

Needs Assessment with Enumeration: Homeless in Costa Mesa

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Costa Mesa Homeless Enumeration and Needs Assessment

Purpose: 1) to enumerate the “street” homeless in Costa Mesa, California and to identify the distribution of street homeless by gender and age; 2) to describe the population of street homeless in terms of personal vulnerabilities and needed services.

ABSTRACT: This study is composed of two unique research projects described as Phase I and Phase II. The Costa Mesa Homeless study was conducted to examine the progress made toward the larger agenda to end homelessness as a social problem in Orange County, and to inform efforts to house homeless people. Phase I was designed as a comprehensive enumeration of homeless people within Costa Mesa city limits. Phase II assessed the range and type of needs presented within the homeless population residing in Costa Mesa. Costa Mesa was chosen for this study for several reasons including an ever growing community concern over what is perceived to be an encroaching and growing problem, the support and willingness to act on the part of the city leaders, the participation of Mercy House, Inc., and the desire of Sociology and Anthropology faculty from Vanguard University to engage and address concerns of the local community. The limited geographic area of Costa Mesa (roughly 16 square miles) and the number of Vanguard University student volunteers that enlisted in the project allowed a research design for Phase I that canvassed all areas of the city within a one-hour timeframe (replicating the 2009 Costa Mesa Homeless Enumeration). Special care was taken to avoid double counts, to estimate age groups within the population, and to examine the composition of the families identified as homeless. Sixty persons were observed outside of care; there were no families observed by the research team during the count. The gender distribution is disproportionately male; 11 of the 60 homeless persons identified were female (18%) and gender was not determined in two cases. Of the 47 males whose age could be determined, 45% (22) were estimated to be “old”, 51% (25) were judged to be in their middle years; age could not be determined for two males. Eight of the eleven females were reported as middle-aged and three (27%) were reported as old. Two hundred-six persons were in care at one of the agencies within Costa Mesa. This may suggest a need for additional development of homeless services for men, or improved interagency referrals and delivery systems designed for these men. The personal conditions, services needed, and residential belonging

were examined in Phase II. A total of 41 homeless individuals were interviewed: 35 of the interviews were complete and usable for analysis. Analyses took into account factors such as education level, employment status, institutionalization, and veteran status. The analysis utilized at-risk indicators for continued homelessness and/or for physical decline as well as to examine the range of services needed or most useful. The findings suggest that the majority (57%) of those interviewed had experienced homelessness more than once in their life. Of those with multiple homeless episodes, 25% reported being homeless more than three times. The findings reveal a homeless population that is fragile with many physical and mental health problems as well as relatively low potential for employment.

INTRODUCTION TO HOMELESS ENUMERATION AND ASSESSMENT REPORT

This report is based on data that was collected within the city of Costa Mesa. The research that generated these data reflect 2 unique projects: Phase I describes the comprehensive survey of Costa Mesa and the enumeration processes, criteria, and findings; Phase II constitutes the assessment of various “needs” (including vulnerability) within the homeless population and an assessment of “residential belonging.”

PHASE I: HOMELESS ENUMERATION

The survey design for Phase I was initially utilized in September, 2009 and was replicated in the fall of 2010 and again in May, 2011. Specific (but not exclusive) to this report is the “second wave”—data collected during the October 2010 Costa Mesa survey and homeless enumeration.

Purpose: to establish the most accurate count (estimate) of the number, gender, and age of homeless individuals, within Costa Mesa.

METHODOLOGY:

The second wave of data collection followed the methods from the previous 2009 count. The design utilized for the enumeration of homeless in Costa Mesa departed from traditionally used strategies—i.e. sampling predefined zones within the larger specified area, for example, identifying and counting the homeless in “hot spots” and extrapolating estimates based on known mobility patterns. Traditional methods produce estimates widely accepted as bases for public policies, the distribution of funding and other resources, and for program development; these methods are also vigorously criticized and questioned. To avoid the “construction” of an estimate all areas of the city were observed in the shortest amount of time possible.

To prepare for the initial count, the city of Costa Mesa was divided into 25 unique areas using “Google Maps” via the internet. Maps including each of the areas were printed out and the exact area was identified by marking the boundaries with a blue pen. Each area of the city was then traversed by students or the principle investigator (bicycles were used in areas not accessible to vehicles) to determine the amount of time required, to identify areas that might require special attention and/or care, and to insure that no barriers existed that might limit access to or within each of the areas. Each of the maps were marked by research personnel to identify likely areas for homeless persons to gather such as open spaces or homeless friendly locations, the homeless persons present, and the amount of time taken to cover the area. The 25 areas were judged to be too small; some could be covered in 20 to 30 minutes. Revising the city areas resulted in 16 sectors each requiring approximately one hour for comprehensive observations. All subsequent enumerations have utilized these same 16 sectors.

All volunteers were required to attend a 50 minute training session (materials available) to insure a similar base of knowledge concerning the Costa Mesa Homeless count. Training sessions were conducted at three time points during the week of the enumeration. Volunteers included students attending Vanguard University. Sociology and Anthropology students enrolled in "Social Theory" and "Research Design and Methods" made up the core of the student enumerators. In addition, both men and women student athletes from the soccer teams made significant contributions of their time and resources. The research team met student volunteers in the courtyard of the Scott building on the campus of Vanguard University. After a review session of the training materials and instructions for using the Tally Sheet, volunteers were assigned to teams and given maps. Teams were asked to review their assigned area, to be at their map location and ready to begin the count at 5:30 p.m., and to return by 6:30 p.m.

Teams were asked to make record of individuals and families, cars, vans/campers, buildings with people present and encampments with or without people. In addition, teams estimated the age of individuals, and were instructed to identify the number of minors and pre-k children in families. As the teams returned from their counting areas, maps were collected by research personnel and reviewed with the enumerating team to insure clarity in interpreting the markings on the maps.

FINDINGS:

The volunteers involved in the Costa Mesa (C.M.) count helped to insure the findings reported here are reliable. Fifty-one volunteers participated in the count: Twenty-seven volunteers were Sociology majors at Vanguard University (V.U.); students of the Principle Investigator and registered in either "Sociological Theory" (14 students) or "Sociology Research Methods" (13 students). The remaining volunteers were V.U. student athletes from the men's and women's soccer teams.

The research teams were asked to identify and record the number of cars, vans, campers, encampments, and buildings *containing* people. It should be noted that only persons actually seen by team members in any of the possible contexts are included in this report. There is a high probability that other people were present or typically stay in these locations, but no estimates were attempted. The results presented here should be considered conservative.

Each of the sectors of the city share boundaries with one or more of the other sectors. This fact produces some possibility of two or more teams identifying the same person, and confounding the data. The maps sharing borders were examined to determine if the marks on maps identifying individuals were duplicated across maps to prevent "double counts." Duplicates were identified in one case including a single individual. The initial result of 61 persons outside of care was reduced by one (the number of duplicated cases) for a final total of 60 people.

