

***HOMELESS COUNT 2003: NEW HAVEN
FINAL REPORT***

September 2003

**PREPARED BY
THE CONSULTATION CENTER**
A COOPERATIVE ENDEAVOR OF:
THE DEPARTMENT OF PSYCHIATRY OF YALE UNIVERSITY SCHOOL OF MEDICINE,
THE CONNECTICUT MENTAL HEALTH CENTER AND COMMUNITY CONSULTATION BOARD, INC.



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FINAL REPORT**

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New Haven Homeless Count 2003 (NHHC 2003) was undertaken by the New Haven Continuum in order to provide an accurate report of the number of persons experiencing homelessness in New Haven during a one-week point in time, and to conduct an initial assessment of their housing and service needs. This report provides information about the number of single adults, families, underage children, and unaccompanied youth experiencing homelessness in New Haven, Connecticut during the week of February 17th through 24th, 2003. These findings will inform local decision-making around further program development for homeless persons residing in New Haven.

The author would like to acknowledge the contributions of the many individuals and organizations that provided the information and the assistance that were essential to the completion of this report. The NHHC 2003 Steering Committee provided leadership in the development and implementation of the count and consisted of members of the New Haven Continuum, including key personnel from ALSO-Cornerstone, Inc., Columbus House, Inc., The Connecticut Women's Consortium, Liberty Community Services, Life Haven, The Consultation Center, and Youth Continuum. Significant contributions were also made by Christian Community Action, the Connecticut Mental Health Center (CMHC) Outreach and Engagement Team, Hill Health Center Homeless Outreach program, Community Soup Kitchen, Downtown Evening Soup Kitchen, Immanuel Baptist Shelter, the City of New Haven, New Haven Home Recovery, Infoline, and community volunteers. Additional thanks goes to the New Haven office of the Department of Social Services, the New Haven school system, domestic violence shelters, and local service providers, all of whom contributed data.

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Finally, and most importantly, we would like to thank all those anonymous individuals in New Haven who allowed us to speak with them and took the time to complete the surveys. Each person who participated spoke about their personal experience of homelessness, and allowed us to gather housing information about them. By doing so, they have helped NHHC 2003 to try to make New Haven a positive place for everyone who, housed or not, calls the city their home.

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EXECUTIVE SUMMARY

BACKGROUND

New Haven Homeless Count 2003 (NHHC 2003) was undertaken by the New Haven Continuum in order to provide an estimate of the number of single adults, families, underage children, and unaccompanied youth who were homeless during the third week of February 2003 in New Haven, Connecticut. Beyond that main objective, the survey also sought to:

1. Document the length of time the respondents had been homeless
2. Gather information about the respondents' use of emergency shelters and other housing arrangements, and the frequency of "bed turnover"
3. Conduct a cursory housing and service needs assessment for those persons surveyed
4. Estimate an annual prevalence rate for New Haven

OVERVIEW

This report has several sections. An Executive Summary section offers the consolidated version of the NHHC 2003 report and survey results. The Introduction includes background information about the City of New Haven, and the purpose of carrying out a street, shelter, and community homeless count. A Method section describes the methodology and data sources used to carry out this survey. The Findings section presents the results in several parts:

- Incidence (point-in-time count) of persons who were homeless during the index week, including single adults, families, underage children, and unaccompanied youth
- Descriptions of survey locations, and current shelter locations of respondents
- Length of time respondents spent homeless during the current episode
- Self-reported service needs of respondents
- Prevalence rate data (an estimate of those who experienced homelessness in New Haven over the course of a year)

The Summary section reviews the main findings. The Limitations section describes the weaknesses of this study, and provides an overview of the difficulties encountered while conducting the count, which are similar to those encountered nationally. Additionally, some alternative interpretations of the results are proposed. The Recommendations section describes

what the data in this report suggests, and the implications for future homeless count endeavors. Recommendations for modifying the procedures that were utilized in this count are made in order to assist future homeless count efforts. Samples of the New Haven Homeless Count 2003 survey instrument, survey instructions, and fact sheets are included in the Appendix.

METHOD

The NHHC 2003 survey made use of the following methods.

Definitions of “Homelessness”: The NHHC Steering Committee selected the following definitions of homelessness to include in the survey:

- Street and shelter homeless
- Persons currently residing in a treatment facility or hospital when originally street or shelter homeless prior to entering the facility
- Persons in transitional housing and housing that is by definition temporary in nature, who were previously street or shelter homeless prior to entry
- Individuals and families displaced due to domestic violence
- Persons in temporary state protection such as in the custody of the Department of Children and Families (DCF)
- Persons who are “couch hopping” or involuntarily staying with friends or relatives illegally or temporarily in order to remain out of shelters and off the streets
- Persons who are episodically homeless and are currently living in welfare hotels
- Children who do not have an adequate home base that serves as a permanent home
- Children who are sick or abandoned in state institutions because of no other suitable alternative
- Children who have run away or been “thrown away” who are living together as a group in a suitable shelter

None of the following were considered homeless:

- Persons currently incarcerated, or in any jail, lock-up or holding facility
- Persons in permanent supportive housing
- Persons in nursing homes or intermediate care facilities
- Persons legally or illegally subletting apartments or homes
- Families “doubled-up” by agreement in long-term, permanent housing
- Children housed with caretakers other than legal guardians
- Children living in foster homes
- Children living in trailer parks with adequate, long-term accommodations
- Children incarcerated for violations of the law
- Children of migrant workers, who as whole classes are living “doubled-up”

Definitions of Specified Subpopulations:

- “Single Adult”: an unaccompanied individual over the age of 18
- “Chronically Homeless”: a subpopulation of the adult population, defined by the U.S. Department of Housing and Urban Development (HUD) as “an unaccompanied, adult, homeless individual, with a disabling condition, who has either been continuously homeless for a year or more, OR has had at least four episodes of homelessness in the past three years”
- “Family”: two or more persons, one of whom is the head of household
- “Youth”: unaccompanied adolescents or young adults, age 16 to 24, living independently¹

Measures and Data Sources: The following measures and data sources were used :

- Data gathered via outreach efforts on a 1-page survey designed by the NHHC 2003 Steering Committee, which allowed respondents to select from a list of possible responses, and check or circle the appropriate answer

¹ Persons falling within the age range 16-24 are shown in both the single adult and youth categories in Table 2., resulting in total percent >100%. This was corrected in Table 11., where these individuals are accounted for within a single category “Single Adults and Unaccompanied Youth”.

- Information about individuals seeking information and referrals to emergency shelters and services extracted from the “211” Infoline directory phone logs
- Reports of students experiencing homelessness, received from the New Haven school system
- Reports solicited by the NHHC 2003 Steering Committee from local domestic violence shelters during the index week
- Data from the Department of Social Services

Procedure: The procedure that NHHC 2003 used was a single point-in-time, 1-week survey, conducted through outreach at the following locations in New Haven proper:

- Homeless shelters
- Homeless service agencies (including transitional housing and soup kitchens)
- Street outreach
- Domestic violence shelters and agencies
- Emergency rooms, hospitals, and treatment facilities for mental health, substance abuse, and medical conditions
- Mainstream or government service agencies (the Department of Social Services and the Department of Children and Families)
- Community resources and settings (schools, the Infoline “211” call line, drop-in centers, food banks, churches, libraries)

Control for Data Quality and Duplicate Responses: Every completed survey was assigned a unique identifier in order to remove duplicate reports within and across agencies. Every respondent’s survey was coded with a combination of letters and numbers derived from the first initial and the first three letters of the respondent’s last name, as well as their date of birth. A “Comments” section on the survey allowed interviewers to document descriptive information about individuals who were known to be homeless for whom they could not provide unique identifying information. Additionally, interviewers could document their concerns about the validity of the information they received. The location, the interview date, and the interviewer’s initials were also included for quality control purposes.

FINDINGS

The results of the survey are as follows.

Incidence and Prevalence Rates:

- A total of 1305 persons were characterized as homeless during the index week
- An estimated 3,938 persons in New Haven experience homelessness at some point during the year
- The incidence rate (about 1%) and annual prevalence rate (3%) mirrors the incidence and prevalence rates found in national studies of comparable urban centers

Characteristics of Persons Who Were Homeless:

- The homeless population in New Haven includes single men, single women, homeless families with underage children, and unaccompanied youth
- The subgroup of single adults had a higher incidence of men (67%) than women (29%), with 4% refusing to answer the item about gender
- Persons in families represented 40% of the total homeless population
- Parents represented 13% of all adults who were homeless, and heads of household were predominantly female (12%, n=155), while male heads of household and those who did not indicate gender (n=9, and n=10 respectively) each comprised less than 1% of the survey responses
- Minor children in families and unaccompanied youth under 24 years of age represented 35% of all persons reported as homeless during the index week
- New Haven's homeless population is similar to the city's general population in its racial and ethnic diversity, with similar proportions of the racial and ethnic groups represented

Length of Time Spent Homeless:

- Single adults spent an average of 4 months homeless
- 247 single adults had spent *over one year* and *up to 17 years* homeless
- Parents accompanied by underage children were homeless an average of 3 months

Additional Facts:

- Twenty percent of all respondents were employed in some capacity
- Families consisted of predominately female heads-of-household accompanied by one or two children under the age of 5 years
- All respondents described having significant service needs, including assistance with basic needs (e.g., financial aid, food, clothing, and medical insurance), and a significant percentage identified the need for behavioral health and/or medical treatment

Housing Arrangements:

- The majority (59%, n=567) of all respondents (single adults, heads of household, and unaccompanied youth) surveyed were residing in emergency homeless shelters
- Eighteen percent (n=176) of all respondents were residing in longer-term temporary or transitional placements
- Ten percent (n=96) of all respondents were living on the streets or unsheltered
- Nine percent (n=94) of respondents were residing in hospitals or treatment facilities; met homeless criteria prior to entry, and expected to be discharged to homelessness

Analysis of Housing Patterns: Upon analysis, it was found that more persons indicated that they made use of an emergency or transitional shelter during the index week than the number of emergency housing beds available each night in the city. About 100 persons in families, and nearly 50 unduplicated, single adults reported their shelter location inaccurately, made use of the shelter beds sporadically, or categorized their housing status incorrectly. This suggests that adult respondents may have underreported the categories of “couch hopping”, or “living on the streets” as their current location. It is also possible that some of these survey responses reflect persons

using illegal, abandoned, or uninhabitable buildings. It is likely that these persons were not comfortable divulging this information. Some of these responses may also reflect that more persons happened to be in the shelters at the time of the survey due to the inclement weather. Persons may have made significant changes in their *routines* and *choices* during this week.

