

San Mateo County Homeless Needs Assessment

Prepared by

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SAN MATEO COUNTY HOMELESS NEEDS ASSESSMENT

EXECUTIVE SUMMARY

INTRODUCTION

In December 1994, the San Mateo County Human Services Agency initiated a study of the overall extent, causes and solutions to homelessness in San Mateo County. Two demographic analyses were completed as the basis for the study. They are:

- (1) An evaluation of the characteristics and needs of homeless persons residing in San Mateo County based upon structured interviews with a subset of homeless individuals and homeless service providers. This evaluation was prepared by the Bay Area Social Services Consortium of the Center for Social Services Research at the School of Social Welfare at the University of California, Berkeley.
- (2) An analysis of the number of homeless individuals in the County based upon unduplicated counts of individuals served by various Government and non-profit agencies during calendar 1994. This analysis was prepared by staff from the Hunger and Homeless Action Coalition of San Mateo County and San Mateo County Housing Division in cooperation with many non-profit and public service providers.

The goal of the analyses is to provide public entities, program funders and service providers with current, accurate data necessary to develop effective and efficient services which address the problem of homelessness in the County. The most up-to-date information could then be used to inform decisions regarding public policy, resource allocation and development and service planning.

THE RESEARCH STUDY

In 1994, the San Mateo County Human Service Agency asked the Bay Area Social Services Consortium (BASCC) to reassess the needs of homeless persons residing in San Mateo County by conducting a community needs assessment. In order to complete the assessment, BASCC surveyed 419 unduplicated homeless individuals during the last week of February 1995. Interviews were conducted which included questions relating to causes of homelessness, means of financial support and particular services needed. In addition 60 representatives of organizations providing services to homeless persons in the County were interviewed.

This study also incorporated a retrospective count of all homeless persons serviced by provider organizations throughout 1994 conducted by the Hunger and Homeless Action Coalition of San Mateo County and the San Mateo County Human Services Agency. The retrospective count is presented as Appendix D of this report.

RESEARCH FINDINGS

IN THEIR OWN VIEWS - HOMELESS PERSONS SURVEY

About half of the 419 homeless persons who completed the survey were interviewed at community-based organizations including core service agencies (25.2%) and at meal programs (24.2%) throughout the County. Other locations included: the winter armory shelter (17.4%), County social service agencies (14.4%), other shelter facilities (13.4%) and street and congregating sites (5.4%).

Demographics

- Approximately three-quarters (72.1%) of the homeless persons interviewed were male; slightly more than one-quarter (27.9%) were female.
- The ethnic mix was as follows: 37.7% Caucasian, 33.7% African American, 18.5% Hispanic, 4.7% Asian/Pacific Islander, 4.2% Native American and 1.2% Other.
- Close to three-quarters of respondents (65.2%) were between the ages of 26 to 45. The mean age of those surveyed was 38.3 years with a range of 15 to 78.
- About half (50.3%) reported being single and not having children; 4.1% were married or in a couple relationship without children. Overall, 37.3% of the respondents reported having children, with close to three-quarters (71.4%) caring for them during their period of homelessness. Single parent families had an average of two children. Those married or in a couple relationship with children had a mean number of 2.3 children.
- While 12.7% reported completing elementary school, over half (51.6%) received a high school diploma. In addition, 17.1% attended some undergraduate education and 4.2% had vocational training. Over 10% reported having a college degree (8.7%) or graduate degree (2.5%).
- Nearly one-quarter (22.4%) reported being a United States veteran; the majority having served in the Army (51.3%), followed by the Marines (20%), Navy (17.5%) and other military divisions (11.3%).

Housing

- When queried as to where they had slept the night before, one-quarter (25.8%) indicated a shelter facility. Most others (22.6%) spent the previous night at a friend's or relative's house or in a car/van (14.0%).
- When asked how many days they had been homeless, responses ranged from 0 to 9,125 days (or 25 years) and averaged 1.37 years. The most frequently reported response for women was one month, while men reported six months of homelessness.
- Most homeless persons indicated that they lost their housing because they could not make the rent payments and were evicted (44.4%). Over one-third (38.9%) stated that losing their job caused them to lose their housing. The next most common responses were: "couldn't stay there" (28.9%), substance abuse (23.7%) and insufficient wages (18.9%).

Employment/Income

- While the most common method of supporting oneself financially during the last six months was through a job (34.8%), 12.3% of the homeless respondents reported no means of support. About one-quarter (25.6%) received Foods Stamps, 17.9% had assistance from family and friends, 15.3% supported themselves through General Assistance benefits and 14.3% used handouts/panhandling.
- To the question, “what assistance are you getting through the government?,” slightly fewer than half (45.8%) reported receiving some type of government assistance.
- About 60% of the respondents were unemployed, while 31.2% were employed (either full time, part time, once in a while, seasonally or self employed). Three-quarters (74.6%) of those homeless persons who are unemployed, reported that they are looking for work.

Services

- Over one-third of homeless respondents indicated that their basic needs for shelter (36.7%), clothing (35.8%), medical/health (38.1%) and mental health (39.3%) were not being met. Homeless persons indicated that their needs for food and hygiene were more likely to be met (73.8% and 74.8% respectively).
- In the past six months, over half (51%) of those surveyed used shelter services, 42.1% accessed health services, 40.7% used personal care services (including showers, clothing child care and storage) and nearly one-quarter (23.4%) received financial assistance services.
- Homeless respondents stated that the **most important services they needed** were: (1) shelter (housing and emergency shelter); (2) financial assistance (including one time rent, first deposit assistance, housing vouchers and assistance in getting benefits); and (3) employment (job training and job search assistance). These needs were followed closely by personal care services (clothing showers, laundry, address or place to receive messages and storage), health services (including hospital, prescription drugs, and prenatal care) and food programs (see Chart 1).
- Homeless men were twice as likely as women to mention personal care as one of their most important service needs. Homeless women in far greater numbers highlighted their need for subsidized and affordable child care services (see Chart 2).
- Finally, 7.4% of homeless respondents reported being afraid to seek services because of their immigration status.

SERVICE PROVIDERS' VIEWS

Sixty representatives of organizations serving homeless persons in the County responded to the Service Provider Survey. Respondents identified as executive directors or program directors (36.7%) and as program staff (63.3%). Agency respondents primarily worked at community-based organizations (including housing, case management, legal assistance and social service agencies) (28.4%), core service agencies (27%), shelter facilities (25.6%) and county social service agencies (17%).

Organizational Structure

- Fewer than one quarter (22.2%) of the agencies were under public auspices while 77.8% were private, nonprofit organizations.
- The mean percentages of the agencies operating budgets for homeless service programs last year came from individual donations/fundraising (25.5%), followed by city (21.2%) and county (15%) government, foundations (11.8%), state (7.6%) and federal (3.6%) government, corporations (2.3%), client fees (.5%) and other sources (including interest, volunteers and management services) (4.2%).
- The average number of staff (including full-time, part-time and contract) in these organizations' homeless service programs was as follows: administrative staff 1.6 persons, program staff 5.1 persons and other staff 2.3 persons for an average of nine total staff persons. The mean number of volunteers was 50 with a range of 0 to 250.

Services Provided and Clients Served

- Over half of the respondents indicated that the types of services that their agency provides for homeless persons include: shelter, outreach and referral, housing, nutrition and transportation (in that order).
- Over one-third (34.5%) of agency respondents stated that they serve all types of homeless persons. Agency representatives reported not being able to serve violent persons (44.8%), state parolees (32.8%), substance abusers (31%) and teenagers (31%).
- Over two-thirds (68.5%) of respondents reported that their agencies do not have a waiting list for their homeless service programs. For those who responded in the affirmative (31.5%), the average waiting period was 15 days with a range of 4 to 30 days.
- The majority of providers (94.4%) stated that, from their perspective, the total number of homeless persons their agency serves has increased over the past five years. When asked to explain why, many mentioned current economic conditions (including increases in unemployment and the cost of living), stricter eligibility and reductions in benefit levels, increases in domestic violence and the influx of people from other counties, states and countries into San Mateo County.

- The largest increases in homeless persons served by the agencies over the past five years were reported for first time homeless (88.2%), substance abusers, mentally ill and HIV/AIDS (85.7% reported increases for each), dual diagnosis (78.6%), closely followed by single women (73.3%) and married persons with children (73.3%).

The Issue of Homelessness

- When asked to indicate their impressions of the five principle causes of homelessness, most providers referred to the shortage of affordable housing (81%), joblessness (77.6%), substance abuse (67.2%), insufficient wages (55.2%) and limited job skills (46.6%).
- The majority of the service providers (59.2%) indicated that the nature of the problems homeless persons bring to their agencies has not changed in the past five years. For those who stated that there have been changes, many indicated that homeless clients now bring a more complex array of problems.
- When queried about the top five factors that keep homeless persons in a condition of homelessness, the majority of providers cited the lack of affordable housing (84.5%), substance abuse problems (74.1%), limited job skills (69%), insufficient wages (50%) and lack of job opportunities (44.8%).

Coordination of Homeless Services

- Service providers mentioned the lack of financial resources (72.4%), politics (48.3%) and lack of a unified homeless client data base (41.4%) as the top three barriers to coordinating homeless services in the County.
- When defining the key barriers facing their agency for coordinating services, providers noted in even greater numbers the lack of financial resources (84.7%) and insufficient staff (33.9%) and staff time (33.9%).

Service Needs

- If more resources were available, the most important new or expanded services for homeless persons in the County reported by agency respondents should be: (1) affordable, permanent housing; (2) job training and employment assistance; (3) long term emergency shelter; (4) financial assistance; (5) transitional housing; and (6) child care (see Chart 3).
- Service providers were also presented the opportunity to make recommendations to the County Board of Supervisors about ways to effectively address the issue of homelessness in the County.
- Housing/ Shelter: The predominant recommendation of service providers was to increase the availability of affordable permanent housing in the County. Housing concerns also included long term emergency shelter, transitional housing and the Section 8 program.

- Job Training and Employment Assistance: Over half of the providers stressed the importance of additional employment services for the homeless population. Some wrote that expanding employment assistance including skill building, education and training for job opportunities available in the County and providing job leads with pre-job (dressing, interviewing, etc) skill training are critical.
- Financial Assistance: One-third of the providers indicated the need for additional financial services for the homeless population in the County. Increased employment at a livable wage is essential. Equally as important, if a family is able to find affordable housing, the transition from unemployment to employment often requires losing other essential benefits such as Medi-Cal and Food Stamps. Another need of homeless persons in the County is financial assistance for paying the rent via public benefits.
- Child Care: Over one-fifth pointed out the need for affordable child care services for homeless families. A common reason stated for not seeking/continuing employment, particularly for homeless female caretakers, is the lack of child care.
- Substance Abuse Treatment: Service providers acknowledged a critical need for more substance abuse programs in the County targeting low-income persons.
- Case Management: Case management was cited by many providers as the cornerstone of homeless services. Service providers continue to advocate for a unified data base so that case management and the provision of additional services can be better coordinated.

HOMELESS PERSONS' VS. SERVICE PROVIDERS' VIEWS

Many similarities can be noted when comparing the responses of homeless persons and service providers as related to causes of homelessness and service needs.

- Providers stated that the shortage of affordable housing, joblessness, insufficient wages, limited job skills and substance abuse, were the primary causes of homelessness. The most common responses from homeless persons to a similar question were eviction, "couldn't stay there," job loss, inadequate wages and substance abuse. These findings reveal that the homeless persons and providers alike link a combination of structural (particularly housing and economic) and personal factors to homelessness.
- Homeless respondents reported their key service needs to be shelter (including housing and emergency shelter), financial/rental assistance and employment. Service providers strongly supported new or expanded services to include: affordable permanent housing, permanent, year-round emergency shelter, employment services and financial assistance. What is strikingly different from the provider reports is the emphasis by homeless persons of their reported needs for personal care services, health services and food programs.
- The needs for more transitional housing and affordable, subsidized child care were highlighted by both homeless persons and service providers. Yet, the need for treatment programs for drug and alcohol problems were mentioned by providers more often than by homeless persons themselves.

RETROSPECTIVE COUNT

- The Retrospective Count prepared by staff from the Hunger and Homeless Action Coalition of San Mateo County and San Mateo County Housing Division attempts to evaluate the total number of homeless individuals served by various government and non-profit agencies during calendar 1994. The methodology used to complete the evaluation indexed each homeless household by social security number and birth date, thus ensuring the count does not include any duplicated cases. Overall, the retrospective count indicates a total of 2,432 homeless households served by various providers in San Mateo County. These households include 2,649 adults and 1,850 children for a total of 4,499 persons who experienced an episode of homelessness and sought services in San Mateo County during calendar 1994.
- The 1994 Retrospective Count documents fewer homeless individuals than were reported in the 1990 Report "Living in the Shadow of Affluence" where a total homeless population of 8,665 was reported. We believe this difference is due to a different methodology, definition of homelessness and an improved counting method which ensures against duplication and not to a decline in the overall extent of homelessness in San Mateo County.

RECOMMENDATIONS

As discussed further on pages 25-36, the following **recommendations**, with recommended actions, are offered:

1. **Expand housing resources/options for homeless persons and people at risk of homelessness in the County.**

RECOMMENDED ACTION: Over the next six months the Office of Homelessness, working with the SUCCESS Housing Design Team, will develop a continuum of care for the delivery of services to the homeless in the county, which includes within its consideration: prevention, outreach emergency shelter, transitional housing and permanent housing.

Within nine months, the Homeless Advisory Committee to the Office of Homelessness will: examine the initial provision of services and housing to the homeless, including emergency shelter, prevention, and motel vouchers; reach consensus as to an approach; and design an implementation plan based upon this approach. This analysis will include a re-examination of the existing strategy of placing three emergency shelters in different parts of the county, and recommended prospective uses of the Family Housing & Homeless Trust Fund of San Mateo County (located with the Peninsula Community Foundation), in light of the findings of this Needs Assessment.

2. **Increase availability of rental assistance services to homeless persons and people at risk of homelessness in the County.**

RECOMMENDED ACTION: In the next three months, the SUCCESS Housing Design Team, with participation from the Office of Homelessness, will evaluate the effectiveness of rental assistance as a means of assisting with clients' housing needs and determine in what forms rental assistance should be offered.

3. **Ensure that existing employment services take into account the special needs of homeless people and provide additional employment services as necessary for homeless persons and those at risk of homelessness in the County.**

RECOMMENDED ACTION: Within nine months the director of Job Training & Economic Development will develop, and within 15 months implement, a plan to effectively link employment services for the homeless through community-based organizations, the Success Center and other JTED programs. This linkage may require making adaptations to existing programs and considerations of other initiatives, such as outreach, to assure successful assimilation of the homeless to these JTED programs.

The Office of Homelessness will work with the Veterans Administration to urge the VA to take similar steps to ensure that the homeless are served successfully through VA jobs programs.

4. **Increase opportunities for homeless persons to adequately address their personal care needs and maintain availability of emergency food programs.**

RECOMMENDED ACTION: Within six months, the Office of Homelessness, working with the Hunger & Homeless Action Coalition of San Mateo County will ensure that the personal care and food services available are inventoried and their availability widely published among the homeless. The Office of Homelessness will study delivery mechanism for personal care services and their potential use in the County. The Advisory Committee will work to solicit contributions from private sources, both financial and volunteer services, to provide better personal care needs of the homeless. In two years, the Office of Homelessness, with the Hunger and Homeless Coalition, will conduct an inventory to measure whether available services have increased and report back to the Board of Supervisors.

It is recommended that the Board of Supervisors consider continuing to fund from General Fund Revenues, and consider increasing such funding, if possible, to nonprofits which provide food and personal care services to the homeless.

5. **Expand the availability and access to health services for the homeless population and persons at risk of homelessness.**

RECOMMENDED ACTION: The County's Health Services and Office of Homelessness will work to ensure there are strong links between those providing health care to the homeless, including Health Care for the Homeless, and organizations providing other services to the homeless. Health Services will report to the Board on the outcome of the Health Care for the Homeless Grant.

Mental Health Department: Within six months, the Office of Homelessness and the county Mental Health Department will establish a more formal method of exchanging information on their various activities and, within the continuum of care being developed (see Rec. No. 1), develop a plan to address the needs of the segment of the homeless population which is mentally ill.

Prevention Early Intervention & Recovery Services Division: Within six months, the Office of Homelessness and the County will establish a more formal method of exchanging information on their various activities and, within the continuum of care being developed (see Rec. No. 1), develop a plan to address the needs of the segment of the homeless population served by the Division.

6. **Tailor programs to multiple subgroups within the homeless population who have diverse needs.**

RECOMMENDED ACTION: This task will be completed through the actions contemplated in Recommendation No. 1, above, as part of the development of a continuum of care for the County, to include mental health, drug and alcohol, aging, veterans, domestic violence, youth, and other subgroups.

7. **Implement a comprehensive, coordinated prevention strategy to confront the complexities of the problem of homelessness.**

RECOMMENDED ACTION: Knowing that prevention is a primary concern, the Homeless Advisory Committee will work within the SUCCESS Housing Design Team to identify and recommend commitment of appropriate resources to prevention strategies, drawing from the recommendations contained in the San Mateo County Homeless Prevention Task Force's 1993 report, *Homeless Prevention: The Primary Solution*.

8. **Provide information and education to change public attitudes about homelessness.**

RECOMMENDED ACTION: The Office of Homelessness and the Homeless Advisory Committee, working with the Hunger and Homeless Action Coalition, will, within one year, design a marketing plan to address public attitudes towards homelessness, coordinating with the SUCCESS Public Information Design Team.

Within one year, the Office of Homelessness will study and design a strategy or strategies to address the neighborhood resistance to the placement of homeless facilities (sometimes referred to as “not in my backyard” or “NIMBY” sentiments). If necessary, the Office shall seek private funding to implement these strategies.

The Office of Homelessness will distribute the Executive Summary of the Needs Assessment to elected officials, service organizations, businesses, congregations, neighborhood associations, local foundations and other interested in homeless issues.

9. **Develop uniform data collection and case management system for agencies serving homeless and at-risk persons.**

RECOMMENDED ACTION: The SUCCESS Single Intake Design Team will work to assure that the case management system developed takes into consideration the needs of homeless clients. The Office of Homelessness shall participate in the Single Intake design team.

Before the end of 1995, the Office of Homelessness will work with the Hunger and Homeless Action Coalition, the Core Network, and other homeless service providers to develop a set of protocols and appropriate confidentiality consent forms in order to establish a standard for data collection on the number of unduplicated homeless persons for 1996 that will be as accurate a count as possible of the homeless population in San Mateo County seeking services.

10. Coordinate homeless services within San Mateo County and regionally to better serve the homeless.

RECOMMENDED ACTION: Within 18 months, the Office of Homelessness will make an assessment of what it needs to carry out an effective coordination function and report back to the Board of Supervisors. The effectiveness of the Office of Homelessness will be assessed by the Homeless Advisory Committee on an ongoing basis.