Homeless Outside of Care

The ages of individuals outside of care were estimated by team members and recorded in one of three categories, Old, Middle, or Young. The distribution of persons across age groups is represented in the adjacent chart. Estimates of age may be useful in establishing the range of services appropriate for this population. The reports reflect a constricted distribution by age for both males and females. This may suggest an aging of the out-of-care homeless population; individuals outside of care were most likely to be middle-aged and older. In fact, no young people or minors were observed by enumerators on the afternoon of the count.

Males Outside of Care

The homeless identified as males (N49 of 60), constitute 81% of all persons outside of care. Age could not be determined in two cases (4%); the remaining 47 males were distributed across two age groups (Middle and Old) with slightly more reported in the middle years (N 25, 51%) than old (N 22, 45%). No young persons were observed during the evening enumeration but are no doubt present in the homeless population (the morning replicated count did identify 5 young males). The young while a small proportion (5 of 33 males observed the following morning), undoubtedly require special attention based on the circumstances that led to their homelessness. For example, unique programs or services may be required for youth that age out of foster care, those recently released from "official" care (incarceration, etc.), and those that are preserving themselves by running from more disturbing realities. Those who have been judged to be "old" are particularly likely to require a more extensive range of services, many of which are costly such as medical care.

Females Outside of Care

Women constitute nineteen percent of the observed population of street homeless in Costa Mesa. Age estimates of the homeless women reveal a very different pattern from that of men. Older women made up twenty seven percent of women. Middle-aged women, the only other age group observed, dominated at seventy three percent of all homeless women (8

Figure 1: Distribution by Gender

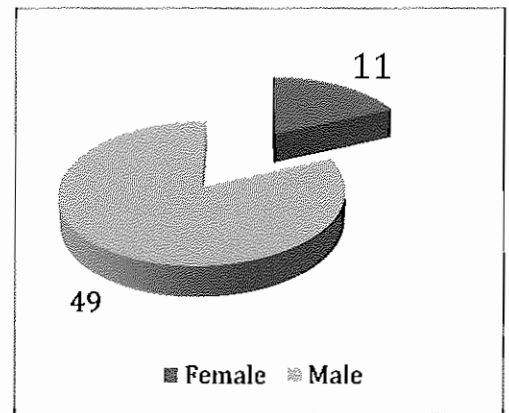


Figure 3: Males by Age

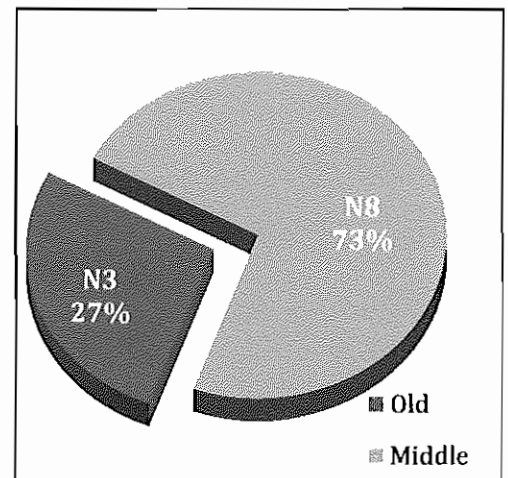
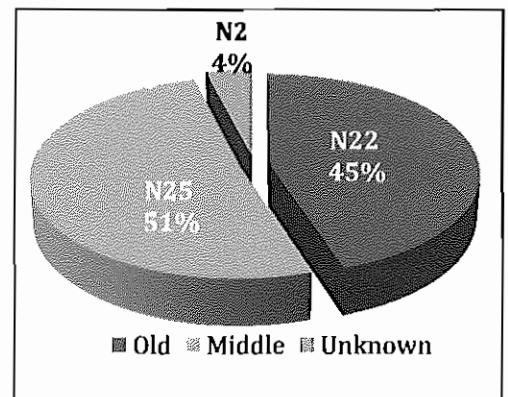
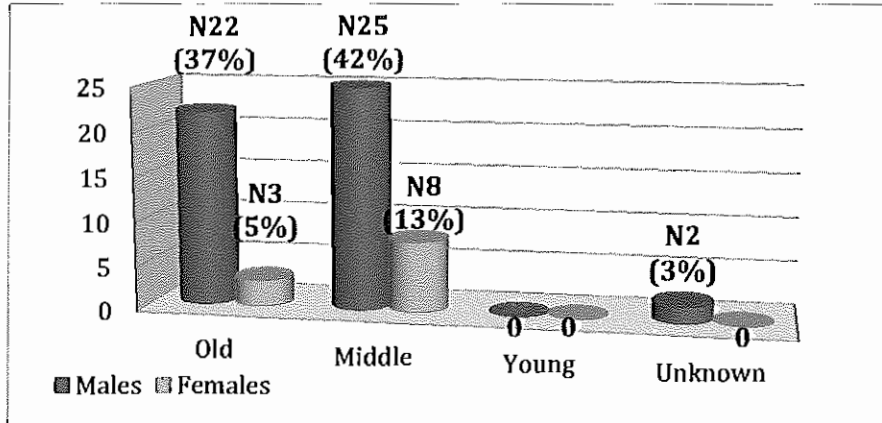


Figure 4: Females by Age



of 11). There were no “young” women located during either count (the evening and the following morning replication). Homeless women in Costa Mesa may be the easiest group to place since numbers are few and the agencies servicing the homeless are generally oriented toward women. However, agencies are providing shelter for significantly more people and may be at or near capacity. Given the increase in sheltered persons this group of women may represent the need for specific types of services that are limited or unavailable in Costa Mesa.

Figure 5: Proportions by Age and Gender



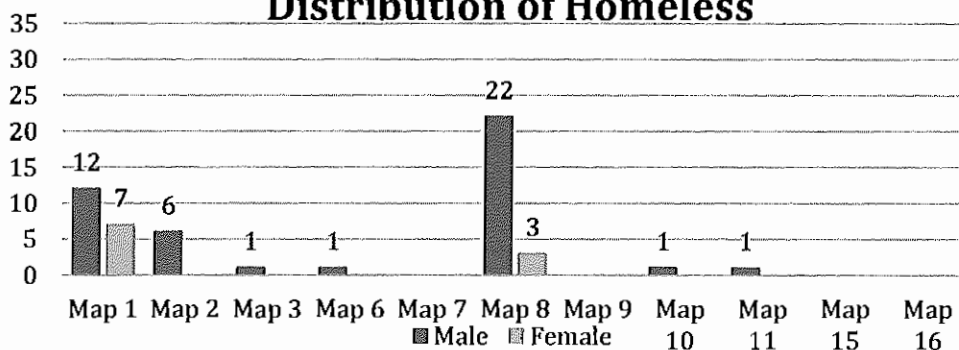
Comparisons of men and women reveal what may be viewed as a “pattern of care” exposing the greatest need for services; services for men. The groups most obviously captured by servicing agencies in Costa Mesa are homeless families and women. A significant

problem in drawing conclusions is the quality of reports by those agencies. Reporting the ages and gender for family members and all individuals would be most useful, allowing a much more comprehensive assessment and more informed interpretations.