Qualitative reports solicited from shelter and outreach workers shed some light on a potentially related issue. Homeless Count 2003 enumerated all persons who could be characterized as homeless during an *entire week*. Shelter capacity is measured by the number of beds that are available on a *daily basis*. A portion of the homeless population utilizes shelter beds for a day or two during any given week, and spends the remainder of their time living on the streets or in other unsheltered locations. Given the high level of turnover of shelter beds for this subgroup, it is reasonable to find that there are more adults making use of the beds during the week than the number of beds available on any given night. Despite the problem with accurately locating sleeping locations, the enumeration is considered to be reasonably accurate.

LIMITATIONS

There are several limitations to this homeless count, similar to those encountered in any effort to enumerate homeless persons. Although the survey allowed respondents as much anonymity as desired, many respondents refused to divulge personal information, or data about their service needs. This was especially true for those respondents from domestic violence shelters, persons in families, and unaccompanied homeless youth. Anecdotal data from members of these groups suggests that they are cautious when dealing with any agency or outreach worker, especially if the respondents believe that the interviewers may be legally mandated to report the respondent to authorities or intervene on their behalf. For the above reasons, legal complications, and physical or behavioral disabilities may also be underreported in these subpopulations. As a result, any data gathered under these circumstances should be interpreted with caution, as the information will always be somewhat incomplete and inaccurate. Surveyors generally believe that it is better to secure some data than no data at all. Refined guidelines need to be created about how to approach these sensitive issues.

Particular difficulties occurred accounting for the number of unaccompanied homeless youth. This was despite outreach efforts by skilled youth workers from a well-known agency that exclusively serves youth. Compounding this problem is the fact that the index week selected was during the month of February, rather than during mid-summer. As suggested by Burt, the latter is the time that more youth and families may be visibly seeking assistance and homeless services.

Additionally, a significant snowstorm resulting in agency closures occurred on the first day of the survey week. Although the researchers feel that the enumeration is accurate, persons characterized as homeless may have made significant changes to their routines and choices of location to shelter themselves during this week. As a result, the snowstorm may have significantly affected the *patterns* of service use during the index week.

RECOMMENDATIONS

The Steering Committee met to review all aspects of this homeless count initiative in an effort to make recommendations for future homeless count endeavors. The Steering Committee recommends that the workgroup membership be enhanced to include consumer involvement in all phases of future homeless counts. In addition, the Steering Committee recommends the following:

Survey Instrument: The length, style, and format of the survey instrument worked well for this count. A single-page format should be maintained, with as many responses as possible available in a “Yes or No” or multiple-choice format. Some modifications related to the wording of questions should be made to the survey. In general, future surveys should present as a survey of “housing needs” rather than “homeless status”. Many individuals were reticent to identify themselves as “homeless” despite fitting the survey criteria. In addition, responses would be more accurate if questions gradually targeted items of concern, moving from less-to-more specific. For example, instead of asking a person if s/he is homeless, a survey might begin with a question “Do you have a place of your own now?”, or “Where do you stay?”. The next question might ask “What kind of a place is it?”.

Finally, if future surveys wish to capture more detailed information about service needs than this endeavor, they must operationally define what constitutes “need” or “service use”. The survey will need to comply with the Federal Health Information Portability and Accountability Act (HIPAA) that became effective in April 2003. The team developing the survey and procedure should consult with a Human Investigation Review Board (IRB) to get clarity on protocols for consent forms, gathering treatment information, mandated reporting procedures, and other related matters.

Survey Implementation: The NHHC 2003 survey required several months of planning before the expected survey date. Future studies should expect that a six-month period is the minimum amount of preparatory time necessary to effectively implement a comprehensive homeless count.

As described in the Limitations section above, there is an inherent dilemma related to conducting a homeless count. Surveyors are charged with gathering information in order to inform program planning and policy decisions, including data about the need for behavioral health treatment, the status of any accompanying underage children, and current housing arrangements. Some survey respondents may be concerned that if they share this kind of information, a report to authorities could be triggered which might result in perceived negative consequences. This likely contributes to respondents underreporting items or offering partial information. Guidelines need to be created about how to approach these sensitive issues, and data gathered under these circumstances should be interpreted with caution, as it may be incomplete and inaccurate.

In addition, volunteers should be familiar with, and oriented to the shelters, soup kitchens, and drop-in centers several weeks before the chosen survey dates. If possible, during these weeks, persons conducting surveys should spend time at survey locations, to increase their visibility, remind the community about the upcoming count, and increase the consumers’ comfort level with the homeless count staff, thereby improving the response rates. Interviewers must also be familiar with the type and timing of the services provided at survey locations, so that they will not interrupt the flow of activities, or delay a respondent from getting their needs met in order to perform the interview. For example, having a respondent depart from the food line and potentially miss a meal, or delay the acquisition of a shelter bed in order to respond to a survey is

an unreasonable request. Some NHHHC 2003 interviews were conducted after dinner at soup kitchens, and late in the evening at the shelters, which was effective. Some respondents feel more comfortable being interviewed in a private location. Arrangements should be made, in advance, to access a small private area in every outreach location for interviewing purposes.

Media releases can inform the community about the homeless count effort. Informational flyers should be posted in prominent locations. Both of these methods are most useful when timed to happen a few weeks before the event. These news releases increase community participation and the likelihood of cooperation from agencies and potential respondents.

The Steering Committee successfully recruited interested community volunteers and students from local colleges and universities in order to augment the outreach staff available to conduct the count. The students considered this a community-based project that fulfilled a course requirement. In future efforts, volunteers should expect to participate for a full semester or 6-month period, if possible, and will require orientation and training.

Data Collection: The daily submission of completed surveys to a centralized location proved to be an effective method of handling the high volume of responses. A newly created, unified database format, designed in Microsoft ACCESS, utilized drop-down menus and preprinted responses to minimize errors. Staff members responsible for the data entry of survey information also proofread the surveys, and keyed in the initials of surveyors for future reference.

Data collection efforts were streamlined by including existing computer data from agencies, if the information already gathered was comparable to the survey questions. The Steering Committee recommends this approach whenever possible. If such data is available, it both reduces the manual effort required in completing a survey for each client, and increases the likelihood that few individuals will be missed. Data gathered from existing agency files will also reduce the manual effort required in data entry and proofreading. Removing duplicate reports can occur if the person's initials and birth date are included within the file. As mentioned above, data collection must also include protocol that adheres to HIPAA laws, has obtained IRB approval if necessary, and addresses mandated reporting issues.

INTRODUCTION

INTRODUCTION

New Haven Homeless Count 2003 was a single, point-in-time survey of the homeless population in New Haven, Connecticut, which occurred during the third week of February 2003. The City of New Haven is the state's third largest city, consisting of 18.85 square miles, and a population of 123,626 (U.S. Census Bureau, 2000b). Located in one of the richest states in the nation, New Haven ranks as one of the poorest cities in the country, with an inner city poverty rate of 24% in contrast to a 10% poverty rate for the larger metropolitan area (including surrounding cities), and a 2% overall poverty rate for Connecticut. New Haven's unemployment rate of 7.1% is higher than the state's overall unemployment rate (5.2%), and the per capita income for New Haven residents is estimated at \$16,777 compared to \$27,078 for the state as a whole (US Census Bureau, 2000, 2001, Connecticut Department of Labor, 2003). New Haven currently lacks adequate housing stock to support all of its residents, 44% of which are Caucasian, 37% of which are African-American, 21% of which are of Latino heritage, and 4% are Asian (US Census Bureau, 2001). A significant number of people are living without homes at all.

The purpose of New Haven Homeless Count 2003 (NHHC 2003) was to collect information about the number of single adults, families, underage children, and unaccompanied youth experiencing homelessness in New Haven during the third week of February 2003. The survey lasted one entire week², with daily outreach and trained volunteer workers posted at key homeless service locations from 7:00 AM to 7:00 PM.

The NHHC 2003 objectives were to:

1. Provide a point-in-time unduplicated count of single adults, families, minor children, and unaccompanied youth experiencing homelessness
2. Document the length of time the respondents had been homeless
3. Gather information about the use of emergency shelters and other housing arrangements, and to calculate the frequency of "bed turnover"
4. Conduct a cursory housing and service needs assessment for those persons surveyed

² Survey dates indicate eight days rather than seven days, due to a significant snowstorm occurring on day one, which resulted in a one-day delay in survey implementation. Details are given in the Method section.

Introduction

5. Accurately estimate the total number of persons experiencing an episode of homelessness in New Haven on an annual basis
6. Develop and refine a survey protocol in order to carry out future homeless counts

This report has several sections. An Executive Summary section offers the consolidated version of this report and the NHHC 2003 survey results. The Introduction includes background information about the City of New Haven, and the purpose of carrying out a street, shelter, and community homeless count. A Method section describes the data sources and methodology used to carry out this assessment. The Findings section presents the data in several parts, and includes:

- Incidence (point-in-time count) of persons who were homeless during the reference week, including a breakdown for single adults, families, unaccompanied youth, and minor children subpopulations
- Descriptions of current shelter locations where respondents were residing at the time of the survey
- Length of time the respondents spent homeless during the current episode
- Self-reported service needs of respondents
- An estimate of the prevalence rate, (e.g. those who experienced homelessness in New Haven over the course of a year)

The Summary section reviews the main findings. The Limitations section provides an overview of difficulties encountered while conducting the count, which are similar to those encountered nationally, and describes the weaknesses of this study. Additionally, some alternative interpretations of the results are proposed. The Recommendations section describes what the data in this report suggests, and the implications for future homeless count endeavors. Suggestions are made for modifying the procedures used to conduct this count in order to improve the results of future efforts. Samples of the survey instrument, survey instructions, and fact sheets used in NHHC 2003 can be found in the Appendix.