SUMMARY OF RECOMMENDATIONS

| Recommendations (bold) Actions Since 1990 | Action Steps | Who (lead in bold) | When |
|--|---|---|--|
| Overall Ongoing efforts | Advocacy on Federal level | Bd , Others | Ongoing |
| 1. Expand Housing Resources/Options <ul style="list-style-type: none"> Emergency Winter Shelter at Armory, San Mateo, 1990-95; Second Emergency Winter Shelter: Maple Street, Redwood City, 1995-96 Transitional Family Housing: Shelter Network, HIP's Robbin's Nest 428 units permanent housing under construction or in predevelopment 3,751 units built last 15 years, 60% seniors | <ul style="list-style-type: none"> ►Continuum of Care ►Examine initial provision ►Re-examine 3 shelters | OH , SHDT HAC , SHDT HAC , SHDT | 6 mo: June '96 9 mo: June '96 9 mo: June '96 |
| 2. Increase Rental Assistance <ul style="list-style-type: none"> Family Homeless & Housing Trust Fund grant for rental assistance Core Network and other continuous rental assistance | <ul style="list-style-type: none"> ►Evaluate effectiveness ►Determine forms of rental assistance | SHDT , OH | 3 mo: Mar. '96 |
| 3. Ensure Employment Services <ul style="list-style-type: none"> SUCCESS Centers | <ul style="list-style-type: none"> ►Develop plan ►Implement plan ►Work with VA | JTED , OH JTED OH | 9 mo.: Sept. '96 15 mo.: Mar. '97 Ongoing |
| 4. Increase Personal Care Opportunities/ Maintain Emergency Food <ul style="list-style-type: none"> Hunger & Homeless Action Center "Homeless Survival Guide" | <ul style="list-style-type: none"> ►Inventory available services and publicize ►Re-inventory ►Study delivery mechanism ►Fund NFPS | HHAC , OH HHAC , OH OH Bd | 6 mo.: June '96 2 yrs.: Dec. '97 Ongoing Ongoing |
| 5. Expand Health Services <ul style="list-style-type: none"> 4 Rotocare clinics supported by Seton Medical Center and two other clinics | <ul style="list-style-type: none"> ►Link OH/HS ►Report to Bd on HCFH ►Establish more formal link: <ul style="list-style-type: none"> ►with Mental Health ►with Prevention/ Early Intervention | OH/HS HS OH/MH OH/PEI & RS | Ongoing Ongoing 6 mo.: June '96 6 mo.: June '96 |
| 6. Tailor Programs To Multiple Subgroups <ul style="list-style-type: none"> Shelter+Care, HA and MH collaborative, Belmont House, hospice for homeless individuals with AIDS | See Recommendation 1 on Continuum of Care | | |

SUMMARY OF RECOMMENDATIONS

| Recommendations (bold) Actions Since 1990 | Action Steps | Who (lead in bold) | When |
|--|---|-----------------------|-------------------|
| 7. Implement Prevention Strategy • Homeless Prevention Task Force's 1993 Report, "Homeless Prevention: The Primary Solution" | Recommend appropriate resource allocation | SHDT , HAC | 6 mo.: June '96 |
| 8. Change Public Attitudes • Office of Homelessness; Homeless Advisory Committee established | ►Design marketing plan | OH, HAC, HHAC, SPIDT | One yr., Dec. '96 |
| | ►Develop NIMBY strategy | OH | One yr., Dec. '96 |
| | ►Distribute Executive Summary of Needs Assessment | OH | 2 mo., Feb. '96 |
| 9. Develop Uniform Data Collection/Case Management • Data Collection efforts for this Needs Assessment | ►Factor homeless needs in SSIDT | SSIDT , OH | 6 mo., June '96 |
| | ►Develop protocols for future data collection | OH , HHAC | 1 mo., Dec. '95 |
| 10. Coordinate Homeless Services • Office of Homelessness and Homeless Advisory Committee established | ►Assess internal needs | OH | 18 mo., June '97 |
| | ►Assess OH | HAC | Ongoing |

Table of Organizations

| | |
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| Bd | Board of Supervisors |
| HSA | Human Services Agency |
| HAC | Homeless Advisory Committee |
| OH | Office of Homelessness |
| JTED | Job Training & Economic Development |
| HS | Health Services |
| MH | Mental Health |
| PEI & RS | Prevention Early Intervention & Recovery Services |
| HHAC | Hunger & Homeless Action Coalition |

SUCCESS Design Teams:

| | |
|-------|--|
| SHDT | SUCCESS Housing Design Team |
| SSIDT | SUCCESS Single Intake Design Team |
| SPIDT | SUCCESS Public Information Design Team |

Chart 1
Most Important Service Needs as Reported by Homeless Persons

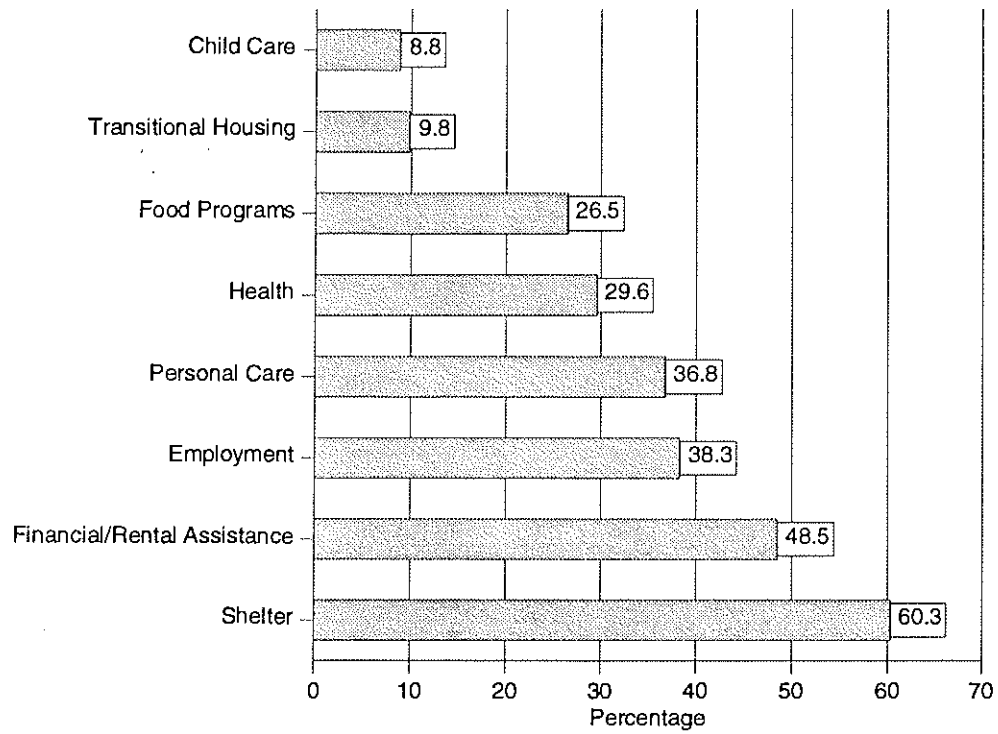


Chart 2
Most Important Service Needs as Reported by Homeless Women and Men

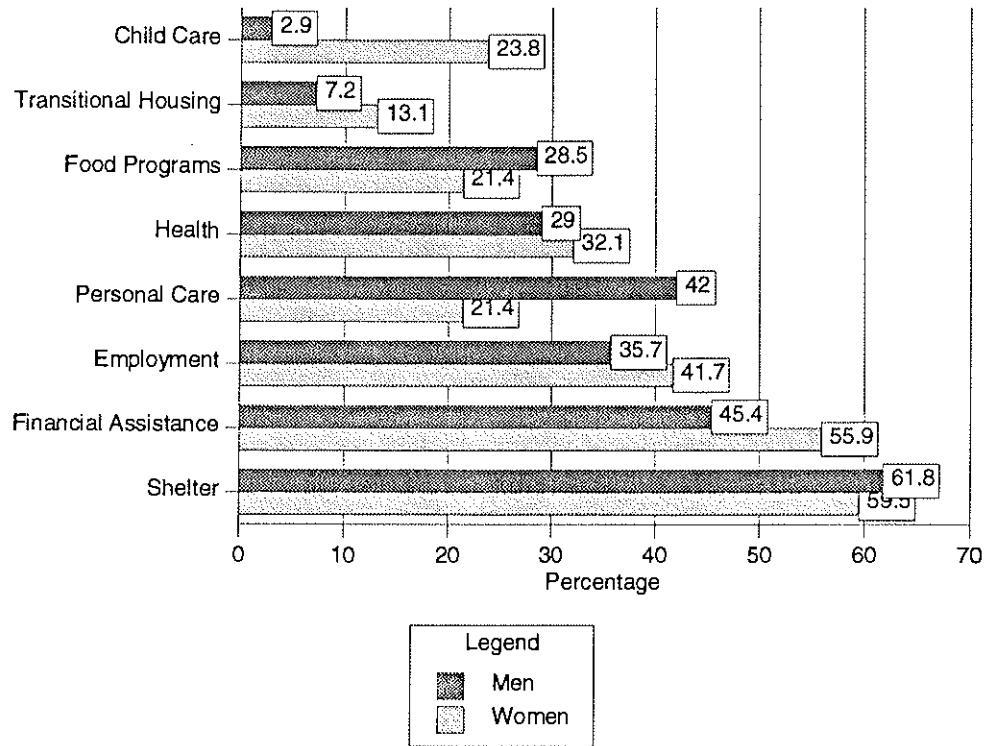
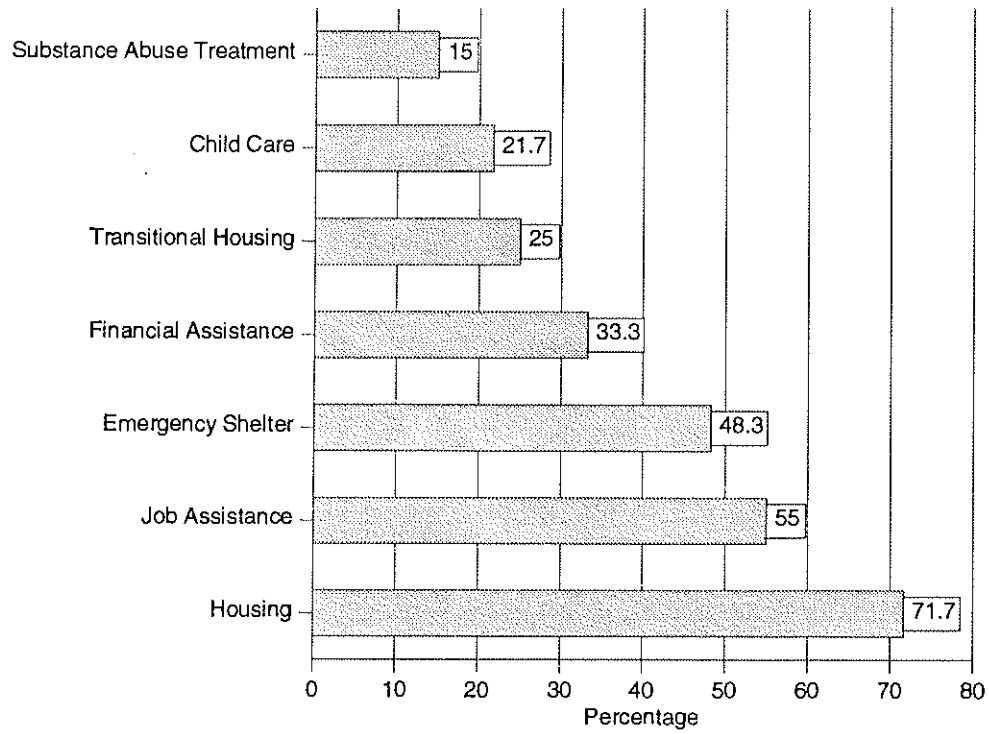


Chart 3
Most Important Service Needs as Reported by Providers



SAN MATEO COUNTY HOMELESS NEEDS ASSESSMENT

I. INTRODUCTION

In December 1994, the San Mateo County Human Services Agency initiated a study of the overall extent, causes and solutions to homelessness in San Mateo County. Two demographic analyses were completed as the basis for the study. They are:

- (1) An evaluation of the characteristics and needs of homeless persons residing in San Mateo County based upon structured interviews with a subset of homeless individuals and homeless service providers. This evaluation was prepared by the Bay Area Social Services Consortium of the Center for Social Services Research at the School of Social Welfare at the University of California, Berkeley and is presented in the following report.
- (2) An analysis of the unduplicated number of homeless individuals in the County served by various Government and non-profit agencies during calendar 1994. This analysis was prepared by staff from the Hunger and Homeless Action Coalition of San Mateo County and San Mateo County Housing and Community Development in cooperation with non-profit and County service providers. The evaluation of number of homeless individuals is presented as Appendix D to the report.

The goal of the analyses is to provide public entities, program funders and service providers with current, accurate data necessary to develop effective and efficient services which address the problem of homelessness in the County. The most up-to-date information could then be used to inform decisions regarding public policy, resource allocation and development and service planning. Three organizations, the Bay Area Social Services Consortium of the Center for Social Services Research at the School of Social Welfare at the University of California, Berkeley, the San Mateo County Hunger and Homeless Action Coalition and San Mateo County Housing and Community Development reviewed the results of the analyses and collaborated to produce the recommendations presented beginning on page 26 of this report.

BACKGROUND: THE 1995 NEEDS ASSESSMENT IN CONTEXT

Efforts to address homelessness in San Mateo County began in the mid 1980's at a time when communities throughout California and the U.S. began to see increasing numbers of homeless families and individuals. As the incidence of homelessness in the County grew and became visible, significant efforts have been made to study the problem and adopt strategic plans to prevent and eliminate homelessness. Since 1990, the County of San Mateo and community non-profit organizations have on several occasions reviewed conditions of homelessness and reaffirmed their commitment to implementing solutions that promise a continuum of care for homeless families and individuals.

The following provides a summary of major milestones in the effort to understand and resolve the problem of homelessness:

- 1991 Living in the Shadow of Affluence, an Assessment of the Needs of Homeless People in San Mateo County presented to the San Mateo County Board of Supervisors.

- 1991 Blue Ribbon Commission on Homelessness presents Action Report, Solutions to Homelessness in San Mateo County to San Mateo County Board of Supervisors.
- 1991 Stanford Center for the Study of Families, Children and Youth complete The Stanford Studies of Homeless Families Children and Youth for Santa Clara County Help House and the San Mateo County Hunger and Homeless Action Coalitions.
- 1992 Six-Point Action Plan Framework, Homeless Issues, San Mateo County prepared by focus groups consisting of members of the Blue Ribbon Commission on Homeless, members of the Stanford Study Public Policy Advisory Board and San Mateo County staff.
- 1993 Homeless Prevention: The Primary Solution presented to San Mateo County Board of Supervisors by the San Mateo County Homeless Prevention Task Force, co-chaired by Coalition/Office on Homelessness and 32 members from the County and Community Based organizations.
- 1993 Consolidated Comprehensive Housing Affordability Strategy adopted by the San Mateo County Board of Supervisors.
- 1995 Consolidated Housing and Community Development Plan adopted by the San Mateo County Board of Supervisors

The recommendations of all of these various reports have not varied significantly, and have repeatedly focused on five basic themes:

1. Establish three year-round, permanent shelters in three geographical areas of the County.
2. Encourage and promote the development of permanent affordable housing for low income and homeless individuals and families.
3. Establish Trust Fund to finance shelter operating costs.
4. Provide services to prevent at-risk households from becoming homeless.
5. Establish an Office of Homelessness as part of San Mateo County Government. The central focus of the office should be coordination of homeless services and development of homelessness policy.

II. THE RESEARCH STUDY

In 1994, the San Mateo County Human Service Agency asked the Bay Area Social Services Consortium (BASCC) to reassess the needs of homeless persons residing in San Mateo County by conducting a community needs assessment. In order to complete the assessment, BASCC surveyed 419 unduplicated homeless individuals during the last week of February 1995. Interviews were conducted which included questions relating to causes of homelessness, means of financial support and particular services needed. In addition 60 representatives of organizations providing services to homeless persons in the County were interviewed.

Any study of homelessness needs to begin with a definition of the issue to frame the scope and depth of the research. This study used the definition in the *Stewart B. McKinney Homeless Assistance Act of 1987* with slight modifications. This Federal legislation defined "homeless" to mean:

- (1) An individual who lacks a fixed, regular, and adequate night-time residence; and;
- (2) An individual who has a primary night-time residency that is:
 - (i) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - (ii) An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - (iii) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- (3) The term does not include any individual imprisoned or otherwise detained under an Act of Congress or a state law.

Furthermore, people who are at imminent risk of losing their housing, because they are being evicted from private dwelling units or are being discharged from institutions and have nowhere else to go, are usually considered to be homeless for program eligibility purposes.

The definition of homeless used in this study was modified to incorporate persons in prison or hospitals who were to be released within the week and had no place to live. Although interviewers did not purposely seek out people at imminent risk of homelessness, if they were at a survey location (e.g. meal site) and self identified as homeless, they were included in the research.

After defining the homeless, a count may be attempted. Researchers have used many methods to enumerate those who are homeless. This study also incorporates a retrospective count of all homeless persons serviced by provider organizations throughout 1994 conducted by the Hunger and Homeless Action Coalition of San Mateo County and the San Mateo County Human Services Agency. The retrospective count is presented as Appendix D of this report. In addition, researchers conducted a "point in time" study of unduplicated homeless persons served by a limited number of public and community based organizations or located on the street and other congregating sites the week of February 21-27, 1995. Since more people become homeless at the end of the month as they run out of money (Rossi, 1989) and during the winter months the demand for shelter increases significantly (Johnson and Cnaan, 1995), the survey was conducted the last week in February.

This descriptive study employed: 1) a highly structured questionnaire administered to homeless individuals; 2) a comprehensive survey mailed to organizations who provide services to homeless persons; and 3) a retrospective tracking of the unduplicated number and characteristics of all homeless persons served by agencies in the County in 1994. (The retrospective tracking was prepared by the Hunger and Homeless Action Coalition and San Mateo County staff and is presented as Appendix D to this report).

III. THE ISSUE IN CONTEXT - SAN MATEO COUNTY

Increasing the supply of affordable housing is crucial when addressing the issue of homelessness. This is especially the case in counties such as San Mateo where the cost of living is very high. Of the total number of housing units in the County (251,782), 60.2% are owner-occupied. The mean value of an owner-occupied home in San Mateo County is \$369,486 (U.S. Census, 1990). Close to 40% of housing units are renter-occupied leaving a vacancy rate of 3.9%.

A 1994 HomeBase Report presents data specific to the availability and affordability of housing and shelter in San Mateo County in the context of the larger Bay Area. In reviewing general housing production and unmet need, the projected need from 1988-1995 was for 25,581 new units of housing in the County. During this time period, there were only 7,846 permits issued netting an unmet need of 17,735 units. According to the Association for Bay Area Governments (ABAG) Housing Needs Determination Study (1989), 9,045 units were needed within San Mateo County. County sponsored research on low income housing found that with its current resources, the County could only meet 15% of the need for subsidized housing (San Mateo Welfare Reform Proposal, 1995). San Mateo County currently meets the needs of 3,301 of the 21,403 family requests for subsidized housing (San Mateo County Human Services Agency, 1995).