Distribution of Homeless

The final consideration is the distribution of homeless across the city of Costa Mesa. Six of the sixteen unique sections of the city had no observed/recorded homeless persons—Maps 7, 9, 12, 14, 15 and 16. The bar chart that follows illustrates the distribution of the homeless across the mapped areas. The areas with more homeless may be particularly tolerant, but explanations for the distribution may also include the locations of available services, available secluded space, or transit system accessibility. Maps 1, 2, and 8 were the most heavily populated areas at the time of the count. It is interesting that no homeless persons were observed in Talbert, Vista or Fair View parks even though significant evidence of frequent human traffic was apparent.

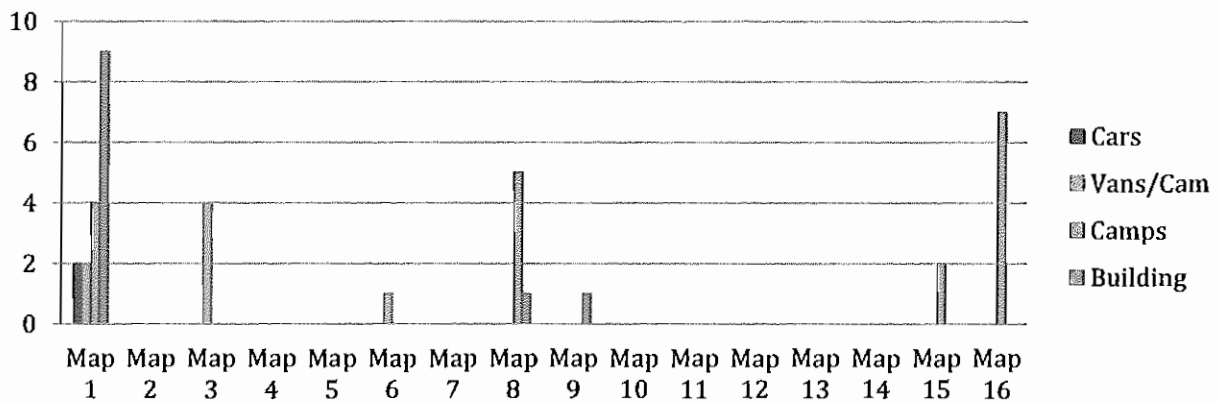
Distribution of Homeless



Homeless spaces were also identified during the count. These spaces include cars, vans and campers, buildings, and encampments. Significant evidence of human habitation was present in each of the identified cases of camps. In these cases there was no attempt to estimate the number of persons present (e.g. in a van); only persons observed were included in the count potentially resulting in a significant undercount. Cars and vans often have multiple/numerous occupants that were not included in the enumeration. However, given the possible mobility of independent transportation some additional assurance of residential belonging is necessary.

Nine vehicles (two cars and seven vans/campers) were identified as housing at least one homeless person. In each case a single individual was identified with each of the vehicles but determining gender was not possible. Eighteen camps (some of which were large encampments) were located mostly within Vista and Fair View Parks with a few in remote areas of parking lots behind and under shrubbery. Homeless space was also identified around 11 separate buildings with people present in most situations. Nine of the eleven buildings identified were in areas of the city with homeless services nearby. Location patterns of these spaces vary across the various categories (see chart below). No homeless spaces were identified within nine of the sixteen city section maps.

Distribution of Homeless Spaces



CONCLUSIONS

Clearly, services for women and families in Costa Mesa reach many; perhaps most of those with needs; however, these services may require expansion to capture those that remain homeless. Men appear to be the neediest group in the population; men constitute the majority of the out-of-care homeless population (49 of the 60 people identified). Of considerable concern is the aging of the homeless male population. While men were observed across every age group (during the evening count or the replication the following morning) 45% were judged to be "old." This group may find it particularly difficult to find services appropriate for their condition or needs.

Moving forward will require both the development and the augmentation of services currently available. Children of homeless parents often experience fragmented educational histories and little attention has been given to the preschool years despite the significant advantage preschool provides for students' academic trajectories and terminal education. Services designed specifically for aged homeless men and women are badly needed given their vulnerable status both in terms of life-course and with regard to a diminished social value attached to the elderly.

To end the problem of homelessness it is also necessary to improve recordkeeping, to standardize data collection, and to develop a data management system that will allow easy access to the data for analytic and tracking purposes. The data that are currently available are generally descriptive in nature and are not integrated at the agency level. A system that links all support agencies would be able to provide more accurate information for planning purposes (from the agency level to the city level or beyond), allow tracking of each homeless person and the services provided within Costa Mesa (and perhaps the surrounding area), make possible timely delivery of services by linking agencies that provide specific types of services, and more, without adding additional labor at the agency level.

ENUMERATION COMPARISONS: 2009 (T1) – 2010 (T2)

There appears to have been significant shifts in the Costa Mesa Homeless population from T1 (2009) to T2 (2010) that might give rise to some cautious optimism. There are also some questions and puzzles left unanswered. Below is a brief summary of the differences observed from T1 to T2. These observations should not be interpreted as a “trend” per se; simply difference until additional enumerations can be included with these results.

Homeless Observed

Homeless Males

This group of homeless contains the most stable subunit: old males. As a group, homeless males declined significantly across the two data points by 34 men, but there was very little change for old males. Old homeless men are clearly the most stable unit across all homeless categories. The greatest differences are in areas that you might expect: young to middle-aged men (perhaps the age groups most likely to move between housed and homeless states).

↓ Male Homeless	<u>2009</u>	<u>2010</u>
▪ Old	23	22
▪ Mid	46	25
▪ Young	5	0
▪ Unknown	9	2
▪ TOTAL	83	49

Homeless Females

Less change was observed in this group than for any other; a change of only four women. Women and older men that are observed may be a relatively stable group of people and may represent part of the chronic population at the center of concern.