METHOD

METHOD

Operational Definition of “Homelessness”: The NHHC 2003 Steering Committee conducted a review of several commonly utilized definitions of homelessness. Sources included the U.S. Department of Housing and Urban Development (HUD) definition, derived from Section 103 of the McKinney Homeless Assistance Act “42-119” (1987), the U.S. Department of Education (1989) definitions of homeless youth, and descriptions of homelessness that were previously used by Martha Burt (1996), a nationally recognized researcher on homelessness in America.

Definitions of homelessness used in the NHHC 2003 survey included the following:

- Street and shelter homeless
- Persons currently residing in a treatment facility or hospital who were originally street or shelter homeless prior to entering the facility
- Persons in transitional housing and housing that is by definition temporary in nature and who were originally street or shelter homeless prior to entering the facility
- Individuals and families displaced due to domestic violence
- Persons in temporary state protection such as in the custody of the Department of Children and Families (DCF)
- Persons who are “couch hopping” or involuntarily staying with friends or relatives illegally or temporarily in order to remain out of shelters and streets
- Persons who are episodically homeless and are currently in welfare hotels

In order to capture an estimate of the number of children who were homeless, NHHC 2003 included the following categories of homelessness, based on the suggestions from the U.S. Department of Education (1989). Children considered homeless included those who:

- Do not have an adequate home base that serves as a permanent home
- Are sick or abandoned in state institutions because of no other suitable alternative
- Have run away or been “thrown away” who are living together as a group in a suitable shelter
- Are temporarily living with friends or relatives, or staying at several places intermittently (“couch hopping”)

None of the following were considered homeless:

- Persons currently incarcerated, or in any jail, lock-up or holding facility
- Persons in permanent supportive housing
- Persons in nursing homes or intermediate care facilities
- Persons legally or illegally subletting apartments or homes
- Families “doubled-up” by agreement in long-term, permanent housing
- Children housed with caretakers other than legal guardians
- Children living in foster homes
- Children living in trailer parks with adequate, long-term accommodations
- Children incarcerated for violations of the law
- Children of migrant workers, who as whole classes are living “doubled-up”

The category of homelessness that most accurately described the current housing arrangement was recorded for all individuals and families responding to the survey. This gave NHHC 2003 the ability to flexibly calculate the incidence of homelessness using the specific definition employed by a given federal or state agency requesting the information.

Definitions of Specified Subpopulations: The Steering Committee used the following definitions for the various subpopulations:

- “Single Adult”: an unaccompanied individual over the age of 18
- “Chronically Homeless”: a subpopulation of the adult population, defined by the U.S. Department of Housing and Urban Development (HUD) as “an unaccompanied, adult, homeless individual, with a disabling condition, who has either been continuously homeless for a year or more, OR has had at least four episodes of homelessness in the past three years”
- “Family”: two or more persons, one of whom is the head of household
- “Youth”: unaccompanied adolescents or young adults, age 16 to 24, living independently.³

³ Persons falling within the age range 16-24 are shown in both the single adult and youth categories in Table 2., resulting in total percent >100%. This was corrected in Table 11., where these individuals are account for within a single category “Single Adults and Unaccompanied Youth”.

Selection of Survey Dates: A literature review was conducted in order to make an informed selection of the index week during which the survey would take place. Previous studies cite summer months as the time when there is an influx in the number of unaccompanied youth, and families with young children. Contributing factors include the fact that schools close for the summer, and by law, single parents with minor children can be evicted during the warmer season (Burt et al. 1999, Ringwalt et al., 1998). Families and unaccompanied youth who are “near-homeless” or “at-risk for homelessness” may not engage with shelters or service providers until the spring or summer. Colder weather in northern climates may contribute to higher numbers of single adults living in homeless shelters during winter months (Burt, 1996).

February is the month most likely to account for population movements attributable to seasonal and temperature variations in the U.S. and is consistent with the Census Bureau’s methodology and Burt’s research on homelessness (U.S. Census Bureau 2000a, 2000b, Burt et al., 2001). The Steering Committee chose February as the time most likely to reach the highest number of single individuals experiencing homelessness, and the third week of the month was chosen to capture those who have welfare or pension checks that run out, resulting in their spending several of the latter weeks of any month homeless (Burt 1996).

Families and unaccompanied youth may be under-represented by the selection of this reference week for the reasons described above. A bi-annual count, which includes one survey in the summer with a second survey occurring in the winter, would provide the most accurate information about the seasonal variation of the numbers of persons across sub-populations who experience homelessness over the course of a year.

Survey Methods and Locations: NHHC 2003 made use of a multi-pronged outreach approach in order to capture the most widespread population data and to gather the most accurate response possible. There are three main methods of locating and counting homeless persons described in the literature. The most frequently utilized method includes conducting a “shelter count” which is a head count of all persons utilizing the homeless shelters in any vicinity on a particular night.

Method

A second method is to conduct “street sweeps”, which are one-night head counts of persons assumed to be homeless on street locations identified by their high association with homeless persons. Both the street and shelter counts can be problematic in that they only reflect those persons who can be accessed and are willing to use the shelters or can be easily located (Burt 1996, Wright & Devine 1992). A third, less utilized method, is to include a count of persons using soup kitchens, or other services, in order to locate persons who may be homeless. Each of the three locations is likely to turn up a certain percentage of persons who do not make use of the alternate locations. Burt suggests canvassing all three types of location, as a minimum, for any homeless count to approach an accurate estimate of the numbers of homeless persons in a geographic area. However, doing so may inadvertently raise the risk of duplicate reporting, and requires that the data analysis include a method for unduplicating the count.

The NHHC 2003 Steering Committee chose to include the following locations in its efforts to engage unaccompanied youth and adults who are homeless:

- Homeless shelters
- Agencies that serve persons who are homeless (including agencies serving youth, transitional housing, food pantries and soup kitchens)
- Street outreach
- Domestic violence shelters and agencies
- Emergency rooms, hospitals and treatment facilities for mental health, substance abuse, and medical conditions
- Mainstream or government service agencies (e.g., the Department of Social Services and the Department of Children and Families)
- Community settings (schools, the Infoline “211” call line, drop-in centers, churches, libraries)

The location of the outreach effort and interview was recorded for all persons responding to the survey. This made it possible to evaluate the effectiveness of each location as an outreach site, as well as the number of responses received from each location.

Subpopulations: The collective experience of local service providers and previous homeless count efforts documented in the literature highlighted the need to modify outreach and engagement efforts in order to reach specific subpopulations, as described below.

Youth: There are special difficulties associated with locating and counting youth. Youth who are homeless include adolescents and young adults (up to age 18 or 24 in some instances) who live independently (Russell, 1998). They are more likely to hide from services or a homeless count than to identify themselves to providers. An unaccompanied, underage youth is very likely to be considered emancipated, especially if parents have abdicated their responsibility for the youth (Judicial Branch, State of Connecticut 2001). However, runaway and “throwaway” youth are particularly fearful of authorities and service agencies that may be legally mandated to report them or take action once the youth are identified. In addition, to survive on the streets while alone, youth may attempt to find work, but may also steal, panhandle, engage in prostitution and survival sex (sex for basic needs), or deal drugs (Greene, Ennett, & Ringwalt, 1999; Hagan & McCarthy, 1997; Kipke, Unger, O’Connor, Palmer, & LaFrance, 1997). The literature indicates that the family households that many of these youth came from were characterized by family violence, abuse, and neglect (Bassuk, Weinreb, Buckner, Browne, Saloman & Bassuk, 1996; Buckner and Bassuk, 1997). Street outreach workers generally have to build trust slowly with youth who might fear being hospitalized, reported to the Department of Children and Families, returned to abusive or neglectful families, or incarcerated for illegal behavior.

To address this concern, specific and skilled outreach efforts must be made to schools and locations where youth may congregate. Youth Continuum, Inc., an agency in New Haven identified as having a longstanding history of providing street outreach and services to homeless youth, was an integral part of the NHHC 2003 Steering Committee. Staff members from Youth Continuum, Inc. helped design the survey instrument, the outreach plan, and provided skilled outreach staff members to conduct the count.

Families: Single parents with underage children may be reluctant to give surveyors personal information, including answers about potential homelessness or service needs. Parents may struggle between desiring help, but feeling wary of interventions that may be perceived as

frightening or disruptive. For example, minor children over 5 years of age are mandated to attend elementary school. This can be problematic if the family is homeless. Fulfilling the family's need for shelter and services requires being near agency locations, and may require frequent moves. This potentially conflicts with the laws requiring a child attend a school in a certain district based on housing location. Parents may also fear that by being homeless, they risk losing their children based on an agency's assessment that "homelessness" constitutes neglect.

A second subgroup of families may also need assurances that they will be treated respectfully and that their personal information will be kept confidential. Persons currently receiving services from agencies dealing with domestic violence are concerned about personal safety. Both clients of, and staff at, domestic violence shelters would be expected to be very cautious about releasing any client information or data about housing status and service needs. The NHHC 2003 Steering Committee made the decision to allow the inclusion of partial survey data in order to address these issues while collecting important information.

Chronically Homeless: Special skills are needed to safely locate and approach persons who may be in dangerous or uninhabitable locations. The Outreach and Engagement team has extensive experience providing street and shelter outreach to adults who are homeless and may experience a range of behavioral health disabilities. Given their expertise, the O&E team had the primary responsibility for conducting the "street sweep" portion of the count.

Single Adults: For the single adult subpopulation, it was determined that the survey instrument and implementation plans were sufficient, and no modifications were made.

Data Sources: Information about each respondent's basic demographics, history of homelessness, and service needs was gathered via a one-page survey form, which could be completed on its own, or administered in an interview format by skilled outreach workers and trained volunteers. As mentioned above, the survey information collected was supplemented by partial survey information. Partial data excluded gender, initials, or estimated a respondent's age, when various agency staff felt it was impossible for reasons of confidentiality or safety to provide information that was more complete.