San Mateo County has one of the highest fair market rents in the Bay Area. In 1990, a one bedroom apartment averaged \$794 per month. Using the equation that housing costs are based on one-third of a person's earnings, the minimum hourly wage needed to afford a one bedroom is \$15.27. In addition, a two bedroom apartment averaged \$1,004 per month, requiring a minimum hourly wage of \$19.31 per hour (HomeBase, 1994).

According to the HomeBase Report (1994), the minimum cost of living for a single person living in San Mateo totals approximately \$1,320 per month, including \$850 for housing. Contrast these costs with the following public benefits and minimum wages for a single person. The average General Assistance payment is \$412 per month (this includes \$112 per month in Food Stamps), Social Security Elderly wage is \$768 per month (before taxes), Social Security Insurance -- SSI (regional average) is \$715 per month (before taxes), AFDC family (two children) is \$607 per month (plus Food Stamps). Working full time (40 hours per week) on California minimum wage (\$4.25 per hour) provides \$680 per month (before taxes) which is \$66 more than the \$614 Federal Poverty Level.

The Comprehensive Housing Affordability Strategy Report (CHAS, 1993) recounts that in 1994 for every five persons seeking shelter in San Mateo County, four must be turned away. The report estimated that 9,000 to 10,000 persons were homeless at least once during the year, close to half of whom were parents and children (4,749). Homeless families in San Mateo are not likely to be transient but instead have been residents of the County for at least nine years and residents of the Bay Area for at least 12 years (Stanford Studies, 1991).

According to the 1990 Census, the mean household income in San Mateo County was \$59,521. Household income ranged from \$39,969 for African Americans to \$61,727 for Caucasians (American Indian/Alaskan Native \$44,440, Hispanic \$44,194 and Asian/Pacific Islander \$59,293). In 1989, 6.3% of the total population of 649,623 residents of the County lived below the poverty level (U.S. Census, 1990). However the ethnic breakdown of those living below poverty level was as follows: African American 15.1%, American Indian/Alaskan Native 12.9%, Hispanic 12%, Asian/Pacific Islander 5.9% and Caucasian 5.2%. Even though jobs paying a living wage are difficult to find in San Mateo County, the County records historically low unemployment rates (2.2% to 6%) (San Mateo Welfare Reform Proposal, 1995).

V. RESEARCH FINDINGS

A. IN THEIR OWN VIEWS - HOMELESS PERSONS SURVEY

About half of the 419 homeless persons who completed the survey were interviewed at community-based organizations including core service agencies (25.2%) and at meal programs (24.2%) throughout the County. Other locations included: the winter armory shelter (17.4%), county social service agencies (14.4%), other shelter facilities (13.4%) and street and congregating sites (5.4%) (see Table 1).

Table 1
Location of Interview

| <i>Location of Interview</i> | <i>TOTAL Percentage (n=409)</i> | <i>WOMEN Percentage (n=102)</i> | <i>MEN Percentage (n=262)</i> |
|--|---|---|---------------------------------------|
| Community-Based Organization/ Core Service Agency | 25.2 | 23.5 | 25.6 |
| Meal Program | 24.2 | 19.6 | 26.0 |
| Winter Armory Shelter | 17.4 | 6.9 | 22.9 |
| County Social Service Agency | 14.4 | 23.5 | 9.9 |
| Other Shelter Facility | 13.4 | 23.5 | 11.8 |
| Congregating Site/ Street | 5.4 | 2.9 | 3.8 |

In comparison to almost one-quarter (22.9%) of the male respondents, only 6.9% of female respondents were interviewed at the winter armory shelter. While only 9.9% of the males were interviewed at a county social service agency, this was the interview location for close to one-quarter of the female respondents (23.5%).

1. Demographics

Approximately three-quarters (72.1%) of the homeless persons interviewed in 1995 were male; slightly more than one-quarter (27.9%) were female. The ethnic mix was as follows: 37.7% Caucasian, 33.7% African American, 18.5% Hispanic, 4.7% Asian/Pacific Islander, 4.2% Native American and 1.2% Other (see Table 2). While the primary language of most respondents was English (83.6%), 14.5% reported that their primary language was Spanish.

Table 2
Profile of the Homeless Persons Surveyed

| <i>Characteristics</i> | <i>Total Percentage (%)</i> | <i>WOMEN Percentage (%)</i> | <i>MEN Percentage (%)</i> |
|---|-------------------------------------|-------------------------------------|-----------------------------------|
| Gender (n=373) | | | |
| Female | 27.9 | | |
| Male | 72.1 | | |
| Race/ Ethnicity (n=406) | | (n=103) | (n=269) |
| Black/ African American | 33.7 | 34.0 | 32.7 |
| White, not Hispanic | 37.7 | 34.0 | 40.5 |
| Hispanic | 18.5 | 20.4 | 17.5 |
| Asian/ Pacific Islander | 4.7 | 5.8 | 4.5 |
| American Indian/Native American | 4.2 | 3.9 | 3.7 |
| Other | 1.2 | 1.9 | 1.1 |
| Age (n=382) | | (n=100) | (n=252) |
| Under 25 years old | 10.5 | 24.0 | 4.0 |
| 26 to 35 years old | 31.4 | 41.0 | 27.8 |
| 36 to 45 years old | 33.8 | 21.0 | 38.9 |
| 46 to 55 years old | 15.7 | 10.0 | 18.3 |
| 56 to 65 years old | 6.8 | 3.0 | 7.9 |
| Over 65 years old | 1.8 | 1.0 | 2.8 |
| Present Marital Status (n=394) | | (n=102) | (n=264) |
| Single, no children | 50.3 | 31.4 | 57.2 |
| Single, with children | 26.1 | 41.2 | 20.8 |
| Married/couple, no children | 4.1 | 4.9 | 3.4 |
| Married/couple, with children | 11.2 | 17.6 | 8.7 |
| Other | 8.4 | 4.9 | 9.8 |
| Teenager on the run | 0 | 0 | 0 |
| Level of Education Completed (n=403) | | | |
| None | 3.6 | 3.8 | 3.0 |
| Elementary school | 12.7 | 11.5 | 12.8 |
| High school | 51.6 | 49 | 51.7 |
| Undergraduate courses, Vocational Training | 21.3 | 23.1 | 21.9 |
| Undergraduate/Graduate Degree | 11.2 | 12.5 | 10.6 |

Close to three-quarters of respondents (65.2%) were between the ages of 26 to 45. The mean age of those surveyed was 38.3 years with a range of 15 to 78. Approximately one-quarter (24.0%) of the homeless women were under the age of 25, compared to 4% of the mean.

About half (50.3%) reported being single and not having children; 4.1% were married or in a couple relationship without children. Overall, 37.3% of the respondents reported having children, with close to three-quarters (71.4%) caring for them during their period of homelessness. Single parent families had an average of two children. Those married or in a couple relationship with children had a mean number of 2.3 children. Fifty eight percent of the women had children while 29.5% of the men had children.

While 12.7% reported completing elementary school, over half (51.6%) received a high school diploma. In addition, 17.1% attended some undergraduate education and 4.2% had vocational training. Over 10% reported having a college degree (8.7%) or graduate degree (2.5%).

Nearly one-quarter (22.4%) of those interviewed reported being a United States veteran; the majority having served in the Army (51.3%), followed by the Marines (20%), Navy (17.5%) and other military divisions (11.3%).

2. Housing

When queried as to where they had slept the night before, one-quarter (25.8%) indicated a shelter facility. Most others (22.6%) spent the previous night at a friend's or relative's house or in a car/van (14.0%) (see Table 3). It appears that women were more likely to have slept at a friend's or relative's house or in transitional housing, while men were more likely to sleep at a shelter or in a car/van.

Table 3
Where Homeless Persons Slept Last Night

| <i>Where Homeless Persons Slept Last Night</i> | <i>TOTAL Percentage (n=399)</i> | <i>WOMEN Percentage (n=102)</i> | <i>MEN Percentage (n=263)</i> |
|---|--|--|--|
| Shelter | 25.8 | 12.8 | 31.9 |
| With Relative/ Friend | 22.6 | 34.3 | 16.0 |
| Car/ Van | 14.0 | 6.9 | 17.1 |
| Transitional Housing | 11.5 | 21.6 | 8.7 |
| Outside | 9.2 | 3.9 | 10.6 |
| Other | 7.1 | 0 | 10.3 |
| Hotel/ Boarding House | 7.0 | 13.7 | 4.6 |
| Home | 2.8 | 6.9 | 0.8 |

When asked how many days respondents had been homeless, responses ranged from 0 to 9,125 days (or 25 years) and averaged 1.37 years. A number of

respondents would be classified as “chronic homeless” persons having been without a permanent dwelling for over one year (Johnson and Cnaan, 1995). The most frequently reported response for women was one month, while men reported six months of homelessness. In the last year, respondents indicated they were homeless an average of two times. These “episodically homeless” persons move in and out of homelessness.

Most homeless persons indicated that they lost their housing because they could not make the rent payments and were evicted (44.4%). Over one-third (38.9%) stated that losing their job caused them to lose their housing. The next most common responses were: “couldn't stay there” (28.9%), substance abuse (23.7%) and insufficient wages (18.9%) (see Table 4). Homeless women were more likely than men to report losing their housing due to eviction (63.7% vs. 35.8%) because they “couldn't stay there” (43.1% vs. 26.3%) and the end of their relationship with a person who paid the rent (20.6% vs. 14.1%). A greater percentage of homeless men indicated losing their housing as a consequence of job loss (41.6% vs. 28.4%), substance abuse (25.2% vs. 11.8%) and incarceration (15.3% vs. 2.9%).

Table 4
Causes of Housing Loss for Homeless Persons*

| Causes of Housing Loss for Homeless Persons | <i>TOTAL Percentage (n=396)</i> | <i>WOMEN Percentage (n=102)</i> | <i>MEN Percentage (n=262)</i> |
|--|--|--|--|
| Evicted | 44.4 | 63.7 | 35.8 |
| Lost Job | 38.9 | 28.4 | 41.6 |
| Couldn't Stay There | 28.9 | 43.1 | 26.3 |
| Substance Abuse | 23.7 | 11.8 | 25.2 |
| Insufficient Wages | 18.9 | 19.6 | 20.2 |
| Relationship Ended with Person Paying Rent | 15.4 | 20.6 | 14.1 |
| Other | 14.6 | 15.7 | 15.6 |
| Incarceration | 11.9 | 2.9 | 15.3 |
| Emotional Difficulties/ Mental Illness | 9.3 | 6.9 | 10.3 |
| Violence in the Household | 5.3 | 6.9 | 4.2 |

* Percentages do not total 100% as respondents could mark more than one answer.

Close to half (49%) of the respondents reported that they have a place in San Mateo County that they consider home. Places described as home included: shelter facility (33.6%), “other” - primarily with friends (26.1%), car (14.2%), relative's house (9.5%), motel (6.2%) and street (4.3%).

3. Employment/Income

While the most common method of supporting oneself financially during the last six months was through a job (34.8%), 12.3% of the homeless respondents reported no means of support. About one-quarter (25.6%) received Foods Stamps, 17.9% had assistance from family and friends, 15.3% supported themselves through General Assistance benefits and 14.3% used handouts/panhandling (see Table 5). Women and men supported themselves in similar manners, relying on work, Food Stamps and government assistance (Aid to Families with Dependent Children for women and General Assistance for men).

Table 5
Means of Financial Support During the Last Six Months*

| <i>Means of Financial Support</i> | <i>TOTAL Percentage (n=391)</i> | <i>WOMEN Percentage (n=100)</i> | <i>MEN Percentage (n=263)</i> |
|-----------------------------------|---|---|---------------------------------------|
| Job | 34.8 | 38 | 33.1 |
| Food Stamps | 25.6 | 37.0 | 20.9 |
| Family/ Friends | 17.9 | 23.0 | 16.3 |
| General Assistance | 15.3 | 6.0 | 19.4 |
| Handouts/ Panhandling | 14.3 | 8.0 | 16.7 |
| Other | 13.3 | 14.0 | 14.4 |
| No Means of Support | 12.3 | 9.0 | 13.7 |
| AFDC | 11.0 | 32.0 | 2.3 |
| Supplemental Security Income | 10.5 | 11.0 | 10.6 |
| Savings | 9.0 | 13.0 | 7.2 |
| Social Security | 6.9 | 6.0 | 8.0 |
| Unemployment Compensation | 5.4 | 3.0 | 6.1 |
| Illegal Activities | 5.1 | 3.0 | 5.7 |
| Self Employed | 4.9 | 1.0 | 6.8 |
| Disability Insurance | 4.6 | 7.0 | 3.8 |
| Sale of Blood/ Plasma | 2.0 | 1.0 | 2.3 |
| Veteran's Benefits | 1.8 | 0.0 | 2.7 |
| Cash from Agencies | 1.5 | 3.0 | 1.1 |
| Alimony/ Child Support | 0.8 | 2.0 | 0.4 |
| Pension | 0.3 | 0.0 | 0.4 |

* Percentages do not total 100% as respondents could mark more than one answer.

To the question, "what assistance are you getting through the government?," slightly fewer than half (45.8%) of the homeless persons reported receiving some type of government assistance. About one-quarter (28.2%) stated receiving government aid via Food Stamps. The next most common types of government assistance received were GA (17.1%), AFDC (14.1%), Supplemental Security Income (11.7%) and Social Security (7.2%). A small number reported receiving unemployment compensation (3.9%) and disability insurance (3%). Although over one-fifth of those interviewed were U.S. Veterans, only 3.6% received veterans benefits.

About 60% of the respondents were unemployed, while 31.2% were employed (either full time, part time, once in a while, seasonally or self employed) (see Table 6). Three-quarters (74.6%) of those homeless persons who are unemployed, reported that they are looking for work.

Table 6
Employment Status of Homeless Persons*

| <i>Employment Status</i> | <i>TOTAL Percentage (n=389)</i> | <i>WOMEN Percentage (n=102)</i> | <i>MEN Percentage (n=258)</i> |
|----------------------------------|---|---|---------------------------------------|
| Unemployed, looking for work | 44.7 | 40.2 | 46.9 |
| Unemployed, not looking for work | 15.2 | 22.5 | 12.0 |
| Employed, once in a while | 13.9 | 6.9 | 16.3 |
| Disabled | 13.9 | 14.7 | 14.3 |
| Employed, part time | 6.7 | 7.8 | 5.4 |
| Self-employed | 4.4 | 2.0 | 5.8 |
| Other | 4.4 | 6.9 | 3.9 |
| Employed, full time | 3.9 | 5.9 | 3.1 |
| Seasonally employed | 2.3 | 1.0 | 3.1 |
| Retired | 1.5 | 0 | 2.3 |

* Percentages do not total 100% as respondents could mark more than one answer.

4. Services

Over one-third of homeless respondents indicated that their basic needs for shelter (36.7%), clothing (35.8%), medical/health (38.1%) and mental health (39.3%) were not being met. Homeless persons indicated that their needs for food and hygiene were more likely to be met (73.8% and 74.8% respectively).

Table 7 shows the percentages of homeless respondents that reported using services in the County in the past six months. Over half (51%) of those surveyed used shelter services, 42.1% accessed health services, 40.7% used personal care services (including showers, clothing child care and storage) and nearly one-quarter (23.4%) received financial assistance services (see Table 7). When comparing across gender, women were significantly more likely to use health services (55.8% vs. 37.7%) ($X^2=9.04$, $df=1$, $p<.01$), while men were significantly more likely to use personal services (46.6% vs. 27.4%) ($X^2=10.36$, $df=1$, $p<.01$).

Table 7
Services Utilized by Homeless Persons in San Mateo County in the Past Six Months*

| <i>Types of Services</i> | <i>TOTAL Percentage (n=359)</i> | <i>WOMEN Percentage (n=95)</i> | <i>MEN Percentage (n=235)</i> |
|----------------------------|---|--|---------------------------------------|
| Shelter | 51.0 | 50.5 | 52.1 |
| Health | 42.1 | 55.8 | 37.7 |
| Personal Care | 40.7 | 27.4 | 46.6 |
| Financial Assistance | 23.4 | 35.8 | 20.3 |
| Employment | 19.5 | 24.2 | 18.2 |
| Other | 10.0 | 11.6 | 10.2 |
| Substance Abuse Counseling | 7.2 | 5.3 | 8.1 |
| Educational | 5.3 | 8.4 | 4.7 |
| Child Care | 2.5 | 5.3 | 1.3 |

*Percentages do not total 100% as respondents could mark more than one answer.

Homeless respondents stated that the **most important services they needed** were:

- housing and emergency shelter
- rental assistance (including one time rent, first deposit assistance, and security deposit)
- employment (job training and job search assistance).

These needs were followed closely by personal care services (clothing showers, laundry, address or place to receive messages and storage), health services (including hospital, prescription drugs, and prenatal care) and food programs (see Table 8).

Table 8
The Most Important Services Needed by Homeless Persons*

| <i>SERVICES NEEDED</i> | <i>TOTAL Percentage (n=308)</i> | <i>WOMEN Percentage (n=84)</i> | <i>MEN Percentage (n=207)</i> |
|--------------------------|---|--|---------------------------------------|
| Shelter | 60.3 | 59.5 | 61.8 |
| Financial assistance | 48.5 | 55.9 | 45.4 |
| Employment | 38.3 | 41.7 | 35.7 |
| Personal Care | 36.8 | 21.4 | 42.0 |
| Health | 29.6 | 32.1 | 29.0 |
| Food programs | 26.5 | 21.4 | 28.5 |
| Transitional Housing | 9.8 | 13.1 | 7.2 |
| Child Care | 8.8 | 23.8 | 2.9 |
| Transportation | 8.4 | 10.7 | 8.2 |
| Education | 5.9 | 7.1 | 5.3 |
| Legal | 5.9 | 7.1 | 4.8 |
| Mental Health | 4.2 | 2.4 | 4.8 |
| Substance Abuse | 4.2 | 4.8 | 4.3 |
| Battered Women's Shelter | .3 | 1.2 | 0 |
| Shelter for Youth | 0 | 0 | 0 |

* Percentages do not total (100%) as respondents could mark more than one answer.

Homeless men were twice as likely as women to mention personal care as one of their most important service needs. Homeless women in far greater numbers highlighted their need for subsidized and affordable child care services.

More in-depth investigation into some of the characteristics of homeless women as related to reported service needs revealed the following. [Researchers looked at ethnicity (White vs. non White), age (18-34 vs. 35-65), educational level (not completed high school vs. high school and/or beyond) and family status (children or no children).] Shelter as a priority service need was indicated most often by homeless women who were Caucasian (81.5% vs. 46.4%), those between the ages of 35 and 65 (75% vs. 46.2%), those who had completed at least a high school education (53.4% vs. 12.5%), and those who did not have children (73.3% vs. 50%). Financial assistance was reported more often by women with children (74% vs. 26.7%) and those who had completed at least a high school education (48.9%

vs. 18.8%). The need for child care was reported more often by non-White women (32.1% vs. 7.4%), those between the ages of 18 and 34 (26.9% vs. 7.1%) and those with children (40% vs. 0%) .