✦ Female Homeless	<u>2009</u>	<u>2010</u>
▪ Old	7	3
▪ Mid	4	8
▪ Young	0	0
▪ Unknown	4	0
▪ TOTAL	15	11

Geographic Location

The patterns observed during the 2009 enumeration remained similar for 2010. At each time point, the majority of homeless were concentrated in three map locations: around or near service agencies and along transit routes. The locations of identified homeless are plotted in the charts above. There is a strong relationship between the location of individuals and the public transit running through the city. Various sections of Costa Mesa also seem to be more homeless friendly than others. This is particularly seen on the west side of the city towards West 17th street. This region is predominantly composed of older looking industrial buildings with numerous body shops for auto repair and towing companies. In comparison to the south region of Costa Mesa, the west side is more out dated and often noted to be one for low income families or individuals. This initiates a conversation of renovation versus ownership. Individuals who are renovating an apartment in an older less desirable neighborhood are less likely to have a homeless individual removed than an individual in a more upscale neighborhood. The west side of Costa Mesa also provides numerous services in that region such as soup kitchens and lunch services, along with transportation. The west side seems to also have a higher tolerance for the homeless population allowing homeless individuals to remain around the area rather than pushing them away. West 17th street is an area that the research team has noted to be a “hot spot”, or a section of Costa Mesa that has reported multiple cases of homeless individuals within the area. Lions Park, which is just north of 17th street, is one of these “hot spots.” The geographic location of services directly attributes to the pattern of homeless individuals movement and has been observed as the study has progressed.

PHASE II: COSTA MESA HOMELESS NEEDS ASSESSMENT

The “needs assessment” was designed in the fall and winter of 2010 and implemented using personal interviews in May, 2011. The assessment included individual level needs (e.g. mental or physical health problems, etc.) and service level needs (e.g. transportation, documentation, etc.). This section describes the research design and method, the development of the assessment interview schedule, the data collection process, and relevant findings.

Purpose: to describe the population of Costa Mesa street homeless in terms of personal vulnerabilities and needed services; and to identify “residential belonging” of the homeless individuals interviewed.

METHODOLOGY:

Interviews were chosen as the method for examining the needs of the homeless in Costa Mesa. The interviews were conducted by volunteers from the Consortium of Churches in Costa Mesa and by Vanguard University students enrolled in either the Principle Investigator’s (P.I.—Edward J. Clarke, Ph.D.) Research Methods, or Sociological Theory courses. All interviewers were trained to use the interview schedule by the P.I. using the same training procedure. Training sessions lasted approximately one hour. The majority of interviews were conducted at two specific time points: April 30, 2011 and May 4, 2011. Forty one homeless persons were interviewed; three interviews were unusable—3 were incomplete and three were duplicated case responses. The results are based on the remaining 35 completed and unique interviews.

Two distinctive types of needs were the foci—the various needs of individuals gauging the level of risk to life, and types of services needed by individuals to accomplish common tasks of daily living. The interview schedule (Appendix C) was constructed using both official and unofficial standard measurements. For example, many of the items are consistent with data elements required by the Department of Housing and Urban Development while others conform to national efforts directed toward homeless people. The instrument uses a revised version of an Index of Vulnerability developed by Common Ground and the 100,000 Homes Project—a project designed to house 100,000 of the most vulnerable homeless in the United States. The index created for this project was central to determining individual vulnerabilities to physical decline.

Establishing Vulnerability

“Vulnerability” is measured as an index composed of “at-risk” qualifiers: items related to physical and mental health, as well as substance abuse.

At-Risk Qualifiers:

More than 6 months on the streets, and at least one of the following:

- ▲ (+1) Born before 1951
- ▲ (+1) Tri-morbidity = Mental health condition + physical/medical problem + substance abuse
- ▲ (+1) > 3 hospitalizations or ER visits in the past year (Q. 15 + Q. 16)
- ▲ (+1) > 3 ER visits in the past 3 months (Q. 15)
- ▲ (+1) Kidney disease/End-stage Renal Disease or Dialysis (Q. 17a)
- ▲ (+1) Liver disease, Cirrhosis, or End-stage Liver disease or Hepatitis C (Q. 17c & 17j respectively)
- ▲ (+1) HIV/AIDS (Q. 17e)

Tri-Morbidity Qualifiers:

At least one condition in each of the following areas:

Mental Health:

- ~ Observed mental health symptoms (p. 1)
- ~ Current or past treatment for mental health issues (Q. 17p)
- ~ Hospitalized against your will for mental health reasons (Q. 17q)

Physical/Medical Condition:

- ▲ Kidney disease/End-stage Renal Disease or Dialysis (Q. 17a)
- ▲ Liver disease, Cirrhosis, or End-stage Liver disease or Hepatitis C (Q. 17c & 17j respectively)
- ▲ Heart disease/arrhythmia/irregular heartbeat (Q. 17d)
- ▲ HIV/AIDS (Q. 17e)
- ▲ Emphysema (Q. 17f)
- ▲ Diabetes (Q. 17g)
- ▲ Asthma (Q. 17h)
- ▲ Cancer (Q. 17i)
- ▲ Hepatitis C (Q. 17j)
- ▲ Positive for Tuberculosis (Q. 17k)
- ▲ Observed physical problems (p. 1)

Substance Abuse:

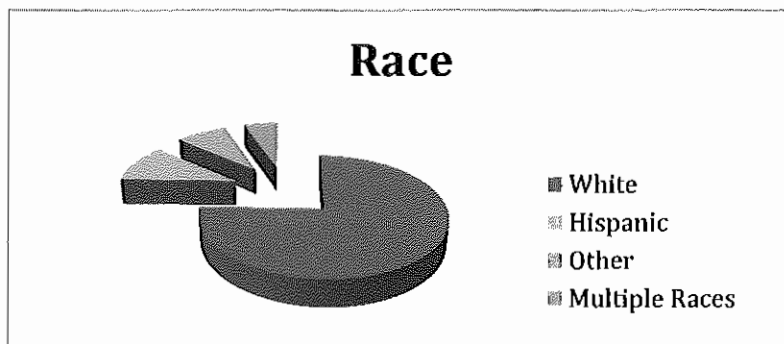
- ▲ Abused or told you abuse alcohol (Q. 17l)
- ▲ Uses alcohol daily (Q. 17m)
- ▲ Used/uses injection drugs (Q. 17n)
- ▲ Treated for drug or alcohol use (Q. 17o)

Findings

Sample

Gender, Race, and Citizenship Status: Of those interviewed (N=35), 74% reported as male, 23% as female, and approximately 3% (1 person) declined to answer or self-identify. Of those interviewed, 77% identified as white, 11.4% as Hispanic, approximately 3% as other, 5.7% as

one or more races, and one individual declined to answer the question regarding racial or ethnic affiliation. This closely mirrored the calibrated Caucasian racial statistics for the city. According to the US Census Bureau, the city of Costa Mesa is largely Caucasian (73%) with 33.6% of those racially categorized as 'White' reporting to being of Hispanic or Latino ethnic origin. Given the distinction between ethnic and racial categories in Census data and the lack of distinction between such categories in the index, it is unclear as to what extent the racial and ethnic statistics in general are comparable to city-wide data overall, however as



explored below, insightful data regarding reported racial or ethnic affiliation was statistically significant when compared with other index variables, allowing for various conclusions to be made regarding the needs of specific demographic groupings. Eighty percent indicated that they were US Citizens, 17% as legal residents, and 3% reported as 'undocumented.' Of those that identified as 'Hispanic' (N=4), 3 reported to being legal residents and one reported as an undocumented worker.