Examples include:

- Information about individuals seeking information and referrals to emergency shelters and services extracted from the “211” Infoline directory service phone logs
- Data received from the Department of Social Services records
- Information about students who were homeless, submitted by the New Haven school system
- Data that preserved the anonymity of persons currently being served by domestic violence shelters or agencies

Survey Questions and Format: Previous researchers have suggested that studies on homelessness should employ case study and survey methods (Wong et al., 1997), and NHHC 2003 attempted to combine these two approaches. The survey was designed to be brief (1-page), easy to read (simple language), easy to understand (no complex questions or directions), easy to complete, unambiguous (check-box or multiple-choice), and widely applicable to all service providers (no jargon, no service-specific language). It was designed to solicit detailed information about the person’s experience of homelessness in a non-offensive manner. Finally, the survey needed to be sensitive to issues of confidentiality and be compliant with Federal Health Information portability and Accountability Act (HIPAA) regulations, effective in April 2003. In other words, no identifying personal data could be collected which could be linked to identifiable health-related service information.

The survey instrument requested information grouped into seven content areas. There were 13 questions about the subject’s *demographics*, and they included the first initial and first three letters of the subject’s last name, date of birth, gender, marital status, ethnicity, spiritual tradition, U.S. citizenship, veteran status, employment status, highest level of educational attainment, and an indication if the respondent was a parent. Parents were asked four additional questions regarding the presence of any *underage children* accompanying them who met the survey criteria for homelessness. The survey included nine questions about *homeless status*. These included items about the date and length of time of the first episode of homelessness; the date and length of time of the current episode of homelessness (if different); the location and type of current shelter arrangement; the last known permanent residence; town of origin, the total amount of

time spent homelessness during the person's life. Ten questions targeted potential *service needs*, including the need for food and clothing, treatment related to mental health, substance abuse, or physical health, vocational and educational services, or help with issues related to finances, insurance, family and child services, and legal issues. To insure compliance with HIPAA regulations, these questions were presented in a simple "Yes or No" format and did not allow for the collection of further detail. Four *quality control* questions targeted the date and location of the interview, as well as the outreach team and staff member responsible for completing the interview. Three *data verification* items were used by research personnel during the data analysis phase. Finally, a "Comments" section allowed qualitative and descriptive data to be added as needed. The Appendix includes a copy of the survey instrument, survey instructions, and fact sheets disseminated to the individuals and organizations responsible for conducting the count.

Control for Data Quality and Duplicate Responses: Unique identifiers were assigned to completed surveys in order to remove duplicate reports within and across agencies, and were comprised of a combination of letters and numbers derived from the first initial, the first three letters of the last name, and the respondent's date of birth. The "Comments" section on the survey allowed interviewers to document descriptive information about individuals who were known to be homeless for whom the interviewer could provide no unique identifying information. Additionally, interviewers could note their concerns about the validity of the information they received. The location, the interview date, and the interviewer's initials were also included for quality control purposes.

Definitions of "Incidence" and "Prevalence" Rates: The NHHC 2003 survey was designed to gather information that would provide an accurate count of persons experiencing homelessness at a single point in time in order to calculate an "incident rate." An *incident rate*, (e.g., the number of individuals who are homeless on a given day), can provide a good estimate of the daily demand on services but tends to be biased toward the more chronically homeless. For the purpose of NHHC 2003, the incident rate in this report describes the actual number of persons surveyed and reported to be homeless during the week of February 17th through 24th, 2003.

A *prevalence rate* tends to better address episodic homelessness by estimating the number of persons who had experienced homelessness at any time during a specified period (e.g., the past year). Prevalence rates are generally calculations that have been derived by adjusting the incidence rates for factors such as the average length of time persons spent homeless. The NHHC 2003 survey attempted to gather sufficient information about the length of each person's current episode of homelessness, in order to calculate a prevalence rate. In this report, the prevalence rate refers to an estimate of the number of persons who experience homelessness in New Haven within a single one-year period.

Modifications in Implementation: The count was expected to run from February 17 through February 23, 2003. Due to inclement weather, data collection was delayed by one day, resulting in the need to extend the survey period to eight days. Surveys were dated upon completion, and the results in this report represent seven consecutive days of survey effort.

FINDINGS

FINDINGS

New Haven Homeless Count 2003 received 1,050 completed surveys, from 10 types of outreach locations. There were 962 unduplicated responses, which represented 1,305 unduplicated individuals (including 343 minor children reported by parents) who were reported to be homeless during the index week.

Field Sites: Eighty-four surveys (9%) did not identify any agency, street, or survey location. Of those that reported a survey location, the majority of those surveys were submitted by agencies providing emergency shelter (31%, n=300). Other reporting agencies included outpatient treatment facilities (10%, n=99), agencies that conduct street outreach (10%, n=94), government agencies (10%, n=91), transitional housing providers (10%, n=90), soup kitchens (7%, n=71), general community resources (5%, n=49), inpatient facilities (5%, n=46), and drop-in centers (5%, n=38).

Table 1.
Sites Surveyed

Site	Percentage	Number
Emergency shelters	31%	300
Treatment facilities (outpatient)	10%	99
Street outreach	10%	94
Government agencies	10%	91
Transitional housing	10%	90
Soup kitchens	7%	71
General community resources	5%	49
Inpatient facilities	5%	46
Drop-in centers	4%	38
Not provided	9%	84

Incidence Rates: As mentioned above, after the removal of duplicate surveys and records, there were 962 unduplicated responses. Four percent of all responses did not include information about gender (n=38). Of the 962 completed surveys, eighteen percent (n=174) reported that they were parents accompanied by one or more underage children. These 174 families represented an additional 343 children who were also homeless, bringing the total unduplicated count to 1,305.

Findings

Demographics: Single adults represented 82% (n=788) of all survey responses and comprised 60% of the total homeless population. Single adults who were homeless were more likely to be male (67%, n=529) than female (29%, n=231), with 4% (n=28) of single adults not reporting gender. Parents represented 18% (n=174) of all survey responses, and made up 13% of the entire homeless population. Heads of household were predominantly female (12%, n=155) while male heads of household and those who did not indicate gender (n=9, and n=10 respectively) each comprised less than 1% of the survey responses from parents. As mentioned above, parents accompanied by underage children reported 343 children who were homeless at the time of the survey. Children represented 26% of all persons who were homeless during the index week.

In addition to children reported by parents, unaccompanied youth completed a percentage of the 962 unduplicated survey responses. Using the broader definition of youth described in the literature (age 16 to 24) the data revealed an additional 119 persons who could be categorized as youth. Together, youth and underage children represented 35% (n= 462) of the 1,305 individuals reported as homeless.

Table 2.
Subpopulations

Subpopulation	Number	Percent Survey responses	Percent of all persons counted (including children)
Single Adults	788	82%	60%
Male	529	67%	41%
Female	231	29%	18%
Anonymous	28	4%	2%
Parents	174	18%	13%
Male	9	<1%	<1%
Female	155	16%	12%
Anonymous	10	1%	<1%
Total Persons in Families	517	NA	40%
Youth and Children	462	NA	35%
Underage Children	343	NA	26%
Unaccompanied Youth (age 16 to 24)	119	12%	9%
Total Responses	962	100%	74%
Total ⁴	1,305		

⁴ Percentages do not sum to 100%, as persons are shown in more than one category (i.e. parents qualify as “parent” and “persons in families”; persons age 16-24 are shown in both the “single adult” and “youth” categories).

Findings

The mean age of all adults was 36 years. Adult respondents fell in the following age ranges: Four percent (n=35) of survey responses indicated subjects were age 19 or younger, 17% (n=167) were age 20 to 29, 21% (n=203) were age 30 to 39, 29% (n=280) were age 40 to 49, 17% (n=166) were age 50 to 59, and 2% (n=19) were age 60 and above. Ten percent of respondents (n=92) did not provide enough information to determine their ages, or gave an invalid birth date. The highest age in the sample was 68 years.

Table 3.
Age of Respondents

Age	Percentage	Number
19 and younger	4%	35
20 – 29	17%	167
30 – 39	21%	203
40 – 49	29%	280
50 – 59	17%	166
60 – 68	2%	19
Not provided	10%	92

The persons sampled through the survey roughly approximated the racial and ethnic representation of the general population in New Haven, with a few exceptions which are described below.

Table 4.
Racial and Ethnic Identity

	Percentage	Number	% New Haven Population
African-American	43%	412	37%
Caucasian	34%	331	44%
Hispanic ⁵	31%	121	21%
Anonymous	8%	81	
“Other”(Asian, Caribbean, Native American, and Pacific Islander Ancestry)	2%	17	

Individuals who identified themselves as African American were somewhat over-represented (43%, n=412) in relation to the general population (37%). Persons who identified themselves as Hispanic and Caucasian were somewhat under-represented (13%, n=121, and 34%, n=331

⁵ Persons were asked about their Hispanic heritage in a separate question from that of racial group. Persons could be of mixed heritage, and total percent shown in Table 4. is >100%.

Findings

respectively) in the homeless population from the overall percentage of the Hispanic (21%) and Caucasian (44%) populations. Eighty-one persons (8%) did not indicate their race or ethnicity, and 17 people (2%) were identified as “other” race or ethnicity, which included individuals of Asian, Caribbean, Native American, or Pacific Islander ancestry.

Fifty-eight percent (n=557) of the respondents did not answer the question that inquired about marital status, while 405 persons responded to this item. Sixteen percent (n=154) reported they had been married and were now divorced, while 7% were separated (n=70). Twelve percent (n=113) had never married, while 4% indicated that they were currently married (n=40). Two percent (n=20) of respondents reported that they were widowed, while less than one percent (n=8) reported that they had a long-term partner.

Table 5.
Marital Status

Marital Status	Percentage	Number
No response	58%	557
Divorced	16%	154
Never married	12%	113
Separated	7%	70
Currently married	4%	40
Widowed	2%	20
Long-term partner	>1%	8

Educational Attainment, Employment Status, and Military History: Fifteen percent (n=140) of the surveys yielded no response to the item inquiring about the highest level of educational attainment. Of those completed surveys that included a response, 24% (n=231) indicated that the respondents did not complete high school, 48% (n=458) had received either a high school diploma or GED, and 14% (n=133) had completed some level of higher education, including trade school, a certificate program, some college classes, or had received a college degree.

Two percent of survey respondents did not answer the items inquiring about employment or prior military service. Twenty percent (n=193) of the surveys indicated that the respondents were involved in paid employment in some capacity. This 20% employment rate was consistent across each subpopulation, including families and those individuals who met HUD criteria for chronic homelessness. Veterans represented 12% (n=112) of the respondents who completed the survey.