Finally, 7.4% of respondents reported being afraid to seek services because of their immigration status.

B. SERVICE PROVIDERS' VIEWS

Sixty representatives of organizations serving homeless persons in the County responded to the Service Provider Survey. Respondents identified as executive directors or program directors (36.7%) and as program staff (63.3%). Agency respondents primarily worked at community-based organizations (including housing, case management, legal assistance and social service agencies) (28.4%), core service agencies (27%), shelter facilities (25.6%) and county social service agencies (17%) (see Table 9).

Table 9
Profile of the Agencies Surveyed

| <i>Agency Information</i> | <i>Percentage (%)</i> |
|----------------------------------|-----------------------|
| Type of Agency (n=59) | |
| Community-Based Organization | 28.4 |
| Core Service Agency | 27.0 |
| Shelter | 25.6 |
| County Social Service Agency | 17.0 |
| Meal Program | 2.0 |
| Tax Status (n=18) | |
| Public | 22.2 |
| Private Nonprofit | 77.8 |
| Services Provided* (n=19) | |
| Shelter | 89.5 |
| Outreach and Referral | 89.5 |
| Housing | 68.4 |
| Nutrition | 57.9 |
| Transportation | 57.9 |
| Case Management | 52.6 |
| Personal Care | 52.6 |
| Language | 52.6 |
| Prevention | 47.4 |
| Financial Assistance | 47.4 |
| Employment | 31.6 |
| Other | 26.3 |
| Educational | 21.1 |
| Legal | 21.1 |
| Health | 15.8 |
| Substance Abuse | 15.8 |
| Mental Health | 10.5 |
| Child Care | 10.5 |

* Percentages do not total 100% as respondents could mark more than one answer.

1. Organizational Structure

Directors were asked to respond to questions about the organizations' tax status, funding sources, staffing, services provided to homeless persons and types of homeless clients served. Fewer than one quarter (22.2%) of the agencies were under public auspices while 77.8% were private, nonprofit organizations. The mean percentages of the agencies operating budgets for homeless service programs last year came from individual donations/fundraising (25.5%), followed by city (21.2%) and county (15%) government, foundations (11.8%), state (7.6%) and federal (3.6%) government, corporations (2.3%), client fees (.5%) and other sources (including interest, volunteers and management services) (4.2%). The average number of staff (including full-time, part-time and contract) in these organizations' homeless service programs was as follows: administrative staff 1.6 persons, program staff 5.1 persons and other staff 2.3 persons for an average of nine total staff persons. The mean number of volunteers was 50 with a range of 0 to 250.

2. Services Provided and Clients Served

Over half of the respondents indicated that the types of services that their agency provides for homeless persons include: shelter, outreach and referral, housing, nutrition and transportation (in that order). Over one-third (34.5%) of agency respondents stated that they serve all types of homeless persons. Agency representatives reported not being able to serve violent persons (44.8%), state parolees (32.8%), substance abusers (31%) and teenagers (31%) (see Table 10). The three primary reasons given by agency representatives for being unable to serve these homeless persons were client ineligibility (52.6%), client behavior (40.4%) and budget limitations (26.3%).

Table 10
Types of Homeless Persons Agencies are Unable to Serve*

| <i>Types of Homeless Persons</i> | <i>TOTAL Percentage (n=58)</i> |
|----------------------------------|------------------------------------|
| Violent Persons | 44.8 |
| State Parolees | 32.8 |
| Substance Abusers | 31.0 |
| Teenagers | 31.0 |
| Dual Diagnosis | 24.1 |
| Mentally Ill | 24.1 |
| Battered Women | 19.0 |
| Chronically Homeless | 12.1 |
| Other | 12.0 |

* Percentages do not total 100% as respondents could mark more than one answer.

Over two-thirds (68.5%) of respondents reported that their agencies do not have a waiting list for their homeless service programs. For those who responded in the affirmative (31.5%), the average waiting period was 15 days with a range of 4 to 30 days.

The majority of providers (94.4%) stated that, from their perspective, the total number of homeless persons their agency serves has increased over the past five years. When asked to explain why, many mentioned current economic conditions (including increases in unemployment and the cost of living), stricter eligibility and reductions in benefit levels, increases in domestic violence and the influx of people from other counties, states and countries into San Mateo County. Furthermore, the shortage of affordable housing, preponderance of substance abuse and mental illness and increases in outreach, awareness of and services available in the County were linked to the growth in the number of homeless persons served by their agencies. Others indicated that cuts in services and programs have made it more difficult for people to survive in this "expensive" community.

The largest increases in homeless persons served by the agencies over the past five years were reported for first time homeless (88.2%), substance abusers, mentally ill and HIV/AIDS (85.7% reported increases for each), dual diagnosis (78.6%), closely followed by single women (73.3%) and married persons with children (73.3%).

3. The Issue of Homelessness

When asked to indicate their impressions of the five principle causes of homelessness, most providers referred to the shortage of affordable housing (81%), joblessness (77.6%), substance abuse (67.2%), insufficient wages (55.2%) and limited job skills (46.6%). To a question related specifically to homeless persons they serve, agency respondents highlighted the same responses in a similar order (see Table 11).

Table 11
Impressions of the Five Principle Causes of Homelessness*

| <i>General Causes for all Homeless Persons</i> | <i>TOTAL Percentage (n=58)</i> | <i>Causes of Homelessness for Persons served by Providers' Agency</i> | <i>TOTAL Percentage (n=58)</i> |
|--|--------------------------------|---|--------------------------------|
| Shortage of Affordable Housing | 81.0 | Shortage of Affordable Housing | 74.1 |
| Joblessness | 77.6 | Joblessness | 74.1 |
| Substance Abuse | 67.2 | Substance Abuse | 63.8 |
| Insufficient Wages | 55.2 | Insufficient Wages | 48.3 |
| Limited Job Skills | 46.6 | Limited Job Skills | 41.4 |

* Percentages do not total 100% as respondents could mark more than one answer.

The majority of the service providers (59.2%) indicated that the nature of the problems homeless persons bring to their agencies has not changed in the past five years. For those who stated that there have been changes, many indicated that homeless clients now bring a more complex array of problems. Following are some of the sentiments expressed by service providers.

- Problems are more time consuming needing longer term solutions and case management.
- Some require resources that are not available in San Mateo County such as emergency shelter, sufficient transitional housing and more importantly low income housing, sufficient drug/alcohol/mental health programs and housing for parolees.
- The agency is seeing more families becoming homeless due to multiple problems:
domestic abuse, compounded by substance abuse, compounded by joblessness.
- Rising immigrant bashing has led women to seek services later and only when they are in dire need.
- More educated people are increasingly becoming homeless, the stereotype of the ragged street person is becoming more of a rarity.

When queried about the top five factors that keep homeless persons in a condition of homelessness, the majority of providers mentioned the lack of affordable housing (84.5%), substance abuse problems (74.1%), limited job skills (69%), insufficient wages (50%) and lack of job opportunities (44.8%) (see Table 12). One respondent commented that the longer one is homeless the more difficult it becomes to get out of the situation. "The longer it has been the longer they've relied on family and overextended their willingness/ability to help, the further in debt including having sold furniture, etc, the more difficult." Another expressed similar sentiments, "The leap back into the system once out of the system is too great."

Table 12
Five Principle Factors that Keep Homeless Persons in a Condition of Homelessness*

| <i>Factors of Homelessness</i> | <i>TOTAL Percentage (n=58)</i> |
|--------------------------------|--|
| Lack of Affordable Housing | 84.5 |
| Substance Abuse | 74.1 |
| Limited Job Skills | 69.0 |
| Insufficient Wages | 50.0 |
| Lack of Jobs | 44.8 |

* Percentages do not total 100% as respondents could mark more than one answer.

4. Coordination of Homeless Services

As Table 13 displays, service providers mentioned the lack of financial resources (72.4%), politics (48.3%) and lack of a unified homeless client data base (41.4%) as the top three barriers to coordinating homeless services in the County. A number of service providers offered comments on the issue of coordination of homeless services in the County.

Some of the comments are as follows:

- I feel that until we have a coordinated effort throughout the County, we cannot end the cycle of homelessness.
- NIMBYism is a barrier to coordinating services.
- The County lacks a genuine concern to prioritize the homelessness issue because there are more and more homeless in the County. Time, financial resources and management are needed to create services that are key in solving homelessness (child care, affordable housing, job training).
- Solving the problem of homelessness costs money. Not solving it costs more money.

When defining the key barriers facing their agency for coordinating services, providers noted in even greater numbers the lack of financial resources (84.7%) and insufficient staff (33.9%) and staff time (33.9%).

Table 13
Top Five Barriers to Coordinating Homeless Services*

| <i>Barriers in the County</i> | <i>TOTAL Percentage (n=58)</i> | <i>Barriers Facing Agencies</i> | <i>TOTAL Percentage (n=59)</i> |
|--|--|--|--|
| Lack of Financial Resources | 72.4 | Lack of Financial Resources | 84.7 |
| Politics | 48.3 | Insufficient Staff Time | 33.9 |
| Lack of Unified Homeless Client Data Base | 41.4 | Insufficient Staff | 33.9 |
| Lack of Physical Space | 29.3 | Politics | 27.1 |
| Turf Issues | 22.4 | Lack of Unified Homeless Client Data Base | 25.4 |
| | | Lack of Physical Space | 22.0 |

* Percentages do not total 100% as respondents could mark more than one answer.

5. Service Needs

If more resources were available, the most important new or expanded services for homeless persons in the County reported by agency respondents should be:

- affordable, permanent housing;
- job training and employment assistance; long term (year-round) emergency shelter;
- financial assistance;
- transitional housing; and
- child care (see Table 14).

Fewer providers spoke of the need for substance abuse treatment programs and county-wide coordinated case management services. Service providers were also presented the opportunity to make recommendations to the County Board of Supervisors about ways to effectively address the issue of homelessness in the County. Many of their views and suggestions focused on the same new or expanded services listed in Table 14.

Table 14
The Most Important New or Expanded Services for
Homeless Persons in San Mateo County*

| <i>Types of Services</i> | <i>TOTAL Percentage (n=60)</i> |
|--|--|
| Affordable Permanent Housing | 71.7 |
| Job Training/ Employment Assistance | 55.0 |
| Long Term (Year-Round) Emergency Shelter | 48.3 |
| Financial Assistance | 33.3 |
| Transitional Housing | 25.0 |
| Child Care | 21.7 |
| Substance Abuse Treatment | 15.0 |

* Percentages do not total 100% as respondents could mark more than one answer.

Housing/ Shelter

The predominant recommendation of service providers was to increase the availability of affordable permanent housing in the County. Housing concerns also include long term (year-round) emergency shelter, transitional housing and the Section 8 program.

Close to half of the service provider respondents indicated the need for permanent emergency shelter in the County. Currently the emergency shelter only operates during the winter months. A permanent year-round shelter and shelters distributed throughout the County would serve the needs of the homeless in a more comprehensive manner.

One quarter highlighted the need for expanding the availability of programs that

offer transitional housing in the County. There are very few options for those who are ready to move from the street or shelter to more permanent housing. Increased transitional housing would provide stability (particularly for families) until a more permanent, affordable housing option was available.

In addition, one provider emphasized the reconfiguring of the Section 8 program to include a shorter waiting period for Section 8 housing and once it is acquired, a time limit imposed on Section 8 housing certificates (excluding those with special circumstances such as the elderly and disabled).

Job Training and Employment Assistance

Over half of the providers stressed the importance of additional employment services for the homeless population. Basic job skill and training is essential. Getting ready to work requires clean, presentable clothing and a place to bathe and sleep on a regular basis. These are barriers for homeless persons.

Expanding employment assistance including skill building, education and training for job opportunities available in the County and providing job leads with pre-job (dressing, interviewing, etc) skill training are critical. Service organizations in the County currently provide many of these services but are inadequately staffed and funded to meet the extent of the needs of homeless clients. One provider stated, "More job skills, trade schools and job opportunities are needed for our low income and middle income youth. To break the poverty cycle these young adults must be able to seek employment by the time they leave high school."

Rental Assistance

One-third of the providers spoke about the need for additional rental services for the homeless population in the County. Increased employment at a livable wage is essential in order to cover the costs of housing in San Mateo County. A minimum wage job, even full time does not cover the average cost of housing for a homeless family. Equally as important, if a family is able to find affordable housing, the transition from unemployment to employment often requires losing other essential benefits such as Medi-Cal and Food Stamps. Another need of homeless persons in the County is financial assistance for paying the rent via public benefits. On-going rental assistance services are necessary until the person is able to function in a more self-sufficient manner. According to one provider, "The County should ease the strain by providing General Assistance housing vouchers sufficient to rent a room (about \$440) and protect the integrity, such as it is, of the current AFDC system by rejecting proposals to reduce the basic benefit to \$200. County sponsored day labor would also help."

Child Care

Over one-fifth pointed out the need for affordable child care services for homeless families. A common reason stated for not seeking/continuing employment, particularly for homeless female caretakers, is the lack of child care. When child care is available, a minimum wage salary does not cover the cost. Child care services must be more affordable, and accessible to homeless persons with children living in the County. Some provider comments included, "I feel that until the

County implements a program for families to attain affordable child care so that both parents are allowed to work, we cannot combat the problem of homelessness." "Homeless families with children need transportation and child care if they are to find housing and begin work."

Substance Abuse Treatment

Service providers acknowledged a critical need for more substance abuse programs in the County targeting low-income persons. One provider stated, "For those who have drug or mental health issues, we need more readily available independent living with service components attached to them which can see the person in a holistic way." Speaking about the issue from a more global perspective, another commented, "The root of homelessness seems to deal with issues of low self esteem, limited education and a belief that a person's situation cannot be improved. Increasing money to what is 'given' to homeless clients does not seem as effective as programs that provide opportunity (i.e. substance abuse programs and those that teach job skills). The responsibility to improve one's situation is given to the individual. The root of social services should be programs that give responsibility, provide opportunity and increase self-esteem. These seem to be very important in order for people to improve their situation."

Case Management

Case management was cited by many providers as the cornerstone of homeless services. According to one provider, there is a "grave need for case management to accompany each homeless person to work on long term solutions. Band-aids are fine, however, alone are not enough."

Service providers continue to advocate for a unified data base so that case management and the provision of additional services can be better coordinated. Continuing to develop a cooperative approach among the County, cities, service providers, homeowners groups, business community and community-based organizations not only increases the level of services provided to homeless persons but would assist in providing services in a more cost effective manner. A more cooperative approach may also assist in decreasing the "Not in My Back Yard" (NIMBY) phenomenon that is said to be so prevalent. One provider mentioned that this computer linkage/ communications could be extended to include homeless persons in Bay Area counties.

V. DISCUSSION OF FINDINGS

The discussion of the research findings will include comparisons of reports of those homeless persons and service providers interviewed in San Mateo County to national data and the views of the homeless respondents with agency respondents. [It must be noted that the survey, made up of interviews with homeless individuals, is not intended to serve as a count of all homeless persons in the county. The unduplicated retrospective count of homeless individuals in the County is presented in Appendix D. Furthermore, the population of homeless persons interviewed is skewed somewhat toward homeless individuals compared to the retrospective count which included a large number of families.]

A. NATIONAL COMPARISONS

Although San Mateo is the second wealthiest county in California, the characteristics of homeless persons interviewed in this research have much in common with national findings. Similarities are evidenced in age, ethnicity, gender, relationship status and other variables. The average age of respondents in the San Mateo County homeless needs assessment of 38.5 years compares with national data of homeless persons being in their mid to late thirties (Blau, 1992; Burt, 1992). The percentage of ethnic/racial minorities represented in the San Mateo County homeless study is disproportionate to the number in the total County population. Almost two-thirds (62.3%) of homeless persons interviewed identified as persons of color, while 39.5% of the total population of San Mateo County is racial/ethnic minorities (see Table 15).

Furthermore, African Americans comprise 5.2% of the total County population (U.S. Census, 1990) but represent 33.7% of the homeless sample. This high number of African Americans still does not compare to the national estimate presented by the U.S. Conference of Mayors (Waxman, 1994) of 53% of the homeless population being African American.

This research, as well as national findings, show men comprise almost three-quarters of the homeless population. Blau (1992) reports that single men make up 51% of the total homeless population while single women comprise 12%. The U.S. Conference of Mayors (Waxman, 1994) found the population of homeless persons in this country to be 48% single men and 11% single women. When considering the category of "other" whereby 8.4% of respondents primarily identified as divorced, San Mateo County homeless population reports of 41.4% single men and 8.8% single women seem comparable to both national studies. Families with children were 37.3% of all homeless persons interviewed in the County which again is similar to national data. The national figure of 23% of homeless persons being veterans (Waxman, 1994) is quite similar to that found in this research (22.4%).

Much of the national research reports that at least half of the homeless population has a current or past problem with substance abuse and up to one-third have severe mental illness (Waxman, 1994). Since this study did not tackle these personal issues directly, no comparisons can be made to homeless persons in San Mateo County. The 1995 survey did ask about reasons for losing one's housing and included responses pertaining to substance abuse and mental illness. Close to one-quarter (23.7%) of respondents indicated that substance abuse was a contributing factor to losing their housing; 9.3% reported that emotional difficulties/mental illness played a part in their becoming homeless. Homeless women were less likely than homeless men to attribute housing loss to the use

of substances and to mental illness. This gender related difference corresponds to other research (North and Smith, 1993) that explored such issues.

When a national sample of providers was asked about the services most needed to address the issue of homelessness (Waxman, 1994), most mentioned housing (permanent, transitional and supportive) and emergency shelter. Agency respondents in San Mateo similarly indicated the top service needs to be housing services (including affordable, permanent housing and transitional housing) and long term year-round emergency shelter. Large numbers of providers also reported the need for job training/employment assistance, financial assistance and child care.

Table 15
San Mateo (SM) Homeless Persons vs. County and National Data

| <i>Characteristics</i> | <i>S M County Surveyed Homeless Percentage</i> | <i>Total SM County Population Percentage*</i> | <i>National Surveyed Homeless Percentage**</i> |
|-------------------------------------|--|---|--|
| Race/ Ethnicity (n=406) | | | |
| Black/ African American | 33.7 | 5.2 | 53.0 |
| White, not Hispanic | 37.7 | 60.0 | 31.0 |
| Hispanic | 18.5 | 17.6 | 12.0 |
| Asian/ Pacific Islander | 4.7 | 16.2 | 1.0 |
| American Indian/ Native American | 4.2 | 0.4 | 3.0 |
| Other | 1.2 | 0.2 | NA |
| Relationship Status (n=394) | | | |
| Single Men | 41.4 | | 48.0 |
| Families, with children | 37.3 | | 39.0 |
| Single Women | 8.8 | | 11.0 |
| Unaccompanied Youth | 0.0 | | 3.0 |
| Other | 8.4 | | NA |
| Married, no children | 4.1 | | NA |
| Veterans (n=397) | 22.4 | | 23.0 |

* U.S. Census 1990 (n=649,623).

** Waxman, L.D. (1994). A Status Report on Hunger and Homelessness in American Cities. Washington, D.C.: U.S. Conference of Mayors.