Education Level and Employment: Approximately 52% reported as having graduated high school and/or having completed some college education. Approximately 17% reported to being college graduates, and 1 individual reported to having completed a post graduate degree. While it was initially thought that this might be correlated specifically with veterans and veterans' benefits (i.e. scholarships and assistance) with veterans having greater access and/or having completed higher levels of education, this in fact was not the case. On average, those who did not report as a member of the United States Armed Forces were more likely to have graduated high school and completed some college. Eighty eight and one half percent reported to being currently un-employed. Of those employed, 75% reported to earning less than \$2,000 per month, 25% reported to 'working on the books' and 50% reported to 'working off the books.' In this particular study, employment and education were not statistically correlated as they typically are in many studies (those with more education as more likely to be employed) likely because of a generally high statistical rate of unemployment among those interviewed.

Institutionalization (Prison, Mental Health, or Foster Care): Eighty two percent indicated that they had spent time in jail, with 30% of this group reporting that they had spent time in prison. Nineteen percent indicated that they are currently on probation or parole with 29% reporting a possible outstanding warrant against them at the time of the interview. Thirteen percent indicated that they were involved in the foster care system at some point in their lives. Fifty percent of all those surveyed indicated being hospitalized for mental health related concerns at some point in

their life. Approximately 30% reported to be currently under mental health treatment (this may or may not include inpatient or outpatient care).

Veterans: Thirty percent reported to being a member of the United States Armed Forces at some point in their life. Of that thirty percent (N=10), 4 individuals (40%) reported to serving in a war zone and 5 (50%) reported to being in combat or having received enemy or friendly fire—indicators for post-traumatic stress disorder (PTSD) diagnosis). Of the ten that reported to being a member of the United States armed forces, five individuals reported to an honorable discharge, four to a discharge noted as 'other than honorable,' and one reported to an dishonorable discharge.

The Chronically Homeless: Fifty seven percent of those interviewed reported being homeless more than once. Of that fifty seven percent (N=20), approximately 25% (N=7) reported to being homeless 3 or more times in their lifetime. Sixty five percent of the population reported to being homeless twice or more in their lifetime. One confounding issue is the uncertainty about the number of people who have remained homeless after their first event. While the number of people experiencing this condition is unclear, it was observed in multiple individual responses. Including an additional question that directly addresses the duration of the most recent homeless event will add value to the assessment of both vulnerability and required services.

Social Services Access and Usage: While the index was not designed to measure all potential variables involved in accessing care or services, interviewees were asked whether or not they had at some point discussed their circumstances with a social worker. Approximately 64% indicated that they had not discussed their situation with a social worker. Those that identified as being homeless more than once in their lifetime were also those more likely to have not spoken with a social worker regarding their situation. Of those that did speak to a social worker, only 42% indicated that they felt it was helpful. In addition, approximately 76% noted that they did not have access to transportation, potentially limiting access to available resources or services.

Residential Belonging: Two broad questions were asked regarding attachments to the city of Costa Mesa to establish direct or indirect links to the city (given the lack of an address needed to establish residency). These questions included: "Do you have friends or family near the city of Costa Mesa?" and "Do you participate in any community activity or events?" Of those interviewed, 57% (N=20) noted that they had friends or family within the city limits. Of that 57%, approximately 65% (N=13) indicated that these friends and family provide emotional and mostly instrumental support (food, transportation, and other forms of assistance). Fifty four percent (N=7) of those that indicated that friends and family provide support (N=13), reported that this assistance occurs at least monthly if not more. In addition, approximately 63% (N=22) note that they participate in community activities—most frequently church involvement and including support groups, adult education, etc.. Of those that do not participate, 53% noted that they did not do so because 'they were simply trying to survive,' 23% indicate a lack of desire in

any of these activities, and 15% cited barriers such as transportation, children, or time as reasons for non or limited participation.

Results of Vulnerability Index

In this study the term “vulnerability” is measured as an index composed of “at-risk” qualifiers or items related to physical and mental health, as well as substance abuse. Those with lower scores (0-2) are presumably at lower risk, those with scores between 3 and 5 at moderate or 'sufficient' risk, and those with a score of 6 or 7 are considered at high or 'crucial' risk for death and/or other significant health-related concerns.

Of the 35 interviewed, 13 earned a score of “0” meaning: (1) they have not been on the street longer than six months (presumably not as much 'at-risk' for permanent or various health and wellness indicators as those un-housed for over 6 months), or (2) were on the street for longer than 6 months however they did not note any additional risk factors. Nine (approximately 25% of those interviewed) obtained a score of 1 notably for age related concerns (over the age of 60), mental health, or substance abuse related concerns. Six obtained a score of 2 mostly for combinations of mental and physical health related concerns. Three obtained a score of 3, three obtained a score of 4, and one individual scored a 7 on the index. Therefore nineteen percent (N=7) of those surveyed are considered to be at moderate or severe risk for death or severe health-related problems without intervention.

Other Statistical Correlations

Women & Violence

Although women represented a smaller portion of the homeless in this particular study, women were much more likely to have reported being a victim of a violent crime. Nearly one half of the sample (N=17 or 48%) reported some criminal victimization. Women were significantly overrepresented in that group. Various studies have reported that women may not disclose the nature of their living arrangements to a group due to safety concerns nor participate in homeless group activities. Additionally there are often simply more services for women and children. The result is that women are represented less in reports based on data collected on the streets. Even so, of those that reported being victimized since becoming homeless women may represent the most vulnerable group. In addition, women of color had a greater propensity to report being the victim of a violent crime since becoming homeless.

Such statistics reflect countless reports on the vulnerability of homeless women (and particularly homeless women of color). National reports have noted that women are often sexually victimized (raped) within 3 days of becoming homeless and typically at the hands of an individual not

recognized to be homeless (or in other words, an individual who may be specifically preying on the vulnerability and circumstance of the homeless women). Social stereotypes over centuries in the United States have also often portrayed men of color as particularly dangerous to white women and even at times more likely to force sexual acts. However contrary to such unfair and harmful social categorizations, most research suggests that women of color often represent the majority of rape victims with their attackers most often being labeled of Caucasian descent. Many attribute such realities to lingering racial/ethnic prejudice and discrimination related to racial privilege and social power.