Table 6.
Educational Attainment, Employment Status, and Military History

	Percentage	N
Highest Grade Attained		
Less than high school	24%	231
High school diploma or GED	48%	458
Advanced schooling	14%	133
No response	15%	140
Employment		
Unemployed	78%	748
Employed	20%	193
No response	2%	21
History of Service in the Military		
Yes	12%	112
No	86%	829
No response	2%	21

Housing Arrangements: Ninety-two percent (n=886) of the completed surveys indicated the respondent's current shelter arrangement. A majority (53%, n=514) of the surveyed individuals and families were using the emergency shelter system as their current residence. Individuals and families who were using transitional housing services made up an additional 18% (n=176) of the responses. Unsheltered ("street homeless") individuals and families comprised 10% of the sample (n=91), while those in hospitals or treatment centers who were homeless upon entry and expecting to return to homelessness upon discharge comprised another 9% (n=84) of the responses. Despite having the category of "couch hopping" (i.e. staying with friends or family on a day-to-day basis) available as a shelter choice, few survey respondents (2%, n=21) utilized this category, with the majority of reports coming from youth.

Table 7.
Housing Arrangements, All Respondents

Location	Percentage	N
Shelter, emergency housing	53%	514
Transitional housing	18%	176
Unsheltered (street, car, etc.)	10%	91
Hospital or treatment facility	9%	84
Couch hopping	2%	21
No response	8%	76

Findings

Upon further analysis, more persons indicated that they were making use of an emergency shelter as their current form of housing than the number of emergency housing beds available in the city. The total number of transitional and emergency shelter beds available for single adults on any day in New Haven is 494. The number of single adults who reported using a transitional housing or emergency shelter bed was 543. This represents approximately 50 unduplicated, single adults who reported their shelter location inaccurately, made use of the shelter beds sporadically, or categorized their housing status incorrectly.

Similarly, the total number of available beds on any given day for families is 327. This contrasts with the number of persons in families (n=423) reporting use these shelter beds. Nearly 100 persons in families either inaccurately reported or incorrectly categorized their shelter use.

Table 8.
Number of Shelter Beds in New Haven ⁶

Type of Shelter	Individual Beds Available	Single Persons Reported Use	Family Beds Available	Persons in Families Reported Use	Total Inventory
Emergency Shelter	296	393	201	351	497
Transitional Housing	198	150	126	72	324
Total	494	543	327	423	821

The above analysis suggests that adult respondents may have underreported “couch hopping” as a category. It is also possible that some of these survey responses reflect persons using illegal, abandoned, or uninhabitable buildings. It is likely that these persons may not have felt comfortable divulging their current shelter arrangements. Some of these responses may also reflect persons who are living on the street but were surveyed during the most severe weather and happened to be in the shelters at that time.

Qualitative reports solicited from shelter and outreach workers shed some light on a potentially related issue. NHHHC 2003 enumerated all persons characterized as homeless during an entire week. Shelter capacity is measured by number of beds available on a daily basis. A portion of the homeless population utilize shelter beds for a day or two during any given week, and spend the remainder of the time living on the streets or in other unsheltered locations. Given the high level

⁶ Derived from the New Haven Continuum: Housing Gaps Analysis Chart, New Haven SuperNOFA application, 2003.

of turnover of shelter beds for this subgroup, it is reasonable to find that there are more adults making use of the beds during the week than the number of beds available on any given night. Despite the problem with accurately locating sleeping locations, the enumeration is considered to be reasonably accurate.

Patterns of Homelessness: The survey question about the length of time persons spent homeless offered answers in a multiple-choice format (i.e. less than 1 month, 1 to 3 months, 3 to 6 months, etc.). Of the 962 individuals surveyed (not including the additional 343 children reported by parents), 11% (n=108) did not respond to this item. Of those that did, approximately 35% (n=332) reported having been homeless for 3 months or less, **26% (n=247) were reported to be homeless from one to seventeen years**. Fifteen percent (n=146) of persons surveyed reported having been homeless from 3 to 6 months. Thirteen percent (n=129) reported having been homeless 6 months to a year.

Table 9.
Patterns of Homelessness

Length of Time	Percentage	N
Less than 3 months	35%	332
3 to 6 months	15%	146
Over 6 months, up to 1 year	13%	129
Over 1 year	26%	247
No response	11%	108

Since responses about length of time spent homeless were listed in categories spanning a defined period of time (less than 1 month, 1 to 3 months, etc.), the *median value* rather than the *mean value* is used to describe the average length of time spent homeless. A median score is the value at the 50th percentile, that is, where an equal number of respondents fall above and below the score. It can be thought of as a “middle score” rather than the “average score”. In addition, the median is a measure of central tendency that is not sensitive to outlying values, (a single response indicating 17 years of homelessness), whereas the mean or average can be affected by a few extremely high or low values. The median length of time individuals spent homeless ranged from 3 to 6 months. The median time spent homeless for families and children was 3 months.

Self-Reported Service Needs: Overall, there was a high level of endorsement of self-reported service needs across most items. The survey instructions indicated that the respondents should circle “Yes” to each service if they needed it regardless of whether they currently received the specified service. The following results should be interpreted with *caution*, as they likely *do not* represent an accurate portrayal of current connections with services, *only the need or desire* for such assistance.

Table 10.
Self-Reported Service Needs

Area	Unduplicated responses (n=962)	Single Adults and Youth ⁷ (n=541)	Chronically Homeless (n=247)	Families (n=174)
Income	67% (632)	65% (349)	77% (191)	61% (107)
Insurance	57% (553)	56% (302)	68% (168)	57% (99)
Basic needs	57% (552)	55% (297)	60% (149)	75% (131)
Mental health	55% (525)	56% (304)	65% (161)	39% (68)
Substance abuse	48% (460)	51% (278)	59% (145)	20% (34)
Medical	49% (468)	51% (274)	60% (148)	30% (53)
Vocational	51% (494)	51% (274)	59% (144)	54% (94)
Legal	29% (279)	30% (164)	33% (81)	23% (40)
Family, child services	22% (211)	16% (88)	17% (42)	56% (97)

Total Population: Of all the persons surveyed during the index week, 67% (n=632) reported needing help with income, and 57% (n=553) reported needing Medicaid or Medicare. Fifty-seven percent (n=552) of the sample required help with basic needs such as clothing and toiletries. Fifty-five percent (n=525) of the survey responses indicated a current or past history of mental illness, while 49% (n=468) identified medical problems, and 48% (n=460) indicated that substance abuse was a problem for them. Fifty-one percent (n=494) needed assistance with their vocational or educational goals. Twenty-nine percent (n=279) of all adults reported having a legal history or complications with the law. Twenty-two percent (n=211) of the respondents surveyed indicated the need for child and family services.

⁷ Only those persons who did *not* meet HUD criteria for “chronically homeless” are listed in this category.

Findings

Single Adults and Youth: Single adults and unaccompanied youth appeared to have very similar profiles to the overall population. Fifty-six percent (n=304) reported the need for mental health services, 51% (n=278) indicated the need for substance abuse treatment, and 51% (n=264) indicated they had a medical condition. Fifty-one percent (n=264) also indicated that they needed assistance with their vocational or educational goals, while 30% (n=164) reported having a legal history or complications with the law. Few single adults and youth (16%, n=88) indicated the need for family or child-related services.

Chronically Homeless Group: Of those who met the HUD criteria for *chronic homelessness*⁸ (where disability status is included as one of the criteria), 65% (n=161) of the surveys indicated a positive response for current or past mental illness, while 60% (n=158) reported having medical problems, and 59% (n=145) reported having a substance abuse disorder. However, a large proportion reported having *multiple, co-occurring* disabilities. Forty-nine percent (n=121) reported co-occurring physical health and mental health disorders; 46% (n=114) were characterized as having co-occurring substance abuse and mental health disorders; 43% (n=105) reported co-occurring physical health and substance abuse disorders, and 37% (n=92) reported *all three conditions*. Persons categorized as chronically homeless more often reported needing assistance working toward vocational and educational goals (59%, n=144); securing income (77%, n=191), insurance (68%, n=168), basic needs (60%, n=149), and having past or current legal issues (33%, n=81) than the general homeless population.

Families: The profile for families looked somewhat different. The data suggests that this is a less disabled population, measured by a lower level of reported “need” for medical, psychiatric and substance abuse services, both at the present time and historically. Respondents generally reported the highest levels of need for tangible assistance, with vocational training, jobs, and family concerns following closely. Specifically, 75% (n=131) reported that they needed help with basic needs such as food, clothing, and toiletries. Sixty-one percent (n=107) reported they needed financial support including welfare or Social Security income, and 57% (n=99) reported

⁸ See HUD definitions for chronic homelessness. Details are in the Methods section.

Findings

needing public medical insurance (Medicaid and Medicare). Fifty-four percent (n=94) reported the need for vocational training or educational supports, and 56% (n=97) needed services designed specifically for family and children, such as family counseling, day care, or DCF interventions. Thirty-nine percent (n=68) reported a history of mental illness, 20% (n=34) reported a substance abuse history, and 30% (n=53) reported medical conditions. Twenty-one percent (n=36) of heads-of-household were employed on at least a part-time basis.

Adults Who Did Not Report a Disability: A portion of the surveyed sample indicated that they had no disabilities. Twenty-five percent (n=243) of the sample indicated that they had no substance abuse, mental health, or medical conditions at the time of survey. Of these 243 persons, 34% (n=83) were accompanied by underage children, and 26% (n=62) were employed.

Calculated Prevalence Rates: The interview data yielded information about the incidence of homelessness during the index week, and the ability to calculate an estimate of the annual prevalence of homelessness in New Haven. “Prevalence” refers to the number of persons experiencing homelessness for any duration during a given year. In order to estimate the prevalence rate, one needs to know the number of people currently homeless, the characteristics of subgroups of people who are experiencing homelessness and the length of time spent homeless, as well as the shelter capacity of the city and average utilization rates (i.e. how many beds go unused). When every shelter bed is generally full, for every person departing a shelter bed, another moves into the same shelter bed shortly thereafter. For example, if the mean length of time spent homeless for the current episode during the index week was four months or less, and all shelter beds in the city were utilized consistently, then the “turnover” rate of homelessness can be estimated to be approximately 3 times per year. The calculated annual estimate takes into consideration that overall, New Haven shelters are operating at full capacity. This methodology is consistent with the method utilized by others who conduct homeless count research (Culhane, 1992a 1992b, Culhane Dejowski, Ibanez, Needham, & Macchia, 1994).