B. HOMELESS PERSONS' VS. SERVICE PROVIDERS' VIEWS

Many similarities can be noted when comparing the responses of homeless persons and service providers as related to causes of homelessness and service needs. Providers stated that the shortage of affordable housing, joblessness, insufficient wages, limited job skills and substance abuse, were the primary causes of homelessness (see Table 11). The most common responses from homeless persons to a similar question were eviction, "couldn't stay there," job loss, inadequate wages and substance abuse (see Table 4). These findings reveal that the homeless persons and providers alike link a combination of structural (particularly housing and economic) and personal factors to homelessness. The emphasis on personal factors, as evidenced by provider reports, were not as prevalent in the homeless persons' views, although an interview of this nature, between two strangers is unlikely to capture the full extent of personal difficulties. For example, the majority of the providers (67.2%) felt that substance abuse contributed to causing one's homelessness while only 23.7% of the homeless individuals reported this as a reason for losing their housing.

The most critical needs as recounted by homeless persons surveyed as well as service providers are almost identical. Homeless respondents reported their key needs to be shelter (including housing and emergency shelter), financial/rental assistance and employment. Service providers strongly supported new or expanded services to include: affordable permanent housing, long term (year-round) emergency shelter, employment services and rental assistance (see Table 16). What is strikingly different from the provider reports is the emphasis by homeless persons of their reported needs for personal care services, health services and food programs. Feeling the immediacy of their crisis, the homeless persons stressed the need for these services whereas providers were more apt to see long term goals, such as employment services, as critical. The needs for more transitional housing and affordable, subsidized child care were highlighted by both homeless persons and service providers. Yet, the need for treatment programs for drug and alcohol problems were mentioned by providers more often than by homeless persons themselves.

Table 16
Service Needs as Reported by Homeless Persons and Service Providers*

| <i>Service Needs</i> | <i>Homeless Persons Percentage (n=308)</i> | <i>Service Providers Percentage (n=60)</i> |
|-------------------------------|--|--|
| Shelter | 60.3 | 48.3 |
| Financial/Rental Assistance | 48.5 | 33.3 |
| Employment | 38.3 | 55.0 |
| Personal Care | 36.8 | 1.7 |
| Health | 29.6 | 0.0 |
| Food Programs | 26.5 | 0.0 |
| Transitional Housing | 9.8 | 25.0 |
| Child Care | 8.8 | 21.7 |
| Transportation | 8.4 | 3.3 |
| Education | 5.9 | 5.0 |
| Legal | 5.9 | 1.7 |
| Mental Health | 4.2 | 5.0 |
| Substance Abuse | 4.2 | 15.0 |
| Battered Women's Shelter | 0.3 | 1.7 |
| Shelter for Youth | 0.0 | 0.0 |
| Affordable, Permanent Housing | NC** | 71.7 |
| Independent Living Skills | NC | 8.3 |
| Case Management | NC | 5.0 |
| Family Preservation | NC | 0.0 |
| Outreach and Referral | NC | 0.0 |
| Recreation and Cultural | NC | 0.0 |

* Percentages do not total 100% as respondents could mark more than one answer.

** NC = Not Collected

VI. RECOMMENDATIONS FOR ACTION

Homelessness is clearly a multifaceted problem which requires response at a number of different levels. The following set of recommendations has been developed from the research findings of the homeless individuals and families and service providers in the County who were studied. In addition, the Human Services Agency and Hunger and Homeless Action Coalition identified recent efforts within each recommendation as well as future action steps to establish a context for evaluating the recommendations expressed by participants in the 1995 Needs Assessment and identified by BASSC.

As can be seen in the recommendations that follow, the current research generally provides support for the recommendations produced in previous reports (summarized on page 2).

Overall Recommendation: Many of the housing and other services contemplated to be used in these recommendations come from federal sources which may be subject to cuts in the months and years ahead. For each of these programs, including Community Development Block Grant, HOME, Emergency Shelter Grant, Section 8, McKinney Act, health funding, food supplies, the Board of Supervisors should advocate for continued federal funding or face the task of either reducing the provision of these services or of making up for them at the local level. If and when federal cuts are made, the Board, the Human Services Agency, the Office of Homelessness and community groups have the responsibility to communicate to the public the origin of such cutbacks.

Recommendation 1: Expand housing resources/options for homeless persons and people at risk of homelessness in the County.

The overriding concern of homeless persons and service providers interviewed was to increase availability of housing resources and options in each area of the continuum of care, including emergency shelter, transitional housing, and permanent, affordable housing.

Research Findings

- Sixty percent of homeless individuals stated that housing (including emergency shelter) was one of their three most urgent needs. [CHART A]
- Close to three-quarters (72%) of service providers indicated the need for affordable, permanent housing. Almost one-half (48%) expressed the need for permanent emergency shelter(s). [CHART B]

NEEDS MOST URGENT

From Survey of Homeless Individuals

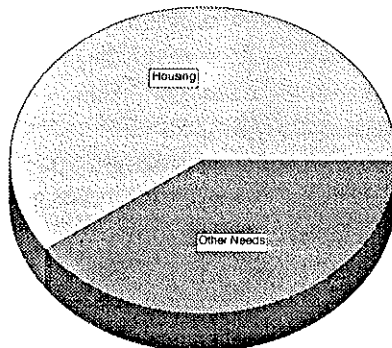


CHART A

NEEDS INDICATED

From Survey of Service Providers

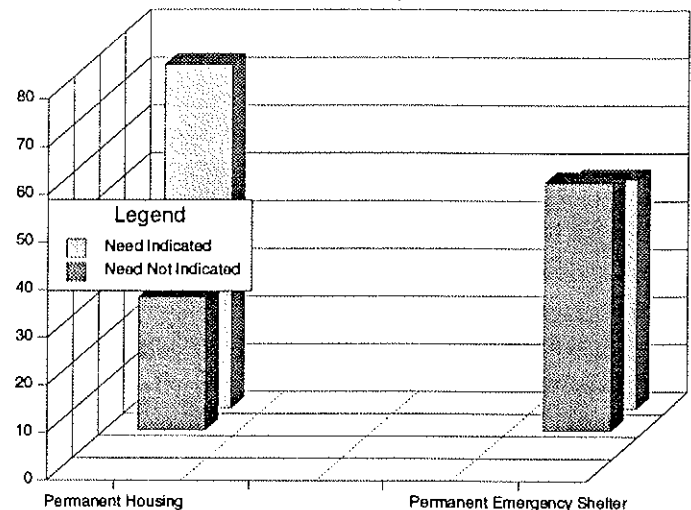


CHART B

Recent Efforts

Emergency Shelter: The County continues to lack a year-round emergency shelter(s) and thus continues to not be able to provide an entry point into the continuum of care. Two winter shelter facilities, at the San Mateo National Guard Armory and at Maple Street in Redwood City, have been established and will operate from November 1995 - March 1996.

Transitional Housing: A number of transitional housing opportunities have been recently created as a result of partnerships between the County, non-profit service providers, local foundations, and cities. Some examples of these partnerships include the Bridges program, funded in part by the Family Homeless and Housing Trust Fund and operated by Shelter Network; and Robbins Nest, operated by the Human Investment Project with support from the City of San Carlos, the Robbins Foundation, and the County Housing Division.

Permanent Housing: 428 units of affordable housing are currently under construction or are in the predevelopment stage. Of the 3,751 units built in the County over the last fifteen years, 60% are targeted toward seniors, leaving families, particularly large families, with limited housing options.

Recommended Action

Over the next six months the Office of Homelessness, working with the SUCCESS Housing Design Team, will develop a continuum of care for the delivery of services to the homeless in the county, which includes within its consideration: prevention, outreach emergency shelter, transitional housing and permanent housing.

Within nine months, the Homeless Advisory Committee to the Office of Homelessness will: examine the initial provision of services and housing to the homeless, including emergency shelter, prevention, and motel vouchers; reach consensus as to an approach; and design an implementation plan based upon this approach. This analysis will include a re-examination of the existing strategy of placing three emergency shelters in different parts of the county, and recommended prospective uses of the Family Housing & Homeless Trust Fund of San Mateo County (located with the Peninsula Community Foundation), in light of the findings of this Needs Assessment.

Recommendation 2: Increase availability of rental assistance services to homeless persons and people at risk of homelessness in the County.

Closely linked to the need for housing of all types was the need for financial assistance to help defray housing costs, including security deposit, first and last month's rent, back rent, and some form of on-going rental assistance until income is stabilized.

Research Findings

- Almost half (49%) of all homeless individuals interviewed indicated a need for rental assistance. [CHART C]
- One-third (33%) of service providers deemed additional funds for rental assistance to be a critical new or expanded service for homeless persons in the County. [CHART D]

**NEED FOR
RENTAL ASSISTANCE**
From Survey of Homeless Individuals

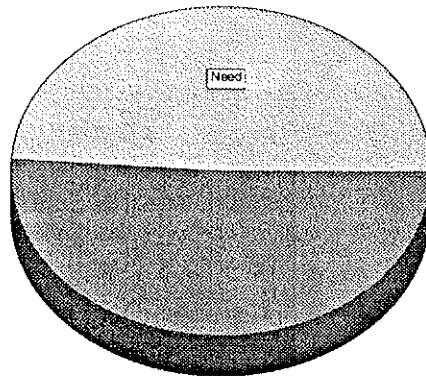


CHART C

**RENTAL ASSISTANCE
DEEMED CRITICAL**
From Survey of Service Providers

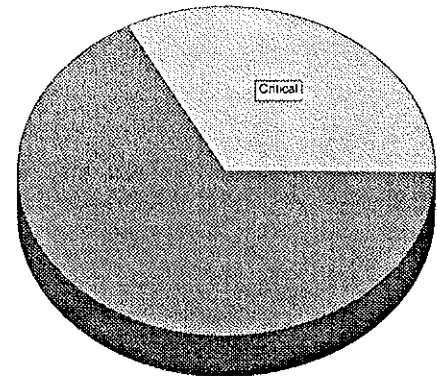


CHART D

Recent Efforts

The Core Network and many other agencies provide several different rental assistance programs. Requests for these services typically far exceed funds available. Two additional sources of rental assistance for 1995 include The Family Homeless and Housing Trust Fund grant to ten agencies to provide rental assistance which is linked with a follow-up case management component and a new program run by Peninsula Family Resource Center which this year secured a state grant through the Community Action Agency to provide rental subsidies up to a four month limit.

Recommended Action

In the next three months, the SUCCESS Housing Design Team, with participation from the Office of Homelessness, will evaluate the effectiveness of rental assistance as a means of assisting with clients' housing needs and determine in what forms rental assistance should be offered.

Recommendation 3: Ensure that existing employment services take into account the special needs of homeless people and provide additional employment services as necessary for homeless persons and those at risk of homelessness in the County.

Components of employment service programs should include both basic and advanced employment skills building and training, job readiness/presentation skills and job search and placement assistance.

Research Findings

- Over one-third (38%) of homeless individuals surveyed indicated a need for employment services. [CHART E]
- More than half (55%) of providers stressed the importance of new or expanded job training and assistance services for homeless persons in the County. [CHART F]

**NEED FOR
EMPLOYMENT SERVICES**
From Survey of Homeless Individuals

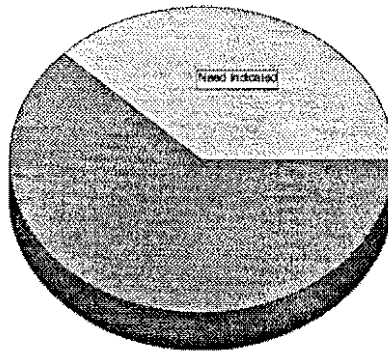


CHART E

**JOB TRAINING/ASSISTANCE
DEEMED IMPORTANT**
From Survey of Service Providers

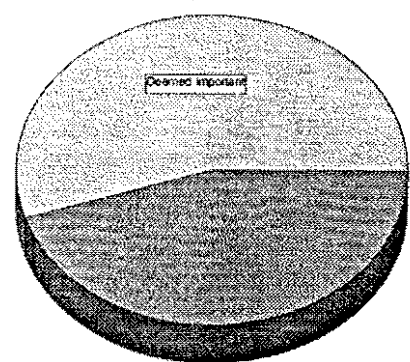


CHART F

Recent Efforts

Traditional job training centers are for various reasons often difficult for homeless and at-risk people to access, yet acquiring the skills to earn a secure and living wage represents a viable way out of homelessness. Cañada College in Redwood City is offering two job training courses Fall, 1995 specifically designed for homeless and low-income people, and OICW and Youth and Family Assistance plan to open a restaurant which will provide homeless youth with marketable job skills and training.

Recommended Action

Within nine months the director of Job Training & Economic Development will develop, and within 15 months implement, a plan to effectively link employment services for the homeless through community-based organizations, the Success Center and other JTED programs. This linkage may require making adaptations to existing programs and considerations of other initiatives, such as outreach, to assure successful assimilation of the homeless to these JTED programs.

The Office of Homelessness will work with the Veterans Administration to urge the VA to take similar steps to ensure that the homeless are served successfully through VA jobs programs.

Recommendation 4: Increase opportunities for homeless persons to adequately address their personal care needs and maintain availability of emergency food programs.

Services that target personal care needs must include: access to clothing, showers, laundry facilities, storage space and an address or place to receive messages.

Research Findings

- Over one-third (37%) of homeless individuals surveyed indicated a need for personal care services. [CHART G]
- About one-quarter (27%) expressed the need for food programs. [CHART H]

**NEED FOR
PERSONAL CARE SERVICES**
From Survey of Homeless Individuals

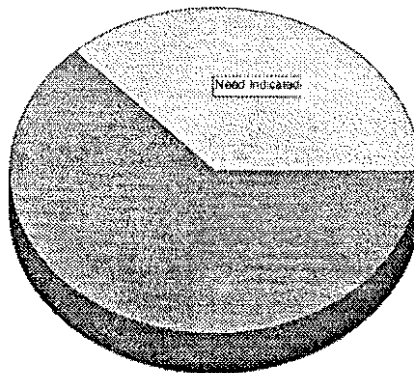


CHART G

**NEED FOR
FOOD PROGRAMS**
From Survey of Homeless Individuals

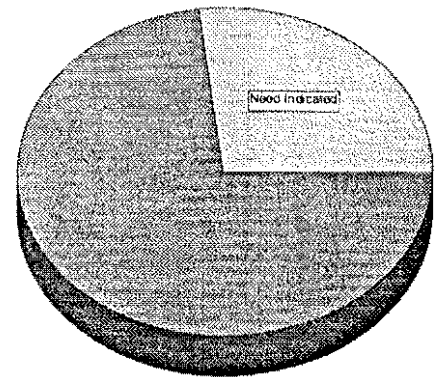


CHART H

Recent Efforts

Access to public showers, laundry facilities, and places to receive and send messages and mail is very limited. The Hunger and Homeless Action Coalition publishes a Homeless Survival Guide which lists such services.

Recommended Action

Within six months, the Office of Homelessness, working with the Hunger & Homeless Action Coalition of San Mateo County will ensure that the personal care and food services available are inventoried and their availability widely published among the homeless. The Office of Homelessness will study delivery mechanism for personal care services and their potential use in the County. The Advisory Committee will work to solicit contributions from private sources, both financial and volunteer services, to provide better personal care needs of the homeless. In two years, the Office of Homelessness, with the Hunger and Homeless Coalition, will conduct an inventory to measure whether available services have increased and report back to the Board of Supervisors.

It is recommended that the Board of Supervisors consider continuing to fund from General Fund Revenues, and consider increasing such funding, if possible, to nonprofits which provide food and personal care services to the homeless.

Recommendation 5: Expand the availability and access to health services for the homeless population and persons at risk of homelessness.

Health care services need to include access to hospital care, prescription drugs, prenatal care, and mental health services.

Research Findings

- Slightly less than one-third (30%) of homeless individuals surveyed indicated a need for health services. [CHART I]
- Providers stressed the need for affordable, accessible health care for homeless persons in the untabulated "comments" section of their interviews.

**NEED FOR
HEALTH SERVICES**
From Survey of Homeless Individuals

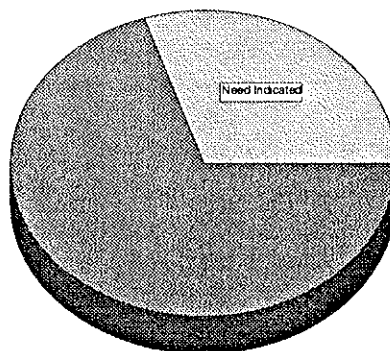


CHART I

Recent Efforts

Issues of transportation and access continue to present major problems for homeless people when obtaining medical attention. Four RotoCare clinics, supported by Seton Medical Center, operate throughout the County which offer very needed but limited care.

Recommended Action

The County's Health Services and Office of Homelessness will work to ensure there are strong links between those providing health care to the homeless, including Health Care for the Homeless, and organizations providing other services to the homeless. Health Services will report to the Board on the outcome of the Health Care for the Homeless Grant.

Mental Health Department: Within six months, the Office of Homelessness and the county Mental Health Department will establish a method of exchanging information on issues of common concern and, within the continuum of care being developed (see Rec. No. 1), generate a plan to address the needs of the segment of the homeless population with mental illness.

Prevention Early Intervention & Recovery Services Division: Within six months, the Office of Homelessness and the County Prevention Early Intervention & Recovery Services Division will establish a method of exchanging information on issues of common concern and, within the continuum of care being developed (see Rec. No. 1), generate a plan to address the needs of the segment of the homeless served by the Division.

Recommendation 6: Tailor programs to the multiple subgroups within the homeless population who have diverse needs.

These include short term and long term homeless persons, men, women, with children and those without, the mentally ill and substance abusers. Other populations that were recognized by service providers as needing special consideration included abused women, persons with HIV/AIDS, teenagers alone and immigrants.

Research Findings

In Service Provider interviews, responses to open-ended questions generated many comments regarding this need. The following are a representative sample:

"I am terribly concerned about the increasing number of homeless persons/families. I am seeing mentally ill people who should be in a sheltered living environment; who are dirty, unkempt; robbed and beaten. I think a disservice was done when the mental hospitals were closed and patients were sent back to the communities. I am seeing developmentally disabled who need to be in a board and care environment with sheltered workshop and supervision trying to live on SSI. I am seeing substance abusers and dual diagnosis clients whose lives are going down the tubes."

"For those who have mental health or drug issues we need more readily available independent living with service components attached to them which can see the person in a wholistic way."

"An outpatient drug and alcohol services as well as health care services must be components within a family emergency shelter."

Recent Efforts

As homelessness has grown over the years the faces of the homeless have become very diverse. The homeless population includes families, individuals, youth, veterans. Many of the homeless experience serious physical and mental health problems and thus have special housing needs. Facilities such as Belmont House, a hospice for homeless people with AIDS, and the Shelter + Care program exemplify a comprehensive response to the need for specialized housing and supportive services.

Recommended Action

This task will be completed through the actions contemplated in Recommendation No. 1., above, as part of the development of a continuum of care for the county, to include mental health, drug and alcohol, aging, veterans, domestic violence, youth, and other subgroups.