Physical Health & the Chronically Homeless

Sixty eight and one half percent (N=24) of those interviewed indicated that they were in 'fair' or 'poor' health. The chronically homeless were more likely than those who reported to experiencing homelessness once in their lifetime to being in poor health at the time of the interview. Forty five percent indicated receiving care at a hospital when medical attention was needed, with 55% reporting to receiving care at other public health entities (such as a clinic or VA hospital). In the past 3 months, approximately 43% had utilized emergency room services, 43% reported to being hospitalized as an inpatient, and approximately one-third reported to having severe diseases such as kidney diseases, emphysema, tuberculosis, diabetes and asthma. Nine (approximately 27%) reported to having some type of health insurance. Notably these were those who had reported veteran status.

Medical Bills, Warrants, Transportation and Other Systematic Barriers to Care

As reported above, 80% reported to not having access to transportation, potentially significantly reducing accessibility to services and resources. Twenty six percent also reported to having a current warrant out for their arrest, potentially also limiting access to certain services. For example, Section 8 housing and many state food stamps programs are only accessible to those that have not committed felonies, with some programs only accessible for those who have not committed crimes. In addition, 54% of those interviewed reported to having outstanding medical bills that prevented access to further medical treatment. This may be particularly problematic for the portion of the population diagnosed with chronic and life-threatening diseases.

Physical Disabilities

Forty percent of those interviewed noted that they had a physical disability that limited mobility or made it difficult to accomplish tasks. Approximately 51% (N=18) reported to having experienced a traumatic brain injury that required hospitalization or surgery, with 5 of these individuals also reporting as former members of the United States Armed Forces.

Mental Health & Substance Abuse

A vast body of literature suggests that mental health concerns and the potential for drug and alcohol use and/or addiction are at times related. For example, an individual with severe anxiety or a post-traumatic stress disorder may use illegal drugs or alcohol to self-medicate (particularly when other forms of traditional medication or therapy are not accessible or available). Other research suggests that many physical and mental health practitioners categorize substance abuse or addiction as a mental health concern. Despite such relationships, for the purpose of this report the results of these two concerns will be reported separately, however it is recommended that readers acknowledge the fact that it may be possible that: (1) those who have been in substance abuse treatment may have been also diagnosed with a mental health concern related to but not as a precursor to their addiction, and (2) those with a substance abuse concerns may or may not also have an underlying mental health concern.

Sixty three percent of those surveyed indicated that they had abused alcohol or had been told that they had abused alcohol. Forty-three percent reported to using alcohol daily and 25% reported to utilizing injection drugs or shots. Approximately 43% reported to having been in alcohol or drug abuse treatment at some point in their lifetime.

As reported above, 31% reported to currently being in treatment for mental-health related concerns (again this may or may not be related to addiction concerns), approximately 46% had reported to having been in mental health treatment at some point in their lifetime, and 50% had reported to being hospitalized against their will for mental health related concerns. Given the small difference between the last two data elements, it is fair to state that between 46-50% of participants have undergone mental health treatment at least once in their lives.

Limitations

The results presented do not necessarily represent all of those considered homeless or in need in the city of Costa Mesa, rather those that were able to be found and agreed to participate in the study on the days in which interviews were scheduled. Thus some sampling limitations exist simply given the transient and sometimes 'hidden' nature of the homeless population as well as scheduling constraints (which are typical and at times unavoidable limitations in many homeless studies).

Conclusions

- A rather small percentage of the interviewed population reported to having served in the United States Armed Forces, and while the report is structured ideographically (generalizations made from selected cases), such a result would seem to contradict commonly held beliefs regarding who comprises the homeless population in Costa Mesa.

Given the limitations of the study, further research on the veteran status of the homeless population in the city could prove beneficial.

- A statistical majority of those interviewed have ties to the city and have family, who reside in the city and who support them frequently. Given such networks, residency, involvement or use of community/city resources and services is likely to continue for this group.
- Physical disabilities, mental health concerns, addiction, transportation, warrants, and medical bills appear to pose significant limitations for those interviewed in daily life.
- According to the index created, while all those who are considered homeless are considered 'at-risk' given the realities associated with the relative lack of shelter and correlated concerns (such as food, clothing, or safety) nineteen percent (N=7) of those surveyed are considered to be at moderate or severe risk for death or severe health-related problems given various qualifiers without significant intervention.
- A significant concern was the lack of a safe place for people experiencing homelessness to meet as a group, to find resources to clean up (both personally and clothing), and to store valued items.

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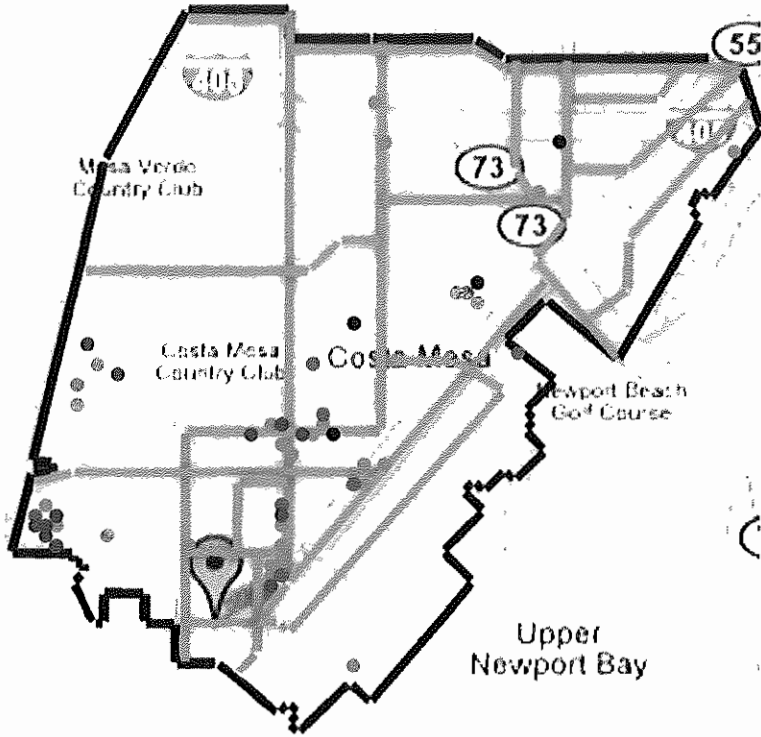
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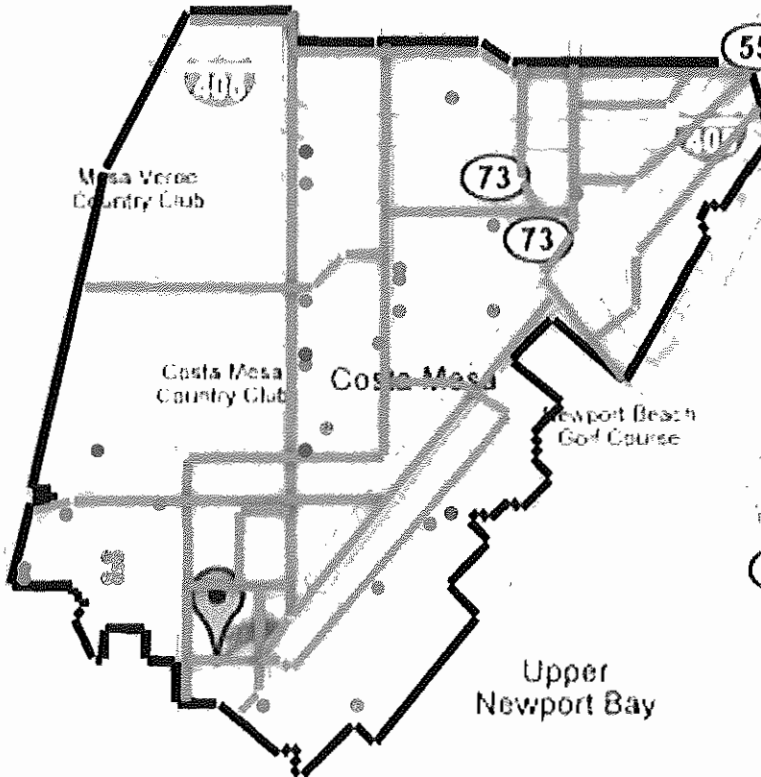
Mom Burkhardt for edits; happy 89th birthday