The NHHC 2003 Steering Committee is confident that the prevalence calculation is reasonably accurate for several additional reasons. Efforts to unduplicate the count and to include the number of children and youth who were homeless at the time of the survey were made. The

Findings

survey attempted to canvass all agencies and community groups in New Haven that serve people who are homeless. The use of this community-wide, multi-pronged approach suggests that no sub-group of the population was systematically missed, or overlooked.

As stated earlier, a total of 174 families (with 343 children) experienced, on average, 3 months time in homeless status. This results in a prevalence rate of 2,068 persons in families experiencing homelessness in New Haven annually. Single adults who did *not* meet HUD criteria for chronic homelessness (n=541) experienced, on average, a little over 4 months homeless, a somewhat longer time than families. This results in a prevalence rate of 1,632 single persons experiencing homelessness at some time during the year. The 247 adults surveyed who *met* HUD criteria for chronic homelessness had been homeless for more than 1 year and up to 17 years, and were simply added to the annual rate rather than treated with any multiplier. Assuming that the incidence rates for homelessness during the third week of February 2003 described in the previous section are representative in numbers of persons and length of the homeless episode, *approximately 3,938 persons in New Haven experience homelessness at some point during the year.*

Table 11.
Calculated Prevalence Rates

Subpopulation	N at Index	Mean Time Homeless	Turnover (times per year)	Annual Total
Persons in Families	517	3 months	4	2,068
Head of Household	174			
Underage Children	343			
Single Adults and Unaccompanied Youth ⁹	541	3 to 6 months	3	1,623
Chronically Homeless	247	Over 1 year	1	247
TOTAL	1305			3,938

⁹ Only those persons who did *not* meet HUD criteria for “chronically homeless” are listed in this category.

SUMMARY

SUMMARY

New Haven Homeless Count 2003 (NHHC 2003) was undertaken by the New Haven Continuum in order to provide an estimate of the number of persons experiencing homelessness in New Haven, Connecticut. The data collected suggests that New Haven's incidence (1%) and prevalence (3%) rates of homelessness parallels comparable urban areas, and national estimates. The homeless population mirrors the racial and ethnic composition of the City. The number of people that are homeless at any point in time, or throughout the year, is close to the estimate that service providers and agencies have previously used. In addition, with the noted exception of the NHHC 2003 results for unaccompanied youth, the proportion of persons in the different subpopulations (i.e. single adults, families with minor children, chronically homeless persons), also approximates the proportions documented in national estimates. The results demonstrate the following:

Incidence and Prevalence Rates:

- A total of 1305 persons were characterized as homeless during the index week
- An estimated 3,938 persons in New Haven experience homelessness at some point during the year
- The incidence rate (about 1%) and annual prevalence rate (3%) mirrors the incidence and prevalence rates found in national studies of comparable urban centers

Characteristics of Persons Who Were Homeless:

- The homeless population in New Haven includes single men, single women, homeless families with underage children, and unaccompanied youth
- The subgroup of single adults had a higher incidence of men (67%) than women (29%), with 4% refusing to answer the item about gender
- Persons in families represented 40% of the total homeless population

Summary

- Parents represented 13% of all adults who were homeless, and heads of household were predominantly female (12%, n=155), while male heads of household and those who did not indicate gender (n=9, and n=10 respectively) each comprised less than 1% of the survey responses
- Minor children in families and unaccompanied youth under 24 years of age represented 35% of all persons reported as homeless during the index week
- New Haven's homeless population is similar to the city's general population in racial and ethnic diversity, with similar proportions of the racial and ethnic groups represented

Length of Time Spent Homeless:

- Single adults spent an average of 4 months homeless
- 247 single adults had spent *over one year* and *up to 17 years* homeless
- Parents accompanied by underage children were homeless an average of 3 months

Additional Facts:

- Twenty percent of all respondents were employed in some capacity
- Families consisted of predominately female heads-of-household accompanied by one or two children under the age of 5 years
- All respondents described having significant service needs, including assistance with basic needs (e.g., financial aid, food, clothing, and medical insurance), and a significant percentage identified the need for behavioral health and/or medical treatment

Housing Arrangements:

- The majority (59%, n=567) of all respondents (single adults, heads of household, and unaccompanied youth) surveyed were residing in emergency homeless shelters
- Eighteen percent (n=176) of all respondents were residing in longer-term temporary or transitional placements
- Ten percent (n=96) of all respondents were living on the streets or unsheltered

- Nine percent (n=94) of respondents were residing in hospitals or treatment facilities; met homeless criteria prior to entry, and expected to be discharged to homelessness

Analysis of Housing Patterns: Upon analysis, it was found that more persons indicated that they made use of an emergency or transitional shelter during the index week than the number of emergency housing beds available each night in the city. About 100 persons in families, and nearly 50 unduplicated, single adults reported their shelter location inaccurately, made use of the shelter beds sporadically, or categorized their housing status incorrectly. This suggests that adult respondents may have underreported the categories of “couch hopping”, or “living on the streets” as their current location. It is also possible that some of these survey responses reflect persons using illegal, abandoned, or uninhabitable buildings. It is likely that these persons were not comfortable divulging this information. Some of these responses may also reflect that more persons happened to be in the shelters at the time of the survey due to the inclement weather. Persons may have made significant changes in their *routines* and *choices* during this week.

Qualitative reports solicited from shelter and outreach workers shed some light on a potentially related issue. Homeless Count 2003 enumerated all persons who could be characterized as homeless during an *entire week*. Shelter capacity is measured by the number of beds that are available on a *daily basis*. A portion of the homeless population utilizes shelter beds for a day or two during any given week, and spends the remainder of their time living on the streets or in other unsheltered locations. Given the high level of turnover of shelter beds for this subgroup, it is reasonable to find that there are more adults making use of the beds during the week than the number of beds available on any given night. Despite the problem with accurately locating sleeping locations, the enumeration is considered to be reasonably accurate.

LIMITATIONS

LIMITATIONS

There are many limitations inherent to conducting a homeless count. Controversy surrounds the choice of a methodological approach, and includes questions about how to access a representative sample of the population, or how to count the entire population. The NHHC 2003 survey design addressed these concerns by its efforts to:

- Canvass multiple service and community locations in order to identify all homeless persons, including various subpopulations
- Use inclusive definitions of “homelessness”
- Use a week-long survey period instead of a one-night “sweep”
- Use an instrument designed to gather the respondent’s history of homelessness and self-reported service needs
- Unduplicate responses within and across agencies

However, this study had several weaknesses that may limit the reliability of the data, or the applicability of the findings. These limitations are similar to those encountered in any effort to enumerate people who are homeless. Although the survey allowed respondents as much anonymity as desired, many respondents refused to divulge personal information, or to offer data about service needs. Although all persons experiencing homelessness may be reticent to share personal information, this was especially true for those respondents who were living in domestic violence shelters, members of families with underage children, or persons categorized as unaccompanied youth. Anecdotal data from members of these groups suggests that they are cautious when dealing with any agency or outreach worker, especially if the worker is perceived to be legally mandated to report the respondent to authorities, or to intervene on their behalf. For the above reasons, legal complications, and physical or behavioral disabilities may be underrepresented for all persons responding to the survey, and potentially more so for these subgroups.

This study had particular difficulties accounting for the number of unaccompanied homeless youth. Only 119 unaccompanied youth and young adults (age 24 and under) were located, and only 35 unaccompanied youth under age 20 were surveyed through this homeless count. This was

Limitations

significantly lower than expected for a city of this size, and occurred despite outreach efforts by skilled youth workers from a well-known agency that exclusively serves youth. One explanation might be that New Haven's population of youth who are homeless may not be representative of other cities of a similar size since it has relatively few youth-oriented homeless services compared to other cities. Alternatively, the NHHC 2003 survey methodology may have been particularly ineffective at enumerating youth. Additional factors such as the perceived need for youth to remain "under the radar" of law-enforcement officials, child protection agencies, and other authorities may add to the likelihood that they remain "the hidden homeless".

Compounding this problem is the fact that the index week selected was during the month of February, rather than during mid-summer, when more youth and families would be expected to be seeking assistance and homeless services.

A final limitation is that a significant snowstorm resulting in agency closures occurred on the first day of the survey week. Although the researchers feel that the enumeration is relatively accurate, persons may have made significant changes to their routines and choices of location to shelter themselves during this week, which may have significantly affected the *patterns* of service use during the index week.

RECOMMENDATIONS

RECOMMENDATIONS

The Steering Committee reviewed all aspects of this homeless count initiative in an effort to make recommendations for future homeless count endeavors. The Steering Committee recommends the following:

Survey Instrument: The length, style, and format of the survey instrument worked well for this count. A single-page format should be maintained, with as many responses as possible available in a “Yes or No” or multiple-choice format. Some modifications related to the wording of questions should be made to the survey. In general, future surveys should present as a survey of “housing needs” rather than “homeless status”. Many individuals were reticent to identify themselves as “homeless” despite fitting the survey criteria. In addition, responses would be more accurate if questions gradually targeted items of concern, moving from less-to-more specific. For example, instead of asking a person if s/he is homeless, a survey might begin with a question “Do you have a place of your own now?”, or “Where do you stay?”. The next question might ask “What kind of a place is it?”.

Finally, if future surveys wish to capture more detailed information about service needs, they must operationally define what constitutes “need” or “service use”. The survey will need to comply with the Federal Health Information Portability and Accountability Act (HIPAA) which became effective in April 2003. The team developing the survey and procedure should consult with a Human Investigation Review Board (IRB) to get clarity on protocols for consent forms, gathering treatment information, mandated reporting procedures, and other related matters.

Survey Implementation: The NHHC 2003 survey required several months of planning before the expected survey date. Future studies should expect that a six-month period is the minimum amount of preparatory time needed to effectively implement a comprehensive homeless count.