Recommendation 7: Implement a comprehensive, coordinated prevention strategy to confront the complexities of the problem of homelessness.

Providers were interested in supporting programs and projects designed to provide permanent solutions to the conditions of homelessness. Providers spoke of the need to expand measures to prevent homelessness from occurring in the first place, to address the problem directly after it occurs and to minimize the harmful effects of homelessness by providing essential services. One of the providers clearly stated, "Prevention is the most effective and least costly service."

Research Findings

Open-ended questions on the Service Provider survey emphasize the importance of prevention.

"Homeless prevention is the most effective and least costly service."

"A whole approach of preventiveness rather than punishment as is the focus now."

"The current homeless assistance program only works after the client becomes homeless. There should be a program that helps before the fact and possibly stops the existing problems before the clients are homeless. As an example - paying the past due rent. If a client is homeless helping with move-in costs such as paying the first months rent which the agency cannot do at this time. There needs to be a positive approach to this problem."

"Greater emphasis needs to be placed on preventative, timely services/information to persons before they've lost everything."

"We need a social service system that promotes preventative action beginning with living skills taught from childhood on up to adulthood, that promotes maintaining independence and that truly promotes gaining self-sufficiency."

Recent Efforts

Two years ago over 30 County and non-profit agencies published a detailed report on Homelessness Prevention. Many of the recommendations contained in that report remain to be enacted because of funding and other constraints. The SUCCESS process has identified prevention as a primary concern.

Recommended Action

Knowing that prevention is a primary concern, the Homeless Advisory Committee will work within the SUCCESS Housing Design Team to identify and recommend commitment of appropriate resources to prevention strategies, drawing from the recommendations contained in the San Mateo County Homeless Prevention Task Force's 1993 report, *Homeless Prevention: The Primary Solution*.

Recommendation 8: Provide information and education to change public attitudes about homelessness.

There is a great need to change public attitudes and to inform and educate in order to dispel the myths surrounding disadvantaged populations. There is also a need to provide homeless individuals and the public with case examples which highlight the struggles and accomplishments of persons who have moved themselves out of homelessness.

Research Findings

The following responses to the open-ended Service Provider questions emphasize the importance of changing public attitudes about homelessness.

"Solutions to the problems of homelessness must be based in compassion and an understanding of common community good not divisive victim blaming strategies which divide deserving victims from undeserving homeless persons. We must support all residents of San Mateo regardless of immigration status."

"Educate the community on needs and collaborate as necessary to eliminate many of the needs."

"And finally, we must do something about NIMBYism (the public perception of the issue."

Recent Efforts

The Office of Homelessness is currently in the planning stage of information/education programs to help change public opinions about homelessness.

Recommended Action

The Office of Homelessness and the Homeless Advisory Committee, working with the Hunger and Homeless Action Coalition, will, within one year, design a marketing plan to address public attitudes towards homelessness, coordinating with the SUCCESS Public Information Design Team.

Within one year, the Office of Homelessness will study and design a strategy or strategies to address the neighborhood resistance to the placement of homeless facilities (sometimes referred to as "not in my backyard" or "NIMBY" sentiments). If necessary, the Office shall seek private funding to implement these strategies.

The Office of Homelessness will distribute the Executive Summary of the Needs Assessment to elected officials, service organizations, businesses, congregations, neighborhood associations, local foundations and others interested in homeless issues.

Recommendation 9: Develop uniform data collection and case management system for agencies serving homeless and at-risk persons.

Research Findings

- The absence of a unified client database was noted by close to one-half (41%) of the service providers surveyed as one of the top three barriers to coordinating homeless services in the County. [CHART J]

**ABSENCE OF UNIFIED DATABASE
AS BARRIER TO COORDINATING
HOMELESS SERVICES**

From Survey of Service Providers

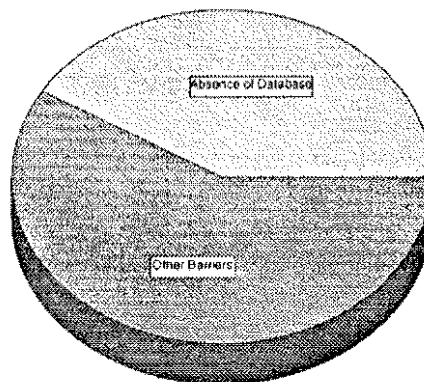


CHART J

Recent Efforts

Agencies, both public and private, which serve homeless people and those at-risk of homelessness have no uniform data system which ensures that agencies collect the same information on people who receive services. There is also no mechanism in place for sharing data which addresses issues such as client and agency confidentiality.

Recommended Action

The SUCCESS Single Intake Design Team will work to assure that the case management system developed takes into consideration the needs of homeless clients. The Office of Homelessness shall participate in the Single Intake design team.

Before the end of 1995, the Office of Homelessness will work with the Hunger and Homeless Action Coalition, the Core Network, and other homeless service providers to develop a set of protocols and appropriate confidentiality consent forms in order to establish a standard for data collection on the number of unduplicated homeless persons for 1996 that will be as accurate a count as possible of the homeless population in San Mateo County seeking services.

Recommendation 10: Coordinate homeless services within San Mateo County and regionally to better serve the homeless.

Coordination of homeless services is a critical concern among providers as evidenced by statements like the following, which was a typical response from the survey of service providers - *"I feel that until we have a coordinated effort throughout the County, we cannot end the cycle of homelessness."*

Research Findings

- As shown in the following chart, financial resources, politics and a lack of a unified homeless client data base were mentioned as the top three barriers to coordinating homeless services in the County. [CHART K]

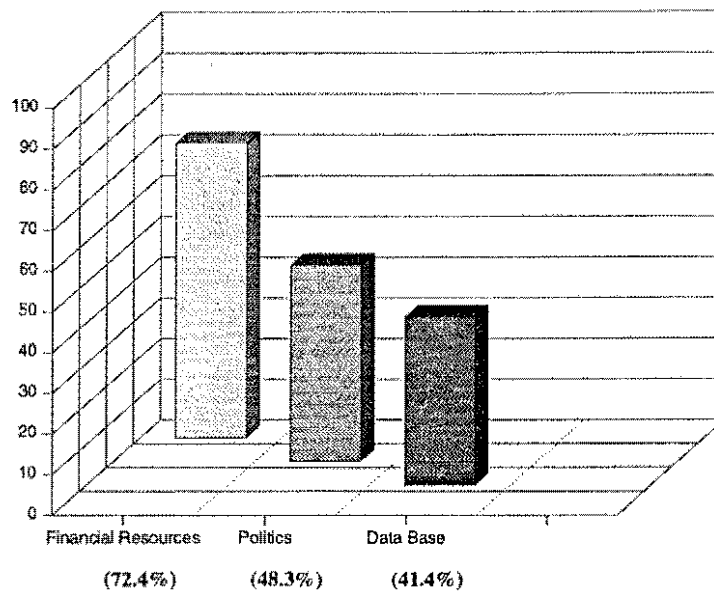


CHART K

Recent Efforts

The Office of Homelessness and the Homeless Advisory Committee were created by the Board of Supervisors to provide a coordination function for the county, working with county wide groups such as the Hunger and Homeless Action Coalition.

Recommended Action

Within 18 months, the Office of Homelessness will make an assessment of what it needs to carry out an effective coordination function and report back to the Board of Supervisors. The effectiveness of the Office of Homelessness will be assessed by the Homeless Advisory Committee on an ongoing basis.

VII. APPENDICES

APPENDIX A LITERATURE REVIEW

APPENDIX B RESEARCH METHODS

APPENDIX C SURVEY INFORMATION

APPENDIX D PARTIAL UNDUPLICATED HOMELESS COUNT

APPENDIX E REFERENCES

APPENDIX A LITERATURE REVIEW

A. NATIONAL PERSPECTIVES ON HOMELESSNESS

Homelessness is a serious multifaceted social welfare issue which emerged as a national problem in the early 1980s (Jencks, 1994; van Ry, 1993). The U.S. Mayors declared homelessness a crisis situation in 1982 (van Ry, 1993) but it was not until 1992 that the American Public Health Association deemed it to be a major public health problem (Jahiel, 1995). In a 1989 article, Burt and Cohen write "homelessness in late 20th century America is a sign that the 'safety net' programs for the prevention of extreme destitution have gone astray. Solutions to homelessness must rest on a clear recognition of the multifaceted nature of the problem and the application of approaches tailored to the specific needs of the homeless and near homeless" (Burt and Cohen, 1989, p.552).

Much of the research on this issue reinforces the belief that there is no single cause of homelessness nor is homelessness only about the lack of housing. There is general consensus in the literature that a combination of factors, such as lack of affordable housing, personal characteristics and jobs with inadequate wages (Burt, 1992), have contributed to the growth in the homeless population from the 1980s to the present day.

Most research emphasizes the connection between poverty and homelessness. Poverty is the root cause of homelessness; homelessness is a condition of poverty (Burt, 1992; HomeBase, 1994). As stated in a recent federal plan by the Interagency Council on the Homeless (1994, p.14), "the ultimate answer to homelessness is also the answer to poverty." Nunez (1994) points out that this country does not have a comprehensive national policy to address either homelessness or poverty. Despite the obvious links between homelessness and poverty, there is little coordination between programs targeting homeless persons and the welfare system (Nunez, 1994). Homelessness is caused by a connection of personal, structural, policy and cultural factors (Burt, 1992; Morse, 1992). Jencks (1994, p.48) states, "it is the combination of personal vulnerability and political indifference that has left people in the streets."

B. PERSONAL FACTORS

In defining the personal factors that contribute to homelessness, it is important to distinguish between the attributes of homeless persons and causes of homelessness (Blau, 1992; Burt, 1992). Personal characteristics enhance one's vulnerability to becoming homeless, but do not cause homelessness. Rossi (1989) points out that society's conditions explain the number of homeless people, while personal characteristics (e.g. alcoholism, mental illness and physical health) explain who become homeless.

Many conditions make people more vulnerable to homelessness such as limited job skills, weak family ties and substance abuse (Jencks, 1994). According to Burt (1992), the two most important personal factors that may increase the risk of an individual becoming homeless include: 1) dual diagnosis (mental illness and chemical dependency) and 2) social isolation.

Priority: Home! The Federal Plan to Break the Cycle of Homelessness (1994) reports that changes in family structure, specifically the increase in single parent families, may be another circumstance that can lead to an increase in homelessness. In 1992, 22% of all families were headed by a single parent; this was true for 53% of African American families and 32% of Hispanic families.

Researchers (Blau, 1992; Burt, 1992) add that the decline in social and family networks and loss of community are contributing factors to homelessness. Other researchers negate the perspective that homeless persons, particularly homeless families and women are more isolated than the general population. Shinn and colleagues (1991) in a study of social relationships and

vulnerability to becoming homeless among poor families found little evidence that these families had a paucity of social supports. Instead, they found that social supports can be exhausted. More than three-quarters of homeless families had stayed with some member of their social networks in the past year and more than one-third had received help with rent payments. The Stanford Studies of Homeless Families, Children and Youth (1991, p.16) termed this the "power of crowding in eroding social support." In conducting qualitative research on 11 women, Butler (1993) concluded that many of the women were connected to family and friends for support, company and sharing. Her research supports the conception of homelessness as caused primarily by structural forces in society, not by personal failings.

C. STRUCTURAL AND POLICY FACTORS

1. Economic Issues

In 1992, nearly 37 million Americans were officially classified as poor. This figure represented 14.5% of the population, up from 12.8% in 1989 (Waxman, 1994). The transition from a manufacturing to service economy, rise in unemployment, increase in low wage jobs, inadequacy of the minimum wage and cutbacks and decreased purchasing power of social assistance benefits have strained the economic atmosphere throughout the United States (Blau, 1992; Burt 1992). Unfortunately, these conditions affect the vulnerable disproportionately, often resulting in homelessness.

For poor families and single persons (with the exception of the elderly), income assistance programs have lost purchasing power. Aid to Families with Dependent Children (AFDC) and General Assistance (GA) benefits are not adjusted for inflation. In all states, AFDC income ceilings are below federal poverty income guidelines. Locally administered GA programs, which target poor single able-bodied individuals, have been severely cut or eliminated in the 1980s and 1990s. Since Social Security benefits are indexed to the Consumer Price Index and there are disproportionately more subsidized housing programs available for the elderly, older persons have a relatively low risk of homelessness (Burt, 1992).

2. Housing Issues

The availability of affordable housing resources and federal housing policy are critical to consider when reviewing the structural causes related to homelessness. Burt (1992) and others (Interagency Council on the Homeless, 1994; Jencks, 1994) write about the reduction of federal contributions to the low cost housing stock, the loss of huge numbers of inexpensive, unsubsidized units including hotels and rooming houses and low vacancy rates. Many urban areas are being gentrified to expand commercial districts and middle class housing resulting in less low cost housing. Because inflation decreased supplies and increased the demand for low income housing, rents have consequently increased. Widening gaps in rents and available housing incomes have resulted in increased "rent burdens" (Burt, 1992, p.40).

Burt (1992, p.53) alerts us to distinctions between housing issues and income issues in her statement, "during the 1980s, tax deficit spending and inflation control policies probably had a larger impact in the rental stock and thereby on homelessness than policies directly related to housing for the poor." Other researchers and social commentators focus their arguments on the decreased federal housing budget over the past decade or so.

Although minimized by some experts, deinstitutionalization (that began in the 1960s), or the practice of releasing mentally ill persons to a less restrictive environment, is frequently cited as a casual factor of the increase in homeless persons. Many experts see it as a contributing factor but not a cause (Burt, 1992; Blau 1992). They agree that

deinstitutionalization may have made people more vulnerable but other events lead to their homeless state.

D. CULTURAL FACTORS

Morse discusses the cultural aspects to homelessness. "The disproportionate representation of minorities among the homeless suggests that racial discrimination is a significant contributing factor" (Morse, 1992, p.5). Racial discrimination contributes to poorer housing and education and diminished opportunities for obtaining employment and socioeconomic advancement (Morse, 1992). Burt (1992) adds that discrimination in housing based on race, presence of children and welfare reciprocity can have a bearing on homelessness. "Furthermore, cultural prejudices against persons with psychiatric and alcohol problems also decrease social opportunities and subsequently lead to homelessness. Certainly the common public attitude that homeless persons are lazy, undesirable, hopeless, and worthless has limited homeless people's social opportunities and has damaged their self-esteem and self-confidence" (Morse, 1992, p.5).

E. A CAUSAL MODEL OF HOMELESSNESS

Burt (1992), in the first national study of urban homeless in 1987 by the Urban Institute, investigated the relationships of many of the above mentioned factors to create a causal model explaining homelessness. The most important variables in the model that tended to explain an increase in homelessness included: the unemployment rate and employment structure, the city's population change (loss, stagnation, growth), the city's proportion of one person households, the absence of General Assistance, the cost of living, the failure of public benefit levels to keep up with cost of living and shifts in the local economy towards services and away from manufacturing. Burt (1992, p.198) concludes, "Higher poverty rates certainly make more people vulnerable to homelessness. But without the structural pressures of poor quality jobs, high living costs, pressure from the middle class and tight housing markets, they would not be homeless. Even without any growth in poverty, increases in these contributing risk factors could easily make more poor people homeless. I think this is what happened in the 1980s."

F. CATEGORIES OF HOMELESSNESS

In Priority: Home! The Federal Plan to Break the Cycle of Homelessness (1994), two broad categories of homelessness are described: crisis poverty and chronic disabilities. For those experiencing crisis poverty, homelessness consists of episodic disruptions in lives laden with economic and other hardships. In the chronic condition, homelessness is marked by one or more disabling conditions and becomes a way of life. The chronic view of homelessness dominates the public's view.

Jahiel (1992) makes the distinctions of benign and malignant homelessness. In benign homelessness, the period of homelessness is short, subsequent housing is stable and the person will incur relatively little hardship. In the malignant condition, homelessness will last a long time or will reoccur with periods of marginal housing in the intervals, much hardship and consequent damage to the individual. Jahiel (1992) states that the recent "epidemic" of homelessness in this country has witnessed an increase in the number of individuals and families experiencing malignant homelessness. The increase in the chronic or malignant homeless population may not only be the perception of the public but the reality of the problem.

G. NATIONAL COUNTS AND CHARACTERISTICS OF THE HOMELESS POPULATION

In order to establish effective social policies and programs, the size, distribution and composition of the homeless population must be estimated (Blau, 1992). Many difficulties exist for ascertaining the precise number of homeless individuals and families. Persons lacking permanent addresses are not easily found, some manage to stay out of public view and some do

not participate in services or formal research. Many estimates of the homeless population do not take into account persons who are at high or immediate risk of homelessness including those who are involuntarily and temporarily "doubled up" with friends and family and those paying more than 50% of their income for rent (Interagency Council on the Homeless, 1994).

The 1990 Census S Night March 20 Street and Shelter Count identified 400,000 homeless persons throughout the country. Other estimates report that 600,000 people are homeless on any given night (Burt and Cohen, 1989) and 1.3 to 2 million people are homeless at some point during the course of a year (Blau, 1992). Some research (Burt, 1992) suggests that there are about 15 to 25 homeless persons for every 10,000 people living in the United States - a rate of about .2%.

National data show that single, unattached adults not accompanied by children make up about three-quarters of homeless persons. Almost half of homeless women have children with them compared to one percent of urban homeless men, even though close to half of homeless men have fathered children (Burt and Cohen, 1989). Blau (1992) reports that single men make up 51% of the total homeless population while single women comprise 12%. About one-third (34%) of the total homeless population are families with female caretakers and 3% are unaccompanied children. Her major findings reveal that the total percentage of homeless women (both single and with children) is almost equal to men. In 30 major cities surveyed for a U.S. Conference of Mayors Report (Waxman, 1994), the composition of the homeless population was similar to Blau's findings: 48% single men, 39% families with children, 11% single women, 3% unaccompanied youth and 26% children. Families are the fastest growing subgroup of the homeless population (Blau, 1992; Nunez, 1994) particularly homeless women with children (Burt and Cohen, 1989).

The average age of homeless persons studied is mid to late 30's; mothers with children are somewhat younger averaging in the early 30's (Blau, 1992; Burt 1992). Estimates show that 50% of homeless persons are minorities (Blau, 1992). The U.S. Conference of Mayors study (Waxman, 1994) estimated that 53% of the homeless persons were African American, 31% Caucasian, 12% Hispanic, 3% Native American and 1% Asian.

At least half of the adult homeless population has a current or past problem with substance abuse; up to one-third have severe mental illness, about one-quarter (23%) are veterans and 8% have AIDS/HIV (Waxman, 1994). Research also estimates that up to 39% of the adult homeless population spent time in foster care as children (Blau, 1992).

Some of the recent research (Burt and Cohen, 1989; Butler, 1993; Johnson and Krueger, 1989; North and Smith, 1993) explores gender based differences among homeless persons. In a study of 600 men and 300 women in St. Louis (North and Smith, 1993), researchers found that most women had young children in their custody, were younger than men, more likely to be women of color, more often dependent on welfare, had lower rates of substance abuse, been homeless for shorter periods of time, were better educated, less likely to have a history of incarceration and had more social contacts. Compared to mothers with children, women alone were most often Caucasian, employed, had a longer history of homelessness and more alcoholism and mental illness. They concluded that the population of homeless women is heterogeneous with two subgroups - women with children and those without.

