers and may help reduce the uneasiness of revealing personal information. Further, service providers and County staff members recommended individuals who would be the best to conduct interviews and they received comprehensive training about how to conduct interviews. Surveys that were considered incomplete or containing false responses were not accepted.
Appendix 2: Definitions & Abbreviations

**Chronic homelessness** – Defined by the U.S. Department of Housing and Urban Development as an unaccompanied individual or head of a family household with a disabling condition who has either continuously experienced homelessness for a year or more, or has experienced at least four episodes of homelessness in the past three years with the combined episodes equaling one year or more.

**Disabling condition** – Defined by the U.S. Department of Housing and Urban Development as a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, Post-Traumatic Stress Disorder, or brain injury that is expected to be long-term and impacts the individual’s ability to live independently, a developmental disability, or HIV/AIDS.

**Emergency shelter** – The provision of a safe alternative to the streets, either in a shelter facility or through the use of stabilization rooms. Emergency shelter is short-term, usually for 90 days or fewer. Domestic violence shelters are typically considered a type of emergency shelter, as they provide safe, immediate housing for survivors and their children.

**Family** – A household with at least one adult and one child under the age of 18.

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

**HUD** – Abbreviation for the U.S. Department of Housing and Urban Development.

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

**Single individual** – An unaccompanied adult over the age of 18.
**Transition-age youth** – Young people between the ages of 18 and 24 years old who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as their own child(ren).

**Transitional housing** – Housing in which homeless individuals may live up to 24 months and receive supportive services that enable them to live more independently. The organization managing the housing or coordinating the program may provide supportive services, which help promote residential stability, increased skill level or income, and greater self-determination. Transitional housing can be provided in one structure or several structures at one site, or in multiple structures at scattered sites.

**Unaccompanied children** – Children under the age of 18 who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same location as their own child(ren).

**Unsheltered homeless individuals** – Individuals who are living on the streets, in abandoned buildings, storage structures, vehicles, encampments, or any other place unfit for human habitation.
Appendix 2: Definitions & Abbreviations

2017 Marin County Homeless Point-In-Time Count & Survey

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