There is an inherent dilemma related to conducting a homeless count. Surveyors are charged with gathering information in order to inform program planning and policy decisions, including data about the need for behavioral health treatment, the status of any accompanying underage children, and current housing arrangements. Some survey respondents may be concerned that if

Recommendations

they share this kind of information, a report to authorities could be triggered which might result in perceived negative consequences. This likely contributes to respondents either underreporting or offering partial information. As a result, any data gathered under these circumstances should be interpreted with caution, as the information will always be somewhat incomplete and inaccurate. Surveyors believe that it is better to secure some data than no data at all. Refined guidelines need to be created about how to approach these sensitive issues.

In addition, volunteers should be familiar with, and oriented to, the shelters, soup kitchens, and drop-in centers several weeks before the chosen survey dates. If possible, during these weeks, persons conducting surveys should spend time at survey locations, to increase their visibility, remind the community about the upcoming count, and increase the consumers' comfort level with the homeless count staff, thereby improving the response rates.

Interviewers must also be familiar with the type and timing of the services provided at survey locations, so that they will not interrupt the flow of activities, or delay a respondent from getting their needs met in order to perform the interview. For example, having a respondent depart from the food line and potentially miss a meal, or delay the acquisition of a shelter bed in order to respond to a survey is an unreasonable request. Some NHHC 2003 interviews were conducted after dinner at soup kitchens, or late in the evening at the shelters, which was effective. Some respondents feel more comfortable being interviewed in a private location. Arrangements should be made, in advance, to access a small private area in every outreach location for interviewing purposes.

Media releases can inform the community about the homeless count effort. Informational flyers should be posted in prominent locations. Both of these methods are most useful when timed to occur a few weeks before the event. These news releases increase community participation and the likelihood of cooperation from agencies and potential respondents.

The Steering Committee successfully recruited interested community volunteers and students from local colleges and universities in order to augment the outreach staff available to conduct the count. The students considered this a community-based project that fulfilled a course

Recommendations

requirement. In future efforts, volunteers should expect to participate for a full semester or a 6-month period and will require orientation and training.

Data Collection: The daily submission of completed surveys to a centralized location proved to be an effective method of handling the high volume of responses. A newly created, unified database format, designed in Microsoft ACCESS, utilized drop-down menus and preprinted responses to minimize errors. Staff members responsible for the data-entry of the survey information also proofread the surveys, and keyed-in the initials of surveyors for future reference.

Data collection efforts were streamlined by including existing computer data from agencies, if the information already gathered was comparable to the survey questions. The Steering Committee recommends this approach whenever possible. If such data is available, it both reduces the manual effort required to complete a survey for each client, and increases the likelihood that few individuals will be missed. Data gathered from existing agency files will also reduce the manual effort required for data entry and proofreading. The process of removing duplicate reports within and across agencies can occur if the person's initials and birth date are included within the file.

As mentioned above, data collection must also include a protocol that will adhere to laws and regulations regarding HIPAA compliance, IRB approval, if the latter is necessary (as described above in the Survey Instrument section), and address mandated reporting issues.

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APPENDIX

Appendix: Survey Instructions

INSTRUCTIONS The HOMELESS 2003 Survey

The New Haven Continuum of Care is undertaking a survey of all youth and adults who are homeless in New Haven, CT. HUD requires a count of people who are homeless every 3rd year in order to account for funding levels and service needs of the HUD-funded programs servicing this population.

The objectives are to:

- Provide a count of current homeless individuals and families to HUD as required
- Document the demographics of New Haven's homeless population
- Conduct a cursory needs assessment
- Develop protocol and measures for use in the inclusive and complete homeless counts anticipated to occur at least once every three years
- Solicit assistance in the work to address homelessness in our community via reports to DMHAS, DSS, Legislatures, The Coalition to End Homelessness, Homeless Advisory Commission, and other member agencies.

Your agency has been identified as one that may provide services and assistance to those who are homeless. We ask that you identify (confidentially) those who may meet homeless criteria,* and respond by filling out a survey form for each person identified.

Interview / surveys are expected to take about 10 minutes to complete, and are fairly self-explanatory. Please note that all surveys will be screened for duplicate responses in the database. If you are unsure as to whether an individual or a family has already been counted, please err on the side of inclusion and complete another survey.

A staff person may fill out this survey either alone or with the aid of the client. Clients may originate requests to participate in the survey. Once filled out, all survey responses will be picked up or, alternately, could be forwarded by Agency staff to

Sean Kidd
c/o Columbus House
586 Ella T. Grasso Boulevard
New Haven, CT 06519.

We are using the federal (HUD) definition of homelessness. Please count as homeless anyone who:

- Does not have a fixed, regular, and adequate nighttime residence. This can mean a person who is “doubled-up” with friends or family or “couch-hopping.”
- Lives somewhere temporarily without a permanent place to return, such as in a hospital with no permanent address.
- Lives in a shelter, welfare hotel, or transitional housing program for people who are homeless and/or mentally ill.
- Lives in any institution that provides a temporary residence for individuals intended to be institutionalized.
- Lives anyplace not designed for, or ordinarily used as a regular sleeping place for people. This can mean living outdoors or “squatting” in a building that has no utilities or is considered uninhabitable.
- Is a child or youth living with friends or relatives because their family was split up when the family became homeless.

*** We will not count as homeless any individual imprisoned, incarcerated, jailed or detained.**

Appendix: Survey Instructions

INTERVIEW INFORMATION

Date of Interview Enter the date you are completing the survey in MM/DD/YY format.

Location of Interview Enter the survey location (Agency name, or facility, or type of location)

Interviewer Enter your name. If client is filling out form, enter staff name who will forward the survey.

Outreach Team Enter one: Youth Outreach, Adult O+E, or Agency name

DEMOGRAPHICS

First Initial Enter the first initial of the first name of the client

Last Name three letters Enter the first three letters of the last name of the client. If multiple last names are used or a hyphenated name, use the first three letters of the most common, or first last name used.

Date of Birth Enter the client's date of birth in MM/DD/YY format.

Sex Enter male or female

Marital Status (circle one) Circle the status that best applies to the client.

Race/Ethnicity Enter the ethnic description(s) (if any) the client most identifies with.

Religion/Tradition Enter the religious, spiritual or cultural tradition (if any) in which the client participates.

Alien / foreign resident Enter Yes or No to indicate alien US residency.

Education Enter highest grade achieved, or trade school / college / prep schools. Also indicate (if known) if there has been a history of special education or DMR.

Hispanic ? Enter Yes or No

Veteran? Enter Yes or No to indicate veteran status (regardless of discharge status)

Employed ? Enter Yes or No (pay in any capacity, including minimal part time.)

Are you a parent? Enter Yes or No

Complete the following only if response was "yes" to above.

If yes, Live with children?	Enter Yes or No. If client has some children homeless and some housed, answer "yes"
Number of Children	Total number of children
Age(s) of Child(ren)	Ages of children
# Child(ren) homeless*	Number of children currently homeless *

Please remember to refer to the definitions of homelessness we are using, at the bottom of page 1.

Appendix: Survey Instructions

HOMELESS DATA

Date of first homeless episode	Enter in MM/DD/YY format, if known. If unknown, enter month and year only.
Length of Time 1st episode	Estimate length of homelessness episode.
Date of current homeless episode	Enter in MM/DD/YY format, if known. If unknown, enter month and year only.
Length of Time current episode	Estimate length of homelessness episode.
Last known residence	Fill in city, state of last permanent residence (rental or otherwise)
Town of Origin	Client's general town or if transient, recurrent and common town or town of birth, or family's town
Current shelter or residence	Circle one of the shelter options.
Length of Time, current shelter	Estimate length of stay in current shelter or street location, if it is different from length of current homelessness episode.
Total time homeless in lifetime	Estimate total length of lifetime homelessness in years and months.

SERVICE NEEDS

For the following, circle Yes or No. If a client is already receiving services then circle Yes.

1. Mental Health any need for psychotherapy, medications, O+E or ACT outreach, counseling, or groups
2. Substances any need for 12-step, NA, AA, substance abuse treatment, including methadone, prescription and over the counter or street drugs and alcohol, but not nicotine.
3. Physical Health any need for basic and extended physical health services including prescriptions, (including eye glasses, hearing aids and dental) and follow up for chronic issues such as diabetes, COPD, asthma, foot problems, pain, need for nursing services, etc.
4. Vocation/Education adult education and basic GED classes, ongoing career training, job supports, job training and vocational assessment, job searching.
5. Financial Support need for aid in applying, securing and / or managing money, benefits, SSI.
6. Medical Insurance need for aid in applying, securing and / or managing insurance, medical (T-19, SAGA).
7. Basic Needs need for aid in applying, securing and / or managing resources for food, clothing, toiletries, shoes, items for daily living
8. Family and Child need for services related to parent training, day care, family mediation, DCF or custody issues, head-start or child education, truancy issues
9. Legal Services Any court or pending suit items, including but not limited to probation or parole, mandated treatments, small claims, convictions or pending hearings, significant debts in lawsuit or collections, or evictions.
10. Other Services List any other services needed not covered in the above list.

DATA VERIFICATION

For Homeless Count 2003 Staff only – Please leave blank.

January 25, 2003

To Whom It May Concern:

Your agency has been identified as one that provides services to the New Haven homeless population. The New Haven Continuum is coordinating a homeless count, the results of which will be sent to the Department of Housing and Urban Development. The number of homeless people indicated by this count will influence federal funding of homeless-related programs for the next three years. The objective is to count each homeless person via the one-page survey enclosed.

We are requesting that your agency complete the following tasks related to the count:

Now up to the week of the count (February 17th)

- Please distribute the survey amongst staff and familiarize them with the rationale behind the survey and its administration. If you require additional copies or an electronic version please contact me.

Week of the count (February 17th – February 23rd)

- Put up poster (enclosed) encouraging homeless clients to be counted in public spaces.
- Administer the survey to all homeless clients receiving services during this week. (During this week, homeless count coordinators will be available to answer questions, provide materials, and will help to address any problems that might arise.)

Week of February 24th.

- All surveys will be picked up from your agency at a pre-arranged time.

We really need your help to make this count complete. Your agency is an important part of ensuring that the funding received by New Haven in the coming years will accurately reflect the service needs. We will publicize the results of the count. Thanks, and please feel free to contact me if you have any questions or concerns.