H. PREVENTION AND INTERVENTION - TYPOLOGIES AND EXAMPLES

The Interagency Council on the Homeless (1994) recommends a two pronged strategy for breaking the cycle of homelessness: address structural changes to provide the housing and social infrastructure needed by the very poor to prevent the occurrence of homelessness and implement and expand emergency measures to assist the currently homeless. Prevention is seen as the most "cost effective" means of addressing homelessness.

The above mentioned strategies focus on what Jahiel (1992) terms primary and tertiary prevention measures. The goal of primary prevention is to prevent homelessness from occurring in the first place. Instruments for primary prevention may include providing education and training to persons at risk, providing early treatment for mental disorders or substance abuse, preventing housing or job displacement, raising individuals' income (via wages or welfare), extending the duration or eligibility for unemployment benefits and increasing the supply of low-income housing. In tertiary prevention, the goal is to improve one's quality of life by minimizing the harmful effects of homelessness. Services that provide shelter, meals, health, mental health, substance abuse treatment and education are tertiary mechanisms. Jahiel (1992) argues that because tertiary measures provide the greatest control over the homeless population as well as require the least social change, this is the main preventive approach used in this country.

Jahiel (1992) also delineates secondary prevention measures that address the issues of homelessness. Strategies used in secondary prevention detect one's homelessness as soon after it occurs and take steps to eliminate it. Secondary prevention programs include eviction prevention programs, rehabilitation, remedial education and job training and placement. Jahiel makes direct reference to a model program serving homeless families in New York City - the Residential Education Treatment Center Model (RET). The RET center exemplifies this critical form of prevention by effectively meeting many of the challenges of the problem of homelessness in America today.

In Hopes, Dreams and Promises: The Future of Homeless Children in America, Nunez (1994) describes the Residential Education Treatment Center Model (RET). The philosophical underpinning of the program views homelessness as less a housing issue than one involving poverty, education, family support and most importantly children. Evaluative research on the effectiveness of the program found 94% of the families who have stayed at a RET Center maintain their independence in permanent housing more than one year after moving out of the center.

Funding for the program comes from federal (50%), state (25%) and local (25%) sources. Operating costs average \$100 per day per family. Families live in furnished, private rooms with private bathrooms, individual kitchens or congregate dining areas. On-site services include daycare, health clinics, substance abuse counseling, residential treatment, licensed kindergarten, afterschool programs, alternative high school, parenting and independent living skills workshops, recreation, housing assistance and aftercare. Social services also include child care and family counseling and family preservation/foster care prevention. The caseload is one caseworker to 20 families.

In his concluding remarks Nunez (1994, p.172) writes, "To those advocating cutting welfare and mandating work as a means to welfare reform, we respond that this proposal ignores the many barriers to work faced by homeless heads of household: insufficient education, little or no work experience, and the lack of child care options. This nation must move beyond the present emergency mentality when thinking about homelessness and foster a comprehensive long term strategy. The RET center model demonstrates the potential of such a strategy."

APPENDIX B RESEARCH METHODS

A. DATA COLLECTION

1. Homeless Persons Survey

About 40 data collectors consisting of community volunteers (including ex-homeless persons) and agency volunteers and staff persons attended a one-hour training conducted by University of California, Berkeley researchers. The trainer reviewed the purpose of the survey, the instrument and safety issues. Volunteers were then assigned an interview location. In order to obtain variation in those surveyed, homeless persons were interviewed at a number of locations throughout the County. Locations included government social service agencies, core service agencies, shelters, meal programs and "outside" sites. Volunteers administered the homeless questionnaire through face-to-face interviews with persons located at provider sites and on the streets or at congregating sites.

The survey was completely voluntary, anonymous and confidential. If the person did not wish to participate in the study, the interviewer thanked them and moved on. For enumeration purposes, the interviewer recorded the encounter, reported if s/he thought the person was homeless and indicated the person's refusal to respond by completing the first and last page of the survey. When approval was received, the interviewer asked if in the past week the person had answered the survey questions and if s/he considered her/himself homeless. If it was not a duplicate and either the interviewee or interviewer identified the person as homeless, the survey was completed.

The interview schedule was designed by compiling and updating past homeless needs assessments conducted throughout the state including the 1990 study conducted in San Mateo County. The instrument was divided into four sections: demographics, housing, employment and services (see Appendix C). All sections had closed-ended questions.

Face-to-face interviews with homeless persons averaged 15 minutes. Of the 1,267 potential homeless persons approached, 419 interviews were completed. One-third (33%) of the those approached matched the study's definition of homeless and successfully answered the questions. Other persons approached were not "homeless" (53.4%), had answered the survey previously (7.7%), were not receptive (1%) or had a language barrier (.2%).

2. Service Provider Survey

In late March 1995, provider surveys were mailed to 41 community-based and public agencies that provide services to homeless persons in San Mateo County (see Appendix C). As per the guidance of the Hunger and Homeless Action Coalition, researchers mailed one to 15 surveys per service organization with an average of four sent to each. An introductory letter requested that the executive director complete the survey and distribute the remainder to program directors and staff. Each packet also included the definition of homeless used in the survey. Sixty completed surveys were returned, for a completion rate of approximately 38%.

Providers were asked to report on their organizational structure, services provided, clients served and any changes in the numbers and characteristics of homeless persons served. They were also asked their perceptions of the issue of homelessness, needed services and collaboration in the County.

3. Retrospective Count

During the summer months of 1995, County and community-based representatives were engaged in collecting data on all homeless clients served in 1994. With the client data set, which includes the person's Social Security Number, date of birth, gender, ethnicity, family status, income source(s), special issues and homeless episode(s), the Hunger and Homeless Action Coalition staff will formulate an unduplicated count of homeless persons receiving services in San Mateo County in 1994. [See Appendix D]

B. DATA ENTRY AND ANALYSIS

The data for the homeless persons and service provider surveys were entered into a SPSS data entry program. The analysis was completed in two stages. The first stage involved running frequency distributions on the variables included in the surveys. Basic descriptive data were calculated and examined for each variable. The second stage involved running bivariate analyses to analyze relationships between selected variables.

C. LIMITATIONS

1. Homeless Persons Survey

As a snapshot of one week in time, the homeless survey cannot capture the needs of people over time. Descriptions of homeless persons based on a snapshot of a point in time can be misleading if taken to imply that the population is static (Federal Plan, 1993), rather than realizing the high turnover among homeless persons. Furthermore, cross-sectional research studies tend to overrepresent persons who have been homeless longer (the "chronic homeless") and consequently may overreport problems such as substance abuse and mental illness.

Since the majority of the homeless respondents were interviewed at service locations, the results are biased towards service users. Because the research is based on those homeless individuals that could be more easily reached, findings from studies that do not sample representatively must be cautiously interpreted (Burnman and Koegel, 1988).

Although multiple data collection strategies, such as using qualitative interviews, could complement the survey findings, resources did not allow for this to occur.

2. Service Provider Survey

Since only about one half of the spectrum of agencies providing services to homeless persons responded to the provider survey, reports are biased towards organizations who responded and even more so to those who included multiple program staff respondents.

APPENDIX C
SURVEY INFORMATION

A. Survey Instruments

- 1. Homeless Persons Survey**
- 2. Service Provider Survey**

B. Provider Listing

Interview Schedule

Interviewer's name _____

Date of interview _____

Location of interview

- _____ meal program
- _____ winter armory shelter
- _____ other shelter facility
- _____ congregating site/ street
- _____ county social service agency
- _____ other _____

Hello, my name is (your name). I am from the San Mateo County Human Services Agency, and we want to find out about the services people need in this community. May I ask you a few questions? If some of these questions are personal and if any make you uncomfortable please ask me to skip to the next one. All of this information is confidential.

In the past week, have you answered these survey questions?

- _____ yes
- _____ no

Are you homeless?

- _____ yes
- _____ no

Demographics

1. Gender (*do not ask unless unsure*) M F

2. What is your race or ethnicity?

- ☐ Black/ African American
- ☐ White, not Hispanic
- ☐ Hispanic
- ☐ American Indian/ Native American
- ☐ Asian/ Pacific Islander
- ☐ Other (*specify*) _____
- ☐ Don't know

3. What primary language did you speak when you were growing up?

- ☐ English
- ☐ Spanish
- ☐ Asian (*specify*) _____
- ☐ Other (*specify*) _____
- ☐ No response / refused

4. When is your birthdate? _____ / _____ / _____ (*month/ date/ year*)

5. What is your present marital status? (*Probe*)

- ☐ single, no children
- ☐ single with children _____ How many are with you?
- ☐ married/couple, no children
- ☐ married/ couple with children _____ How many are with you?
- ☐ teenager on your own
- ☐ other (*specify*) _____
- ☐ no response / refused

6. Are you a U.S. veteran?

- ☐ yes Branch of service _____
- ☐ no

7. What level of education have you completed?

- ☐ none
- ☐ elementary school (grades 1-8)
- ☐ high school (grades 9-12)
- ☐ undergraduate courses
- ☐ undergraduate college
- ☐ vocational training
- ☐ graduate school

Housing

8. Where did you sleep last night?

- ☐ home
- ☐ with relative
- ☐ with friend
- ☐ car / van
- ☐ camper / trailer
- ☐ campground
- ☐ emergency shelter
- ☐ transitional housing
- ☐ shelter for youth
- ☐ battered women's shelter
- ☐ drug/ alcohol program (specify) _____
- ☐ rooming / boarding house
- ☐ "halfway" house (specify) _____
- ☐ hotel / motel/ single room occupancy
- ☐ condemned building
- ☐ outside (specify) _____
- ☐ other (specify) _____
- ☐ don't know / refused

9. How long have you been without a place to live? _____ months/ days (circle one)

10. What caused you to lose your housing? (Read choices aloud and check all that apply.)

- ☐ evicted
- ☐ couldn't stay there
- ☐ relationship ended with the person paying the rent
- ☐ lost job
- ☐ was drinking
- ☐ was doing drugs
- ☐ emotional difficulties/ mental illness
- ☐ went into hospital or other treatment program
- ☐ went to jail or prison
- ☐ left town
- ☐ didn't get along with people there
- ☐ fire/ flood/ earthquake
- ☐ medical problems
- ☐ violence in the household
- ☐ insufficient wages
- ☐ couldn't make rent payment
- ☐ building condemned
- ☐ too crowded
- ☐ other (specify) _____
- ☐ refused
- ☐ don't know

11. Do you have a place in San Mateo County that you consider home?

☐ yes

If yes, where?

☐ no

☐ street corner

☐ relatives house

☐ your home

☐ shelter

☐ car

☐ motel

☐ last residence

☐ other (specify) _____

12. How many times have you been homeless?

In the last 6 months _____

In the last year _____

_____ don't know / refused

Employment

13. During the last 6 months have you been supporting yourself with: (*Read choices aloud and check all that apply.*)

_____ job

_____ savings

_____ social security

_____ other pension

_____ veteran's benefits

_____ SSI (Supplemental Security Income)

_____ Disability Insurance

_____ AFDC (Aid to Families with Dependent Children)

_____ food stamps

_____ unemployment compensation

_____ general assistance / welfare

_____ alimony / child/ family support payments

_____ family / friends

_____ handouts / panhandling

_____ sale of blood / plasma

_____ illegal activities

_____ cash from agencies

_____ no means of support

_____ self employed

_____ other (*specify*) _____

_____ don't know / refused

14. What assistance are you getting through the government? (*Read choices aloud and check all that apply*)

- ☐ AFDC (Aid to Families with Dependent Children)
- ☐ GA (General Assistance)
- ☐ SSI (Supplemental Security Income)
- ☐ Social Security
- ☐ Disability Insurance
- ☐ WIC (Women, Infants and Children)
- ☐ VET (Veterans Benefits)
- ☐ WC (Workers Compensation)
- ☐ UC (Unemployment Compensation)
- ☐ Food Stamps
- ☐ Other (*specify*) _____

15. Are you currently (*Read choices aloud and check one that applies*)

- ☐ employed full time
- ☐ employed part time
- ☐ employed once in a while
- ☐ unemployed, looking for work
- ☐ unemployed, not looking for work
- ☐ self employed
- ☐ seasonally employed
- ☐ retired
- ☐ disabled, can't work
- ☐ other (*specify*) _____
- ☐ don't know / refused

16. Are your basic needs being met? (*Read choices aloud and circle all responses that apply.*)

| | | |
|-----------------|-----|----|
| food | yes | no |
| shelter | yes | no |
| clothing | yes | no |
| hygiene | yes | no |
| medical /health | yes | no |
| mental health | yes | no |

Services

17. In the past 6 months, what types of services did you use in this county? (*Read choices aloud and check all responses that apply*)

_____health services (hospital, dental, prescription drugs)
_____employment services (job training and job search)
_____shelter services (transitional, youth, battered women, and emergency)
_____personal need services (showers, clothing, child care, storage)
_____financial assistance
_____educational services (ESL classes, adult education courses)
_____substance abuse counseling
_____child care
_____other (*specify*)_____

18. In the past year, what types of services have you needed that were unavailable to you? (Read choices below aloud and circle response)

Health

| | | |
|--------------------------------|-----|----|
| 1. hospital | yes | no |
| 2. prescription drugs | yes | no |
| 3. mental health or counseling | yes | no |
| 4. prenatal care | yes | no |
| 5. drug treatment services | yes | no |
| 6. alcohol treatment services | yes | no |
| 7. food programs | yes | no |

Employment

| | | |
|--------------------------|-----|----|
| 8. job training | yes | no |
| 9. job search assistance | yes | no |
| 10. transportation | yes | no |

Shelter

| | | |
|---------------------------------|-----|----|
| 11. emergency shelter | yes | no |
| 12. transitional housing | yes | no |
| 13. long term treatment housing | yes | no |
| 14. battered women's shelter | yes | no |
| 15. housing voucher | yes | no |
| 16. shelter for youth | yes | no |

Personal needs

| | | |
|--|-----|----|
| 17. showers | yes | no |
| 18. clothing | yes | no |
| 19. storage | yes | no |
| 19. address or place to receive messages | yes | no |
| 20. laundry | yes | no |

Financial Assistance

| | | |
|------------------------------------|-----|----|
| 21. one time rent | yes | no |
| 22. first deposit assistance | yes | no |
| 23. assistance in getting benefits | yes | no |
| 24. other (specify)_____ | | |

Education

| | | |
|-------------------------------------|-----|----|
| 25. ESL classes | yes | no |
| 26. adult education | yes | no |
| 27. remedial education | yes | no |
| 28. literacy education | yes | no |
| 29. GED (General Education Diploma) | yes | no |
| 30. parenting workshops | yes | no |

Legal Assistance

| | | |
|---------------------------------|-----|----|
| 31. immigration | yes | no |
| 32. divorce | yes | no |
| 33. temporary restraining order | yes | no |
| 34. bankruptcy | yes | no |

Child Care

| | | |
|----------------|-----|----|
| 35. subsidized | yes | no |
| 36. affordable | yes | no |

19. What were the three most important services you needed? (*Circle the responses from the question above*)

20. Were you afraid to seek services because of your immigration status?

_____yes

_____no

Thank you for your time.

Interviewer

Do not ask these questions. Complete questions yourself.

Respondent

- ☐ successfully completed survey
- ☐ refused
- ☐ broke off survey
- ☐ had language barrier
- ☐ is a duplicate
- ☐ is inebriated/ drugs involved
- ☐ is unable to complete survey due to mental illness
- ☐ other (specify) _____

The person is homeless.

- ☐ certain
- ☐ uncertain

Person was:

- ☐ receptive
- ☐ not very receptive
- ☐ hostile

Assessing the Needs of Homeless Persons in San Mateo County
Service Provider Survey

Thank you for participating in this important study on the needs of homeless persons in San Mateo County. The study is a cooperative effort of the San Mateo County Human Services Agency - Office of Homelessness, the Hunger and Homeless Action Coalition and the Bay Area Social Services Consortium - University of California, Berkeley.

With your assistance, we will be able to report current data on services for homeless persons in San Mateo County as well as significant changes over the past five years. Your confidential responses to this provider survey will help to inform public entities, program funders and other service providers about necessary actions to take to more effectively and efficiently address the problems of homelessness in the County.

Please return the completed survey to your agency director so that it can be mailed by April 12, 1995.