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Appendix A
Homeless and Public Transit



P.M. Count 2009: shows the evening distribution of homeless across the city and with reference to the transit system.

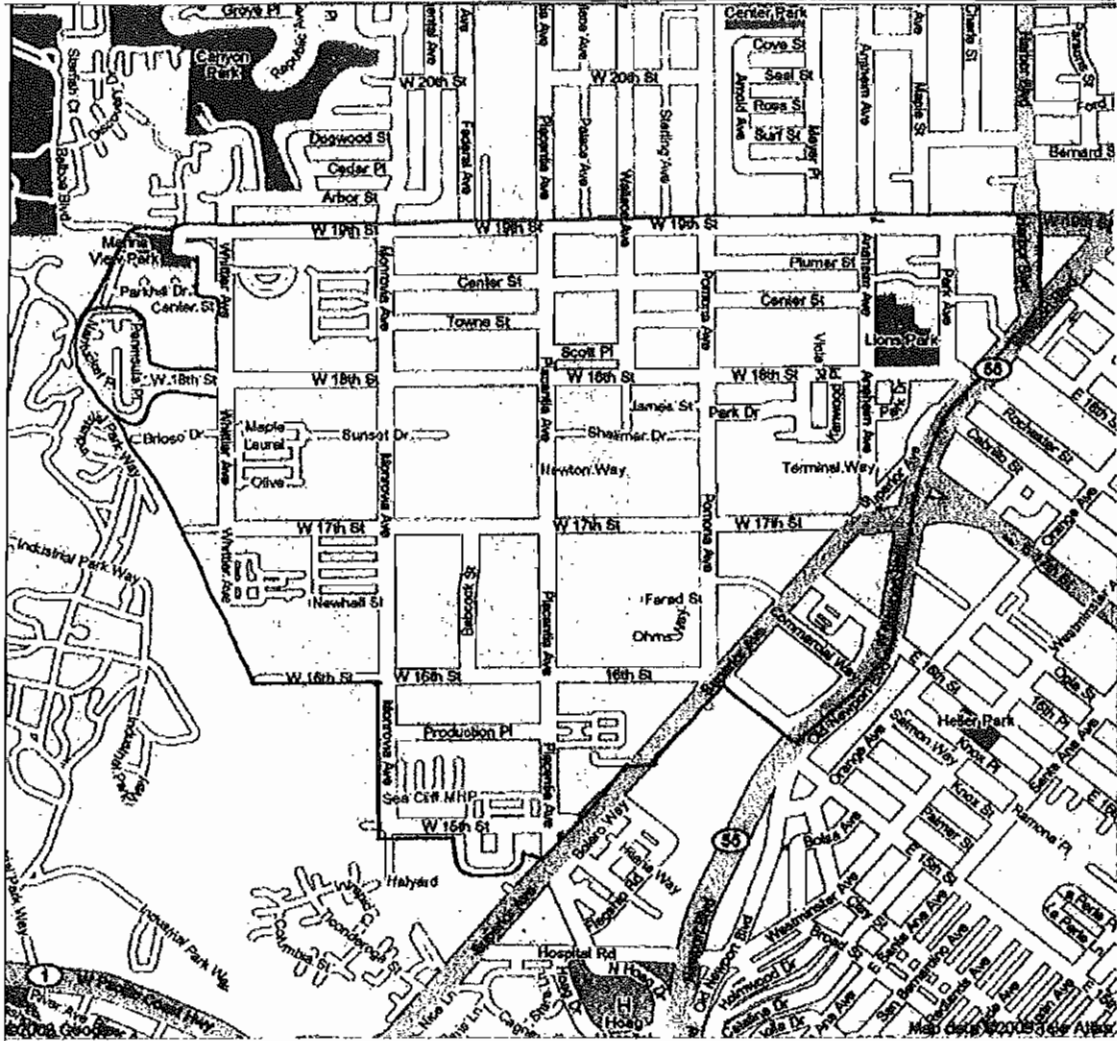


A.M. Count 2009: shows a very different distribution of homeless across the city and with reference to the transit system.

Appendix B
Homeless Enumeration Tally Sheet

SAMPLE TALLY SHEET

Costa Mesa Homeless Enumeration



INDIVIDUALS					VEHICLES/ENCAMPMENTS			
	OLD	MIDDLE	YOUNG	MINOR	CARS	VANS CAMPERS		
MALE								
FEMALE								
UNKNOWN								
FAMILIES: ADULT(S) AND MINOR					ENCAMPMENTS	BULDINGS		
	1.	2.	3.	4.			5.	
MALE								
FEMALE								
UNKNOWN								
MINOR								
PRE-K								

Team Members: _____

Report by Official: _____

Vanguard Contact #: _____

Team Contact #: _____

Appendix C
Needs Assessment Questionnaire

Needs Assessment Consent Form

Consent to be interviewed:

This interview is designed specifically to target housing and service needs. If you grant permission, the interview should last about 10 minutes. The questions are generally about your housing and health. The information that you provide will be stored in a secure data base available only to the research team. All persons that will see your responses will have signed confidentiality waivers, and therefore must not share that information. If you give us permission we would like to pass on your information to authorized agencies to improve services and housing within the area. Additionally, the information you provide will be used to compare the range of services offered and the types of services needed. Some of the questions are of a personal nature and may make you feel uncomfortable; if you begin to feel upset or uncomfortable ask the interviewer to take a break or to skip specific questions.

We would also like to take your picture at the conclusion of the interview if you consent. You may skip questions you would prefer not to answer, end the interview any time you wish, or choose not to have your picture taken. You should feel free not to participate if you decide not to be interviewed today.