Sincerely,

Sean A. Kidd, MA – Connecticut Mental Health Center
C/o Columbus House
586 Ella T. Grasso Blvd.
New Haven, CT 06519
203-974-7507, sean.kidd@yale.edu

HOMELESS COUNT 2003 FACT SHEET

“Homeless Count 2003” is a comprehensive community-wide homeless count sponsored by the New Haven Continuum, which will include youth, single adults and families with and without a range of disabilities in New Haven. We are recruiting volunteers to help conduct these surveys in a variety of settings, including soup kitchens, counseling centers, and with agency service providers throughout the third week of February.

This project, required by the US department of Housing and Urban Development (HUD), includes a street/shelter homeless count in order to retain funding support for homeless assistance programs funded by HUD. In addition to meeting HUD requirements, the information obtained from this project is of paramount importance as we continue to substantiate the community’s need for housing and services for citizens who are homeless in New Haven to other funding sources, the city, state, federal government policy-makers and legislators, in order to insure continuation of the safety net that has been created and to support the need for additional supportive housing.

All area service provider organizations that work with this population will be contacted over the next several weeks by representatives of the Homeless Count Workgroup to inform program staff of our intentions, and review the plan of activities and timeline for these efforts to be accomplished. Programs are also invited to have staff volunteer in conducting surveys.

The Continuum: Who We Are: The New Haven Continuum is a voluntary group of interested members from the community, and includes service providers, advocates, City representatives, individuals who are formerly homeless, and non-profit organizations. The Continuum consists of over 200 affiliated members. Those immediately participating in this project are Columbus House Inc., The Consultation Center of the Connecticut Mental Health Center, The Consortium for Substance Abusing Women and Their Children, and ALSO-Cornerstone, Inc. Other essential partners include Life Haven, New Haven Home Recovery, the Immanuel Baptist Shelter, Christian Community Action, Community Soup Kitchen, Downtown Evening Soup Kitchen, Outreach and Engagement Team, The Urban Initiative, Liberty Community Services, and Youth Continuum. Volunteers are also being recruited from area schools and colleges.

The agencies that comprise the New Haven Continuum together have been able to positively impact the homeless situation in New Haven, however, the demand for housing and services cannot be met with the current level of funding support. The State of Connecticut Department of Social Services and the Coalition to End Homelessness have estimated that the number of people who are homeless and seeking shelter in Connecticut has grown by at least 20% in the last 2 years. In New Haven in particular, shelters report the number of people turned away due to lack of beds is at an alarmingly high rate, and waiting lists for supportive housing programs can be as long as 6 months or more. Additionally, New Haven shelter providers report that there has been a significant increase in shelter use by shelter guests who are currently employed in entry-level positions and cannot afford market housing. While we have made substantial advances, the demand for housing and services is far greater than the current system of care can accommodate.

The Youth Continuum Street Outreach and the **Connecticut Mental Health Center Outreach and Engagement** teams will volunteer team expertise in street outreach to the target population as part of the project, as well as guide volunteer efforts offered by various member agency staff, student workers and other existing staff at outreach and shelter placements.

QUALIFICATIONS OF THOSE WHO WILL BE ENGAGED IN THE PROJECT:

Columbus House, Inc., was established in 1981. In addition to food and shelter, Columbus House offers assessments, case management, programs and services for most of the common root causes of homelessness, including substance abuse, physical or mental illness, lack of education and job skills and personal histories of abuse and neglect. In partnership with Connecticut Mental Health Center and other service providers in New Haven, the Outreach and Engagement staff of Columbus House seek out and engage homeless people at area soup kitchens, other shelters, and where they sleep: under bridges, in parking lots, and on the New Haven Green. Special emphasis is placed on people who are mentally ill and are not engaged in treatment. Case Managers work with people as they move from the streets into shelter and treatment, transitional living, and eventually into permanent housing. For more information, please visit the Columbus House website: www.columbushouse.org

The Consultation Center is a community and Yale University-based organization with over 26 years experience developing and evaluating community-based preventative and service system interventions. Services are provided in two areas: prevention and health promotion programs which are designed for individuals and families across the lifespan, and service system development programs which provide consultation and technical assistance to organizations and broader service delivery systems. In the area of supported housing, the Center has played a major role in increasing the availability of housing options, working with individuals to obtain housing, and building a comprehensive system of care for persons with behavioral health and HIV/AIDS-related disorders in New Haven.

The Center also houses a prevention research program, which provides expertise in evaluating systems of care and housing programs. Examples of previous work include: an evaluation of the ACCESS demonstration project in Connecticut for persons who are homeless and have a major mental illness (funded by the Center for Mental Health Services); evaluation of a system of managed care for the seriously mentally ill (funded by the Connecticut Department of Mental Health and Addiction Services); and an assessment of systems of care for families and children in the State of Rhode Island. For more information, please visit The Consultation Center's Website: www.theconsultationcenter.org

Youth Continuum Street Outreach Program, provides community education and contacts to over six thousand youth per year, and operates as an extension of HOSTS ("Helping Our Society to Survive") and Umoja House, which offers youth needed supportive services including transitional housing, mental health and substance abuse counseling, case management, life skills, education, vocational, employment, domestic violence, medical, HIV/AIDS awareness and parenting classes.

The Connecticut Mental Health Center Outreach and Engagement Project is an interagency initiative in the New Haven area. Services include engagement with unsheltered homeless individuals on the streets, at local soup kitchens, shelters, under bridges, and to offer them a broad range of housing assistance and supportive services.

ALSO-Cornerstone, Inc. helps individuals and families affected by mental illness and/or addictions attain stability, recovery, and independence and lead productive lives in the community. Its goals are directed at full integration of its clients into the life of the community, and its dedicated staff works to prevent the need for hospitalization and the loss of independence during acute episodes of illness. ALSO-Cornerstone provides six supportive housing programs for individuals and families who are severely disabled with mental illness, substance abuse, and/or AIDS. Its Pendleton House Dual Diagnosis program for mentally ill and/or substance abusing homeless individuals receives HUD funding through the New Haven Continuum. ALSO-Cornerstone is also one of five agencies that comprise the Outreach and

Engagement Team. Other programs include a wide range of school and community-based prevention, intervention, treatment, and recovery programs. For more information on ALSO-Cornerstone, Inc., please visit the website at www.al-corn.org

The Connecticut Women's Consortium is an agency that has a history of strong collaborations with many of Connecticut's community organizations, academic institutions and health care agencies on issues of women's mental health, substance use disorders, addiction, domestic violence and trauma. Its mission is to improve behavioral health care for women and their children in the state. The Connecticut Women's Consortium represents all of the state's women, across their life spans, who struggle with access to respectful and consistent behavioral health care and treatment, and with the stigma that is usually associated with addiction, interpersonal violence, and the challenges of mental health.

The Connecticut Women's Consortium has an official website, www.womensconsortium.org. It is in the process of planning a CT 2003 Women's Conference: The Healing Role of Relationship Recovery and convenes The Roundtable on Women's Behavioral Health in Partnership with the Permanent Commission on the Status of Women to develop a network of people whose work will be enhanced and strengthened through collaboration and information sharing about women's behavioral health needs. In addition, it operates the CT Trauma Initiative in close partnership with the Department of Mental Health and Addiction Services Women's Services Division and is enhancing its Women's Services Institute offering accreditation, seminars, course development and online learning. The Consortium is currently working on a plan to begin offering Continuing Education Units (CEU) to those who attend trainings.

Appendix: Survey Instrument

Date of Interview ___ / ___ / ___ Location of Interview _____ Interviewer _____ Outreach Team _____

DEMOGRAPHICS	RESPONSES		HOMELESS DATA	RESPONSES				
First Initial	_____		Date of first homeless episode	___ / ___ / ___				
Last Name three letters	_____		Length of Time 1st episode	a) Less than 30 days	b) 30 to 90 days			
Date of Birth	___ / ___ / ___			c) 90 days to 6 months	d) 6 to 12 months			
Sex	Male	Female		e) over 1 yr, less 2 yr	f) over 2 years			
Marital Status (circle one)	NM	Never Married	Date of current homeless episode	___ / ___ / ___				
	S	Separated	Length of Time current episode	a) less than 30 days	b) 30 to 90 days			
	D	Divorced		c) 90 days to 6 months	d) 6 to 12 months			
	LTP	Long Term Partner		e) over 1 yr, less 2 yr	f) over 2 years			
	W	Widowed	Last known residence (city, state - fill in)	_____				
	M	Married	Town of Origin	_____ (birth town or family's town)				
Race/Ethnicity	_____		Current shelter or residence (circle one)	E	Emergency shelter	TS	Transitional Shelter (90 day)	
Religion/Tradition	_____			TH	Transitional Hsng (24 mo)	S	Street; car; abnd bldg;bridge	
Alien / foreign resident	YES	NO		C	Couch hop/friends or family	M	hotel/motel	
Education (Highest grade or training)	_____			HP	hospital (psych)	HM	hospital (medical)	
Hispanic ?	YES	NO		SA	Pgm for Substance abuse	DV	dom. violence shelter	
Veteran?	YES	NO	Length of Time, current shelter	a) less than 30 days	b) 30 to 90 days			
Employed ?	YES	NO		c) 90 days to 6 months	d) 6 to 12 months			
Are you a parent? If yes,	YES	NO		e) over 1 yr, less 2 yr	f) over 2 years			
Live with children?	YES	NO	Total time homeless in lifetime	_____				
Number of Children	_____		SERVICE NEEDS (Circle all that apply)					
Age(s) of Child(ren)	_____		1. Mental Health	YES	NO	6. Medical Insurance (T-19)	YES	NO
Number homeless	_____		2. Substances	YES	NO	7. Basic Needs (food, clothes)	YES	NO
			3. Physical Health	YES	NO	8. Family and Child	YES	NO
			4. Vocation/Education	YES	NO	9. Legal Services / Issues	YES	NO
			Financial Support (benefits, SSI)	YES	NO	10. Other Services	_____	
			Comments: _____					

DATA	VERIFICATION							
Date of Verify	___ / ___ / ___							
Contact Name	_____							
Interviewer / QA	_____							