Name of Agency: _____

Type of Agency:

- _____ Meal Program
- _____ Winter Armory Shelter
- _____ Other Shelter Facility
- _____ Core Service Agency
- _____ County Social Service Agency
- _____ Other (specify) _____

Position of Person Responding:

- _____ Executive Director
- _____ Program Director*
- _____ Program Staff*

***Note: Program directors and staff are to begin with Question 8.**

1. What is your agency's tax status?

- _____ Public
_____ Private, non-profit
_____ Private, for-profit

2. What percentage or amount of your agency's operating budget for homeless service program(s) last year came from the following sources?

| Funding Sources | Percentage % | Amount \$ |
|----------------------------------|---------------------|------------------|
| Federal Government | _____ | _____ |
| State Government | _____ | _____ |
| County Government | _____ | _____ |
| City Government | _____ | _____ |
| Foundations | _____ | _____ |
| Corporations | _____ | _____ |
| Individual Donations/Fundraising | _____ | _____ |
| Client Fees | _____ | _____ |
| Other Sources (specify) _____ | _____ | _____ |
| Total | _____ | _____ |

3. How many staff and volunteers are there in your agency's homeless service program(s)?

- _____ Administrative Staff (include Full-Time, Part-Time and Contract)
_____ Program Staff (include Full-Time, Part-Time and Contract)

- ☐ Other Staff (include Full-Time, Part-Time and Contract)
- ☐ Volunteers

**4. The type(s) of service(s) that my agency provides for homeless persons include:
(CHECK ALL THAT APPLY.)**

- ☐ Health Services
- ☐ Employment Services
- ☐ Nutrition Services
- ☐ Shelter Services
- ☐ Housing Services
- ☐ Personal Care Services (e.g. showers, clothing)
- ☐ Financial Assistance Services
- ☐ Educational Services
- ☐ Transportation Services
- ☐ Case Management Services
- ☐ Mental Health Services
- ☐ Substance Abuse Services
- ☐ Child Care Services
- ☐ Outreach and Referral Services
- ☐ Prevention Services
- ☐ Legal Services
- ☐ Language Services
- ☐ Immigration Services
- ☐ Other (specify) _____

5. The type(s) of homeless persons that my agency serves include: (CHECK ALL THAT APPLY.)

- ☐ First Time Homeless
- ☐ Single Women, No Children
- ☐ Single Women, With Children
- ☐ Single Men, No Children
- ☐ Single Men, With Children
- ☐ Married, No Children
- ☐ Married, With Children
- ☐ Teenagers, Alone
- ☐ Elderly
- ☐ Substance Abusers
- ☐ Mentally Ill
- ☐ Dual Diagnosis (substance abuse and mental illness)

- _____ HIV/AIDS
- _____ Veterans
- _____ Survivors of Domestic/Family Violence
- _____ Immigrants/Refugees
- _____ Other (specify) _____

6. Over the past five years, from my perspective the total number of homeless persons that my agency serves has:

- _____ Increased
- _____ Remained the Same
- _____ Decreased
- _____ Don't Know

Please explain why? _____

7. Over the past five years, it is my impression that the numbers of the following types of homeless persons that my agency serves has either increased, remained the same or decreased:

| | Increased | Same | Decreased | Do Not Serve |
|--|-----------|-------|-----------|-----------------|
| First Time Homeless | _____ | _____ | _____ | _____ |
| Single Women, No Children | _____ | _____ | _____ | _____ |
| Single Women, With Children | _____ | _____ | _____ | _____ |
| Single Men, No Children | _____ | _____ | _____ | _____ |
| Single Men, With Children | _____ | _____ | _____ | _____ |
| Married, No Children | _____ | _____ | _____ | _____ |
| Married, With Children | _____ | _____ | _____ | _____ |
| Teenagers, Alone | _____ | _____ | _____ | _____ |
| Elderly | _____ | _____ | _____ | _____ |
| Substance Abusers | _____ | _____ | _____ | _____ |
| Mentally Ill | _____ | _____ | _____ | _____ |
| Dual Diagnosis (substance abuse and mental illness) | _____ | _____ | _____ | _____ |
| HIV/AIDS | _____ | _____ | _____ | _____ |
| Veterans | _____ | _____ | _____ | _____ |
| Survivors of | | | | |
| Domestic/Family Violence | _____ | _____ | _____ | _____ |
| Immigrants/Refugees | _____ | _____ | _____ | _____ |
| Other (specify) _____ | _____ | _____ | _____ | _____ |

8. **It is my impression that the five principle cause(s) of homelessness are: (CHECK ONLY FIVE.)**

☐ Joblessness
☐ Insufficient Wages
☐ Limited Job Skills
☐ Inadequate Welfare Benefits
☐ Limited Education
☐ Shortage of Affordable Housing
☐ Eviction
☐ Relocation
☐ Lack of Adequate Health Care
☐ Physical Health Problems
☐ Substance Abuse
☐ Mental Illness
☐ Domestic/Family Violence
☐ Incarceration
☐ Weak Family Ties
☐ Lack of Social Supports
☐ Lack of Independent Living Skills
☐ Natural Disasters
☐ Other(s) _____

9. **Among the homeless persons that *my agency services*, it is my impression that the five principle cause(s) of homelessness are: (CHECK ONLY FIVE.)**

☐ Joblessness
☐ Insufficient Wages
☐ Limited Job Skills
☐ Inadequate Welfare Benefits
☐ Limited Education
☐ Shortage of Affordable Housing
☐ Eviction
☐ Relocation
☐ Lack of Adequate Health Care
☐ Physical Health Problems
☐ Substance Abuse
☐ Mental Illness
☐ Domestic/Family Violence
☐ Incarceration
☐ Weak Family Ties
☐ Lack of Social Supports
☐ Lack of Independent Living Skills
☐ Natural Disasters
☐ Other(s) _____

10. Has the nature of the problems homeless persons bring to your agency changed in the past five years?

☐ Yes
☐ No
☐ Don't Know

11. If you answered yes to Question 10, please describe these changes. (You may attach vignettes describing the life situations of homeless persons served by your agency.)

12. My agency is unable to serve the following types of homeless persons:
(CHECK ALL THAT APPLY.)

☐ Single Men
☐ Adults with Children
☐ Teenagers
☐ Mentally Ill
☐ Substance Abusers
☐ Dual Diagnosis
☐ HIV/AIDS
☐ Chronically Homeless
☐ Battered Women
☐ State Parolees
☐ Violent Persons
☐ Other (specify) _____
☐ None of the Above - We Serve All Types

13. The three primary reasons my agency is unable to serve these homeless persons are:
(CHECK ONLY THREE.)

☐ Client Ineligibility
☐ Budget Limitations
☐ Staff Shortages
☐ Client Behavior
☐ Space Limitations
☐ Volunteer Shortages
☐ Other (specify) _____
☐ None of the Above - We Serve All Types

14. Does your agency currently have a waiting list for its homeless service program(s)?

- ☐ Yes
- ☐ No
- ☐ Don't Know

15. If you answered yes to Question 14, on average, how long is the wait?

months/days (circle one)

16. The top five factors that keep homeless persons in a condition of homelessness are:
(CHECK ONLY FIVE.)

- ☐ Lack of Job Opportunities
- ☐ Limited Job Skills
- ☐ Inadequate Welfare Benefits
- ☐ Insufficient Wages
- ☐ Inadequate Education
- ☐ Not Enough Affordable Housing
- ☐ Limited Accessibility to Health Care
- ☐ Physical Health Conditions
- ☐ Mental Illness
- ☐ Substance Abuse Problems
- ☐ Domestic/Family Violence
- ☐ Weak Family Ties
- ☐ Lack of Social Supports
- ☐ Lack of Independent Living Skills
- ☐ Lack of Child Care
- ☐ Lack of Central Informational Data Base Countywide
- ☐ No Unified Case Management System Countywide
- ☐ Other (specify) _____

17. The top three barriers to coordinating homeless services in this County are:
(CHECK ONLY THREE.)

- ☐ Lack of Physical Space
- ☐ Lack of Staff Time
- ☐ Lack of Financial Resources
- ☐ Insufficient Staff
- ☐ Confidentiality
- ☐ Politics
- ☐ Lack of a Unified Homeless Client Data Base
- ☐ Lack of Case Management System
- ☐ Turf Issues
- ☐ Other (specify) _____

18. The top three factors *facing my agency* that serve as barriers to coordinating homeless services in the county are: (CHECK ONLY THREE.)

☐ Lack of Physical Space
☐ Lack of Staff Time
☐ Lack of Financial Resources
☐ Insufficient Staff
☐ Confidentiality
☐ Politics
☐ Lack of a Unified Homeless Client Data Base
☐ Lack of Case Management System
☐ Turf Issues
☐ Other (specify)_____

19. If more resources were available for this county, the most important new or expanded services for homeless persons should be: (CHECK ONLY THREE.)

☐ Job Training and Employment Assistance
☐ Financial Assistance
☐ Educational Services
☐ Affordable, Permanent Housing
☐ Long Term Emergency Shelter
☐ Transitional Housing
☐ Rental Assistance
☐ Battered Women's Shelter
☐ Shelter for Youth
☐ Transportation
☐ Health/Dental Services
☐ Nutrition Programs
☐ Substance Treatment Programs
☐ Mental Health Services
☐ Independent Living Skills Services
☐ Family Preservation/Foster Care Prevention Programs
☐ Child Care
☐ Personal Care Services
☐ Legal Services
☐ Outreach and Referral
☐ Case Management
☐ Language Services
☐ Immigration Services
☐ Recreational and Cultural Programs
☐ Other (specify)_____

20. If you had the opportunity to make your ideas about homeless persons/families and those at risk of becoming homeless known to the County Board of Supervisors, what would they be?

We appreciate your participation in this assessment of the service needs of homeless persons in San Mateo County.

Please mail all completed surveys in the envelope provided to your agency by April 12, 1995 to:

Dr. Sheryl Goldberg, Research Coordinator
Bay Area Social Services Consortium
University of California
School of Social Welfare
120 Haviland Hall
Berkeley, CA 94720

B. SERVICE PROVIDER LISTING (and the number of respondents represented)

Battered Women's Services of San Mateo County (3)

Bayshore Community Resource Center (1)

Bread of Life

Call Primrose (2)

Catholic Worker House

Child Care Coordinating Council

Coastside Opportunity Center

Community Action Agency (1)

Community Living Room

Daly City Community Service Center (5)

East Palo Alto Law Project

Ecumenical Hunger Program

Ellipse

Fair Oaks Community Center (1)

Free at Last

Human Investment Project (5)

Hunger and Homeless Action Coalition

Legal Aid (2)

Mateo Lodge (1 late)

Mental Health Association (2 late)

Northern Peninsula Dining Center

Northern Peninsula Neighborhood Services

Pacifica Resource Center (2)

Peninsula Family Resource Center (3)

Salvation Army

Samaritan House (5)

Winter Shelter (1)

San Mateo County Health Services (8 total)

Aging and Adult Services (1)

JTED (Vocational Rehabilitation)

Division of Housing

Service League of San Mateo County (2)

Shelter Network (12 total)

Redwood Family House (1) Family Crossroads (1) Haven Family House (2)

Social Services Department (East Palo Alto, South San Francisco, Redwood City)

Sor Juana Ines Services for Abused Women (1)

St. Anthony's Padua (3)

St. Vincent de Paul (San Mateo, Redwood City, South San Francisco) (1)

Spring Street Shelter

Thea Bauman House

Urban Ministry

Veteran's Administration Homeless Program

Youth and Family Assistance - Daybreak

Your House South

Your House North

Unknown (2)

APPENDIX D
PARTIAL UNDUPLICATED HOMELESS COUNT

During the summer of 1995, the San Mateo Human Service Agency collaborated with the Hunger and Homeless Action Coalition to complete a count of the unduplicated number of homeless individuals and families who sought social services in San Mateo County during calendar 1994. A total of 26 County and private agencies providing services to the homeless were surveyed. Of these, 16 agencies were able to furnish the following information for each head of household: social security number, birthdate, ethnicity, income source, gender, and number of adults/children. This information provided the basis for an evaluation of the number and characteristics of homeless individuals and families who sought services.

The agencies who were unable to furnish this information did not participate either because of confidentiality restrictions or because they did not collect the data required to eliminate duplication, namely social security number/birthdate. Thus the count should not be interpreted as a count of the total number of homeless individuals in the County. It is a valid partial count of the total number and demographic profile of homeless individuals and families currently seeking services, where data mentioned above was collected.

A. Methodology

The count is based upon 1994 case data compiled by a broad spectrum of service providers and analyzed by County and Coalition staff. In developing the data base of homeless households, County and Coalition used the following definition of homelessness from the federal Stewart B. McKinney Act:

- (1) An individual who lacks a fixed, regular, and adequate night-time residence; and
- (2) An individual who has a primary night-time residency that is:
 - (i) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - (ii) An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - (iii) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- (3) The term does not include any individual imprisoned or otherwise detained under an Act of Congress or a state law.

Furthermore, people who are at imminent risk of losing their housing, because they are being evicted from private dwelling units or are being discharged from institutions and have nowhere else to go, are usually considered to be homeless for program eligibility purposes.

The primary objective of the retrospective analysis was to enumerate the unduplicated number of homeless individuals, as defined in the McKinney Act, in San Mateo County. This data collection did not include families or individuals living in "doubled-up" situations, those precariously housed with friends or relatives, or those who either didn't seek services or used services such as meal sites where data on clients are traditionally not collected. Because case data were drawn from a large number of service providers, the potential for duplication existed, since homeless households might seek services from more than one agency. In order to eliminate the possibility of duplications, each case was indexed by social security number. Birth dates served as a second level index to ensure against duplications for those cases where no social security number was available. Cases that had neither social security numbers or birth dates were eliminated from the data base.

B. Research Findings

A total of 16 agencies provided case records that were used to establish our data base of homeless households. Table 1 summarizes the various agencies which contributed data. Based on an evaluation of case records, these agencies served approximately 2,900 homeless households in 1994. When a correction is made for duplicate cases, our evaluation of the retrospective data indicates that a total of 2,432 households experienced an episode of homelessness and sought homeless services in San Mateo County during 1994. Included within these households were a total of 2,649 adults and 1,850 children for a total of 4,499 homeless persons.

Table 1
1994 Homeless Retrospective Analysis
Agencies Providing Data for Retrospective Data Base

| <u>Name of Agency</u> | |
|-------------------------------------|---|
| Bayshore Community Resource Center | Peninsula Family Resource Center/Catholic Charities |
| Call Primrose | Salvation Army |
| Coastside Opportunities Center | Samaritan House |
| Community Action Agency | San Mateo County Dept. of Health |
| Daly City Community Services Center | San Mateo County Human Services Agency |
| Fair Oaks Community Center | San Mateo County Mental Health Association |
| North Peninsula Community Services | Service League of San Mateo County |
| Pacifica Resource Center | Shelter Network |

Again, it is important to note that this is a partial and conservative estimate of the total number of homeless people served. Many agencies who serve homeless people in San Mateo County do not keep records that would enable us to include their clients in an unduplicated count; other agencies were unable to release their client records for this study. Table 2 summarizes public and non-profit agencies in San Mateo County who serve homeless individuals and families, but could not provide us with the case data needed to include them in our retrospective analysis. Of these, some, such as would have very low rates of duplication with the agencies summarized in Table 1, and thus our opinion that the total number of homeless people cited above is a conservative estimate.

Table 2
1994 Homeless Retrospective Analysis
Agencies Who Serve Homeless Clients, But Did Not Provide Data for Retrospective Data Base

| <u>Name of Agency</u> | <u>Estimated Number of Homeless Clients Served in 1994</u> |
|---|--|
| Battered Women's Services | 400 |
| Mateo Lodge | 698 |
| San Mateo County Youth & Family Services/Drug & Alcohol | 300 |
| St. Vincent De Paul Homeless Assistance Program | 6,648 |
| Youth and Family Assistance | 506 |

The retrospective analysis documents fewer total homeless -- 4,499 -- than the 8,665 figure reported in the 1990 report, "Living in the Shadow of Affluence." In order to ensure the highest accuracy possible, considerable care was taken in developing the strict methodology of this count. This unduplicated count provides a more accurate count than the 1990 estimate. We do not believe there has been an appreciable change in the overall extent of homelessness in San Mateo County since the 1990 estimate.

Rather, three factors account for the difference between the 1994 and 1990 figures. First, a different methodology was used to arrive at the two figures. The 1990 count was intended to be an estimate of the entire homeless population rather than an unduplicated count of the portion of the homeless population seeking services from programs which were able to both collect and share data.

Second, the retrospective analysis was extremely rigorous: without a totally distinct social security number or birthdate, a person or family was dropped from the count. The evaluation method utilized for the 1994 partial retrospective count ensures against double counting and provides an accurate count of the portion of the population it tallies.

Finally, a different definition of "homeless" was used. The most prevalent definition of homelessness in use today, the McKinney Act definition used for this analysis, does not include populations living in overcrowded conditions or "precariously housed" with friends or relatives, as the 1990 count did.

Table 3 presents a profile of the homeless individuals included within the retrospective count. Overall, the retrospective analysis includes a greater proportion of women than the needs assessment prepared by the Bay Area Social Services Consortium and presented in the main body of this report. This difference may be attributed to the data sources and the locations chosen for BASSC's interviews: the data compiled for the retrospective were drawn from a number of agencies that specifically serve families, while the data analyzed by BASSC were drawn primarily from interviews conducted in locations where homeless single individuals congregate and seek services. The ethnic break down of individuals in the retrospective analysis is generally consistent with that found in BASSC's needs assessment with a slightly higher percentage of homeless individuals in the "white" category. The retrospective data include a greater proportion of individuals younger than 34 years when compared to the BASSC data.

Table 3
1994 Homeless Retrospective Analysis
Demographic Profile of Homeless Individuals in 1994 Retrospective Data Base

| <u>Gender (n=2,398)</u> | <u>Number</u> | <u>Percent</u> |
|---|---------------|----------------|
| Female | 1,258 | 47.5 |
| Male | 1,391 | 52.5 |
| <u>Race/Ethnicity (n=2,264)¹</u> | | |
| Black/African American | 750 | 33.1 |
| White, not Hispanic | 972 | 42.9 |
| Hispanic | 437 | 19.3 |
| Asian/Pacific Islander | 50 | 2.2 |
| American Indian/Native American | 24 | 1.1 |
| Other | 31 | 1.0 |
| <u>Age (n=2,212)</u> | | |
| Under 34 Years | 1,167 | 52.8 |
| 35 to 64 Years | 1,020 | 46.1 |
| Over 65 Years | 25 | 1.1 |

¹Includes only heads of households. Data on ethnicity and age for adult non-heads of households were not available from service providers.

The retrospective data also provide information on family structures of the homeless population. Among the 1,751 households who provided data on the presence of children, a total of 840 or 48.0 percent have no children while 911 or 52.0 percent have one or more children (A total of 681 records did not provide data on whether the household includes children). Of the 1,850 children included in the retrospective data base, 1,464 or 79 percent lived in single parent households. The number of children in the homeless families ranged from one to eight. Table 4 summarizes the household size and family structure for children included in the retrospective data base.

Table 4
1994 Homeless Retrospective Analysis
Number of Children in Various Household Types Within Retrospective Data Base
(n=911)

| Number of Children in Household | 1 | | 2 | | Total | |
|---------------------------------------|-----------|------------|-----------|-------------|------------|------------|
| | Number | % | Number | % | Number | % |
| 1 | 146 | 10.0 | 59 | 15.3 | 205 | 11.1 |
| 2 | 1,026 | 70.1 | 110 | 28.5 | 1,136 | 61.4 |
| 3 | 147 | 10.0 | 102 | 26.4 | 249 | 13.5 |
| 4 | 92 | 6.3 | 44 | 11.4 | 136 | 7.3 |
| 5+ | <u>53</u> | <u>3.6</u> | <u>71</u> | <u>18.4</u> | <u>124</u> | <u>6.7</u> |
| Total | 1,464 | 100.0 | 386 | 100.0 | 1,850 | 100.0 |

The retrospective data base also includes information on income sources for homeless individuals served by agencies in San Mateo County. Table 5 summarizes income data and shows some distinct differences between primary income sources for women and men. For example, 53 percent of women indicated AFDC as the primary source of income, versus 10 percent of men. The most frequent primary income source for men was wages from a job; 21 percent of the men in our data base cited employment as their primary source of income. Only 14 of women in the sample identified wages from employment as the primary income source. Men were more likely than women to indicate that they had no means of support. Thirty-six percent of men claimed to have no means of support versus 12 percent of women.

Compared with the BASSC data, the retrospective count includes fewer homeless individuals who cite wages from a job, food stamps, assistance from family or friends and handouts as their means of financial source. Homeless people included in the retrospective count are more likely to utilize AFDC than individuals included in the BASSC analysis.

Table 5
1994 Homeless Retrospective Analysis
Percent of Cases Where Indicated Income Source is
Primary Source of Income for Household
(n=2,234)

| Income Source | Women | Men |
|----------------------|------------|------------|
| AFDC | 53.5 | 10.0 |
| Job | 14.4 | 21.1 |
| No Means of Support | 12.2 | 36.1 |
| SSI | 8.0 | 12.0 |
| GA/Welfare | 3.8 | 10.0 |
| Unemployment | 2.3 | 2.4 |
| Disability Insurance | 1.2 | 1.6 |
| Veteran's Benefits | 0.0 | 1.3 |
| Other ² | <u>4.6</u> | <u>5.5</u> |
| **TOTALS** | 100.0 | 100.0 |

²Includes the following: savings, social security, pension, food stamps, alimony, child support, family/friends, sale of blood, illegal activities, cash from agencies, handouts and self-employed.

APPENDIX E REFERENCES

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