SIGN BELOW IF YOU AGREE TO BE INTERVIEWED

Your signature or mark indicates that you have read or been read the information, that the questions you had were answered, and that you willingly agree to be interviewed. You are not giving up any of your legal rights by agreeing to be interviewed.

Date

Signature (or Mark) of Participant

Printed Name of Participant

Please sign if you agree to have your picture taken.

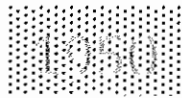
Signature (or Mark) of Participant

Needs Assessment

LOCATION: DATE: TIME: NAME OF INTERVIEWER: NAME OF OBSERVER: 1. FIRST NAME: 2. LAST NAME:

3. WHAT IS YOUR DATE OF BIRTH?

____ / ____ / ____



4. What is your marital status?

- Single Married Separated
 Divorced Widowed

5. WHAT IS YOUR SOCIAL SECURITY NUMBER?

____ - ____ - ____

6. HAS GIVEN CONSENT TO PARTICIPATE:

- YES NO

7. Is this the first time you have been homeless? Yes No Refused
 If **NO**, How many times have you been housed then homeless in the past three (3) years? _____

8. In your life, how long have you lived on the streets or in shelters?
 Number of Years _____ Number of Months _____

More than 6 mos

9. Where (city, state) did you live before becoming homeless the

First time: _____

Last time: _____

10. Where did you stay last night? _____

Where do you most often sleep? _____

Do you feel safe in that place? _____

Military Service and Health11. Have you ever served in the United States Armed Forces? Yes No Refused12. If **YES**, when did you serve? _____Did you serve in a war zone? Yes No RefusedWere you in combat or receive enemy or friendly fire? Yes No Refused

What is your discharge status?

- Honorable Other than Honorable
 Bad Conduct Dishonorable Refused

13. How would you rate your health overall?

- Disabled Very Poor Poor Fair Good

14. Where do you usually get medical care when it is needed?

- Hospital Clinic VA Other _____

In what city? _____

Needs Assessment

15. In the past three months, how many times have you used Emergency Room services?
Three (3) or more

16. In the past year, how many times have you been hospitalized as an inpatient?
Three (3) or more

17. Have you ever had or been told by a healthcare provider that you have any of the following medical conditions?

	Diagnosis	Treatment	Medication
a. <u>Kidney disease/End Stage Renal Disease or Dialysis</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
b. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
c. <u>Liver disease, Cirrhosis, or End-Stage Liver Disease</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
d. Heart disease, Arrhythmia, or Irregular Heartbeat.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
e. <u>HIV Positive of HIV Disease/AIDS</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
f. Emphysema.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
g. Diabetes.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
h. Asthma.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
i. Cancer.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
j. Hepatitis C.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
k. Tuberculosis.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

l. Have you ever abused alcohol or been told you do? Yes No Refused

m. In the past month, have you used alcohol daily? Yes No Refused
 About how often do you use alcohol? _____

n. Have you ever used injection drugs or shots? Yes No Refused
 About how often do you use drugs? _____
 What is your drug of choice? _____

o. Have you ever been in treatment for drug or alcohol use? Yes No Refused

p. Have you ever received treatment for mental health issues? Yes No Refused
 Are you currently being treated for mental health issues? Yes No Refused

q. Have you ever been hospitalized against your will for mental health reasons?
 Yes No Refused

r. Have you been the victim of a criminal or violent attack since becoming homeless?
 Yes No Refused
 If YES, please describe. _____

s. Do you have a permanent disability that limits your mobility or makes it difficult to accomplish tasks?
 Yes No Refused

t. Have you ever had a traumatic head or brain injury that required hospitalization or surgery?
 Yes No Refused

18. Do you have health insurance? Yes No Refused
 If YES, what kind of health insurance? Medicaid Medicare VA Private Insurance
 Other, please specify: _____
 Do you have unpaid medical bills that limits access to care? Yes No Refused

Needs Assessment

A FEW MORE QUESTIONS

19. Have you ever spent time in jail? Yes No Refused

If YES, Have you ever been in prison? Yes No Refused

Are you currently on probation/parole? Yes No Refused

20. Do you know of any outstanding warrants against you? Yes No Refused

21. Were you ever placed in the foster care system? Yes No Refused

22. Are you currently employed? Yes No Refused

If YES, what is your average monthly salary from work? _____

Do you: Work: "on-the-books" Work: "off-the-books"

23. Do you get money to live from any of the following?

Food Stamps Pension/Retirement

Sex Trade None of the above

Supplemental Security (SSI) Drug Trade Other, please specify

SS Disability/SS Assistance Recycling _____

VA Pension/Disability Panhandling _____

Public Assistance No Income _____

23. What is your gender?

Male Female Transgender Other Decline to State

24. Which racial/ethnic group do you most identify with?

African American/Black Latino/a Decline to State Other

Asian Native American Unknown _____

Native Hawaiian or Pacific Islander White Mixed

25. What is your citizenship status? Citizen Legal Resident Undocumented

Which of the following documents do you have?

Social Security Card Birth Certificate Driver's License Passport

Other ID: _____

26. What is the highest level of schooling you have completed? _____

K-8 Some High School GED High School Graduate Some College

College Grad. Post Graduate Degree Decline To State Other

27. In your view, what is the cause for your becoming homeless? (e.g. eviction from your home, marriage break-up, mortgage arrears, life event, medical costs, etc.)

NOW I WANT TO ASK YOU SOME QUESTIONS ABOUT YOUR COMMUNITY.

28. How long have you been staying in Orange County? _____

29. Do you own or have access to a vehicle for transportation? Yes No Refused

If NO: How do you get from one place to another in the area? _____

30. In which of the surrounding cities do you spend most of your time?

a. Do you have friends or family in or near Costa Mesa?

Yes No Refused

If YES: Do they ever provide support? Yes No

If YES: What kinds of support do they provide? Emotional Instrumental

If YES: How often do they help you with the things you need?

Less than once a year Once or twice a year

3 or 4 times a year 5 or 6 times a year

7 or 8 times a year 9 or 10 times a year

11 or more times a year Monthly or more

b. Which of the following best describes your relationships with family and friends in this area?

Lack of support

Supportive

Some support

Strong support

Growing support

Don't know

Refused

c. Do you participate in any community activities or groups (support groups, adult educ., church)

Yes No Refused

If YES: What group or groups? _____

If NOT: Why not? _____

I am just surviving

I have no desire

Don't know how to get involved

Some but limited because of transportation
and/or children

Don't have time to get involved

Don't know

Refused

31. Have you spoken with a social worker about your situation? Yes No Refused

If YES: When? _____ Where? _____

What was it helpful?

Yes

No

Refused

What was the outcome? _____

One final question:

If someone told you that they “just want to be helpful,” how would you advise them? What do you think could be done that would make a difference for homeless people?

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